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January 7, 2013

Joint Standing Committee on Criminal Justice and Public Safety
c/o Curtis C. Bentley, Legislative Analyst
Office of Police and Legal Analysis
13 State House Station
Augusta, ME 04330

RE: Sex Offender Risk Assessment Advisory Commission

Dear Senator Gerzovsky, Representative Dion, and Honorable Members
of the Committee on Criminal Justice and Public Safety:

I am submitting the enclosed Initial Report of the Sex Offender Risk Assessment Advisory Commission on behalf of the Commission. This report represents our initial task, as assigned by Public Law 2011, Chapter 663, which was to report back to you regarding the Colorado Sex Offender Management Board.

Members of the Commission would be happy to meet with you to discuss the report, and look forward to working with you on these issues. Please contact me should you have any questions.

Very truly yours,

A handwritten signature in black ink, appearing to read 'Laura Yustak Smith', written over a horizontal line.

Laura Yustak Smith
Assistant Attorney General
Chair, Risk Assessment Advisory Commission

lys/l
enc.
cc: Commission Members
Anne Jordan, Esq.

**Initial Report of the
Sex Offender Risk Assessment Advisory Commission
January 5, 2013**

Members:

Sarah Churchill, Esq.

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Matt Ruel

Elizabeth Ward Saxl

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**Initial Report of the
Sex Offender Risk Assessment Advisory Commission
January 5, 2013**

I. Executive Summary of Recommendations

A. Recommended Statutory Changes

1. The Commission's charge should be broadened, to authorize it to make recommendations with respect to Maine's Sex Offender Registration and Notification Act (SORNA) in general, similar to the role of the Criminal Law Advisory Commission (CLAC) with respect to the Criminal, Juvenile and Bail Codes. The Commission has already identified technical issues and needed amendments.
2. The Commission's charge with respect to risk assessment should be revised to authorize it to study and make policy recommendations concerning sex offender management and risk assessment, rather than to create a specific risk assessment tool.
3. The language creating the Risk Assessment Advisory Commission should be moved from Title 17-A (the Criminal Code) to Title 34-A (Corrections).
4. The Commission should be given authority to enter contracts and accept grants.

B. Initial Recommendations Based on Review of Colorado's Sex Offender Management Board (SOMB) and Convicted Sex Offender Site

1. Our initial review leads the Commission to conclude that much in Colorado's approach deserves to be emulated. However, in order to evaluate the Colorado approach and assess the feasibility of transferring any aspect of it to Maine, the Legislature should familiarize itself with current Maine programs and resources, particularly with respect to pre-sentence investigations and post-conviction supervision and treatment of convicted sex offenders. The Commission proposes specific areas of inquiry.
2. Policymakers in Maine should determine whether and how the State will prioritize management of convicted sex offenders. Any commitment to a Colorado-style approach will require significant resources from all branches of state government, as well as from local government (law enforcement).

3. Review of Colorado's Convicted Sex Offender site shows that Maine's Sex Offender Registry site provides an opportunity to make educational material and appropriate links widely accessible to the public at little cost to the State or those accessing the site. Such information should be expanded, without sensationalizing the site or information concerning specific offenders.

4. Review of the Colorado approach and Maine's DOC sex offender treatment program has confirmed that risk assessment is complex, takes different forms, and is used in different contexts. Policymakers should understand the multiple contexts in which it is used, be aware of how it is currently used in Maine, and appreciate its limitations. Development of risk assessment methods is appropriately left to forensic professionals.

5. Because of the complexity and changeability of risk and assessment of that risk, a proposal to link risk assessment to Maine's existing conviction-based SORNA is not currently recommended. The Commission hopes to explore the appropriate use of risk assessment further.

II. Commission Creation and Charge

The Maine Legislature created the Sex Offender Risk Assessment Advisory Commission in 2012, as part of the legislation that enacted the Sex Offender Registration and Notification Act of 2013. P.L. 2011, ch. 663 (Chapter 663, Appendix A). Attorney General William Schneider appointed seven members to the Commission, in accordance with 17-A M.R.S. § 1402(1). The members include Sarah Churchill (attorney with experience defending accused sex offenders); Sgt. Brian O'Malley (Detective, Lewiston PD); Matt Ruel (Director, State Bureau of Identification); Elizabeth Ward Saxl (Director, Maine Coalition against Sexual Assault); Julia Sheridan (Assistant District Attorney) Adam Silberman (probation officer, sex offender specialist), and Laura Yustak Smith (Assistant Attorney General). In addition, the Attorney General requested that Anne Jordan, currently Criminal Process Manager for the Maine Courts and former Commissioner of the Department of Public Safety, serve as a liaison from the courts to the Commission; this request was approved by the Chief Justice Leigh Saufley. Assistant Attorney General Paul Rucha, an experienced Maine prosecutor who now advises the Sex Offender Registry, has been assisting the Commission as well.

The Commission was "created for the purpose of conducting a continuing study of methods that may be used to predict the risk of recidivism by a sex

offender and to develop a method that may be used for such purposes.” 17-A M.R.S. § 1401. The Legislature assigned the Commission the following duties:

The commission shall:

- A. Develop a plausible risk assessment method for reviewing and analyzing precursors to the commission of a sex offense, victim populations of sex offenders, living conditions and environment of a registrant or a sex offender and other factors predisposing a person to become a registrant or a sex offender and for the ongoing purpose of identifying risk factors;
- B. Continue to evaluate the plausibility, implementation and application of sex offender risk assessments; and
- C. Consult with experts in the field of sex offender matters, including but not limited to state or federal agencies, courts, correctional facilities, organizations whose affairs pertain to sex offender matters and other interested parties as the commission determines necessary.

17-A M.R.S. § 1403(1). In addition, the Commission may make recommendations to the Legislature, executive agencies and the judiciary “regarding sex offender risk assessment.” 17-A M.R.S. § 1403(2).

As an initial task, the Legislature directed the Commission to review Colorado’s Sex Offender Management Board:

The Sex Offender Risk Assessment Advisory Commission...shall review the structure and duties of Colorado's Sex Offender Management Board.... The commission shall report its findings and recommendations regarding Colorado's Sex Offender Management Board to the joint standing committee of the Legislature having jurisdiction over criminal justice and public safety matters on or before January 5, 2013. The joint standing committee may report out a bill implementing the recommendations of the commission to the First Regular Session of the 126th Legislature.

P.L. 2011, ch. 663, § 4. The Commission submits this report in response to this initial assignment.

III. Commission Process

The Commission met three times: October 30, 2012, November 26, 2012, and January 2, 2013. (Agendas and Minutes, Appendix B). Meetings have been publicized on the InforME website and on the Legislative Calendar. The first meeting was attended by report A.J. Higgins of Maine Public Radio.

Coverage available at:

<http://www.mpbn.net/Home/tabid/36/ctl/ViewItem/mid/3478/ItemId/24428/Default.aspx>.

In between meetings, Commission members reviewed many pages of materials related to Maine's SORNA, the Colorado Sex Offender Management Board and Colorado registry, and reports of previous study commissions addressing sex offending and sex offender management in Maine. (Cover Memo listing reports distributed to Commission members, Appendix C).

The Commission was fortunate to hear from persons directly involved with Colorado's Sex Offender Management Board. Jeanne Smith, Director of the Division of Criminal Justice, Colorado Dept. of Public Safety, and Chris Lobanov-Rostovsky, Program Manager, Sex Offender Management Board, participated by telephone from Colorado in the first meeting, and have continued to be extremely generous with their time in responding to follow-up questions via e-mail. Several members of the Criminal Justice & Public Safety Committee may be familiar with Mr. Lobanov-Rostovsky; he addressed the Committee during a public forum in 2008. "Sex Offender Management: A Briefing for Policy Makers in Maine," was held in Augusta as part of the Committee's interim review of sex offender registration and notification issues. See Joint Order, S.P. 933 (Second Regular Session, 123rd Leg.); Final Report of the Criminal Justice & Public Safety Committee, Study of Sex Offender Registration Laws, November 2008, p. 3.

The Commission sought information regarding treatment currently available in Maine for convicted sex offenders, and heard from persons directly involved in supervision and treatment for offenders currently or formerly in the custody of Maine's Dept. of Corrections. The second meeting was attended by Susan Wiechman of Maine's Dept. of Corrections, Probation & Parole; Ms. Wiechman is a Regional Case Manager for Sex Offender Specialists (probation officers). She has been invited to continue to attend the Commission meetings. In addition, Tim App and his colleagues from the Counseling and Psychotherapy Center, Inc. (CPC), an organization that provides sex offender treatment programs for Maine's Dept. of Corrections, briefed the Commission on its programs during the second meeting. Mr. App subsequently provided the Commission with materials related to the treatment program, including CPC's response to the Dept. of Corrections' RFP #201110173, Comprehensive Correctional Health Care Services; an excerpt from the CPC's Clinician Handbook & Resource Guide; and the client handbook for CPC's RULE (Responsibility, Understanding, Learning, Experience) Program. According to Mr. App, the handbook represents "the core treatment program used in both

the prison and community program.” (Correspondence, App to Rucha, Dec. 21, 2012; Correspondence and CPC Clinician Handbook excerpt, Appendix D). The Commission found it helpful to begin to familiarize itself with current Maine programs and resources in order to have some context for evaluating the Colorado approach and assessing the feasibility of such an approach in Maine.

IV. The Colorado Sex Offender Management Board

The Colorado Sex Offender Management Board (SOMB) is within the Division of Criminal Justice of the Department of Public Safety. It consists of 25 members with experience and expertise in a variety of disciplines, including mental health, corrections, criminal defense, law enforcement, polygraph examinations, prosecution, victims’ services, and juvenile offenders. The Chief Justice of the Colorado Supreme Court, the Directors of the Depts. of Corrections, Human Services, Public Safety and the District Attorneys’ Council, and the Commissioner of Education appoint members. C.R.S.A. § 16-11.7-103. The Board is part of the Division of Criminal Justice within Colorado’s Dept. of Public Safety, and has its own staff, including a director, two standards coordinators (adult and juvenile), a researcher, and two administrative support persons. Current staff and board members are listed on the SOMB website at http://dcj.state.co.us/odvsom/sex_offender/contact.html (Appendix E).

Information on Colorado’s Convicted Sex Offender Registry site about the Sex Offender Management Board reflects a statewide philosophy that results in a comprehensive approach to the management of sex offenders who have been convicted of sex crimes in Colorado:

Sex Offender Management in Colorado

- The Colorado Sex Offender Management Board (SOMB) is a multi-disciplinary board of professionals created by legislative mandate to oversee the management of sex offenders in Colorado.
- The Colorado General Assembly and the SOMB conclude that sex offenders are dangerous because of the harm they cause to victims and their risk to re-offend.
- The SOMB believes that community safety is paramount and comes before the needs of the offender. The primary goal of sex offender management is to prevent the offender from victimizing any other person.
- Sex offender management practices, based on available research, assume that sexual offending is a behavioral disorder which cannot be "cured."
- While sex offenders cannot be cured, it is believed that some can be managed. The combination of comprehensive treatment and carefully structured and monitored behavioral supervision may assist some sex offenders to develop internal controls for their behaviors.
- Colorado utilizes the Containment Approach to manage sex offenders in the community. Sex offenders are never managed by an individual person. Rather they are managed by community supervision teams, consisting of supervising criminal justice officers (probation and parole officers and community

corrections staff), polygraph examiners and treatment providers. Supervising officers set conditions for the offender, monitor their behavior and impose sanctions for infractions. Treatment providers gather information about the offender, assist with monitoring and administer a long-term comprehensive set of planned therapeutic interventions designed to change sexually abusive thoughts and behaviors. The polygraph examiner assists in gathering a full and accurate history of the offender's behavior and monitors current compliance with conditions and risk behaviors.

- Sex offenders must waive confidentiality for evaluation, treatment, supervision and case management purposes. All members of the management team must have access to the same relevant information. Sex offenses are committed in secret, and all forms of secrecy potentially undermine the rehabilitation of sex offenders and threaten public safety. This approach has been identified through research to be the best way to manage adult convicted sex offenders in the community.
- Successful containment, treatment and management of sex offenders is enhanced by the involvement of family, friends, employers, and others who have influence in sex offenders' lives, when these people are willing to support the conditions and requirements of the criminal justice system.
- Assignment to community supervision is a privilege, and sex offenders must be completely accountable for their behaviors. Offenders must agree to intensive and sometimes intrusive accountability measures. These measures are designed to increase the likelihood that the offender can safely remain in the community rather than in prison. Offenders must learn to be accountable to maintain the privilege of remaining under community supervision.

Available at <http://sor.state.co.us/?SOR=home.youshouldknow>.

The site for Colorado's Sex Offender Management Board provides a very brief history of its governing statutes that further emphasizes Colorado's comprehensive philosophy and approach:

In 1992, the Colorado General Assembly passed legislation (**Section 16-11.7-101 through Section 16-11.7-107 C.R.S.**) which created a Sex Offender Management Board to develop standards for the assessment, evaluation, treatment and behavioral monitoring of adult sex offenders.

State statute (**Section 16-11.7-107 C.R.S.**) prohibits the Department of Corrections, the Judicial Department, the Division of Criminal Justice of the Department of Public Safety, or the Department of Human Services from employing or contracting with, or allowing a convicted sex offender to employ or contract with providers unless they meet these standards.

In 1998, the Colorado General Assembly passed legislation directing the Sex Offender Management Board, in collaboration with the Department of Corrections, the Judicial Branch and the Parole Board to establish the criteria by and the manner in which a sex offender who is subject to lifetime supervision may demonstrate that he and she would not pose an undue threat to the community if released on parole or to a lower level of

supervision while on parole or probation or if discharged from parole or probation and the methods of determining whether a sex offender has successfully progressed in treatment (**Section 16-13-809 (1) (a) and (b) C.R.S.**).

In 1998, the Colorado General Assembly passed legislation directing the Sex Offender Management Board, in collaboration with the Department of Corrections, the Judicial Branch and the Parole Board to develop Standards for community entities that provide supervision and treatment specifically designed for sex offenders who have developmental disabilities. At a minimum, the Legislature mandated that these Standards shall determine whether an entity would provide adequate support and supervision to minimize any threat that the sex offender may pose to the community (**Section 16-13-809 (1) (c) C.R.S.**).

In 1999, the Colorado General Assembly passed legislation (**16-13-901 through 19-13-905 C.R.S.**) which mandates community notification regarding certain sexually violent predators. The General Assembly directed the Sex Offender Management Board to establish protocols and procedures for carrying out community notification, which are found in the Criteria, Protocols and Procedures for Community Notification Regarding Sexually Violent Predators. The Sex Offender Management Board developed these criteria based on the governing philosophy of public safety, current research in the field, and the Guiding Principles of the Standards and Guidelines for the Assessment, Evaluation, Treatment and Behavioral Monitoring of Adult Sex Offenders.

In 2000, The Colorado General Assembly amended and passed legislation (**Section 16-11.7-103, C.R.S.**) which required the Sex Offender Management Board to develop and prescribe a standardized set of procedures for the evaluation and identification of juvenile sex offenders. The legislative mandate to the Board was to develop and implement methods of intervention for juvenile sex offenders, recognizing the need for standards and guidelines specific to these youth. These Standards continue to hold public safety as a priority, specifically the physical and psychological safety of victims and potential victims.

Available at: http://dcj.state.co.us/odvsom/sex_offender/governing.html.

Central to Colorado's system is its approach that convicted offenders should be subject to lifetime supervision, which in turn rests upon data that sex offenders engage in "crossover" behavior and the philosophy that there is "no known cure" for sex offending. It is possible for some offenders to manage their likelihood of re-offense. The Board's conclusions are evidence-based. See SOMB Position Paper: "Defining 'No Known Cure' with Regard to Adult Sex Offenders," approved August 19, 2011:

Purpose:

The Sex Offender Management Board (SOMB) has reviewed the considerable body of research concerning the treatment of adult sexual offenders. The purpose of this paper is to define and clarify that “no known cure” is a treatment and management philosophy which recognizes that there is currently no way to ensure that adult sex offenders will not re-offend. However, with effective treatment and supervision certain offenders can internalize changes that decrease their likelihood of re-offense.

Opening Statement:

Sex offenders present a risk to community safety and their crimes cause significant trauma to victims. The phrase “no known cure” reflects the current known research about adult sex offenders.¹ It emphasizes the importance of ongoing long-term management and containment of adult sex offenders.

It is generally recognized in the sex offender management field that sexual offending is a complex problem for which there are no simple solutions.² We cannot accurately predict who will or will not re-offend. Treatment and supervision teaches offenders cognitive-behavioral interventions to manage their risk. It is up to the offender to take responsibility for his or her behavior and continually manage the behaviors that led to his or her offense(s) in order to prevent future offenses and enhance community safety.

¹ Lowden, K., English, K., Harrison, L., Pasini-Hill, D., & Lounders, P. (2007). *Crime and justice in Colorado*. Denver, CO: Office of Research and Statistics, Division of Criminal Justice.; Heil, P. (2010). Sex Offender Recidivism Meta-Analysis. Presentation to the Colorado Sex Offender Management Board on September 17, 2010 and November 19, 2010.

² Marshall, W., Laws, D.R., & Barbaree, H. (1990). *Handbook of Sexual Assault: Issues, theories, and treatment of the offender*. New York and London: Plenum Press.

Emphasis provided. SOMB Position Paper *available at:*
http://dcj.state.co.us/odvsom/Sex_Offender/SO_Pdfs/No%20Known%20Cure%20position%20paper%20FINAL%20Aug%202011.pdf.

Although it reflects the philosophy of the SOMB, the “no known cure” tenet is not universally espoused. Mr. Lobanov-Rostovsky has directed the Commission to recent legislation in Colorado, which he identified as reflecting a balancing of the positions of various stakeholders:

(4) Duties of the board. The board shall carry out the following duties:

(a) Standards for identification and evaluation of adult sex offenders. The board shall develop, prescribe, and revise, as appropriate, a standard procedure to evaluate and identify adult sex offenders, including adult sex offenders with developmental

disabilities. The procedures shall provide for an evaluation and identification of the adult sex offender and recommend management, monitoring, and treatment based upon existing research demonstrating that sexually offending behavior is often repetitive and that there is currently no way to ensure that adult sex offenders with the propensity to commit sexual offenses will not reoffend. Because there are adult sex offenders who can learn to manage unhealthy patterns and learn behaviors that can lessen their risk to society in the course of ongoing treatment, management, and monitoring, the board shall develop a procedure for evaluating and identifying, on a case-by-case basis, reliably lower-risk sex offenders. The board shall develop and implement methods of intervention for adult sex offenders, which methods have as a priority the physical and psychological safety of victims and potential victims and which are appropriate to the assessed needs of the particular offender, so long as there is no reduction in the safety of victims and potential victims.

C.R.S.A. 16-11.7-103(4)(a).

Colorado does not take the same “no cure” approach with respect to juvenile offenders, and, accordingly, has developed different standards for the treatment of juvenile sex offenders. See *Standards and Guidelines for the Evaluation, Assessment, Treatment and Supervision of Juveniles Who Have Committed Sexual Offenses*, available at http://dcj.state.co.us/odvsom/Sex_Offender/SO_Pdfs/FINAL%202012%20Juvenile%20Standards%20120712.pdf. See also the Colorado Sex Offender Management Board Position Paper, “No-Cure Policy’ with Juveniles Who Have Committed Sexual Offenses”:

Purpose: “The Sex Offender Management Board (SOMB) enabling statute (C.R.S. 16-11.7-103(4)(a), as passed in 1992, states that, “sex offenders are extremely habituated and that there is no known cure for the propensity to commit sex abuse. The Board shall develop and implement measures of success based upon a no-cure policy for intervention.”

This statute was written to apply to adult sex offenders. The purpose of this paper is to affirm and explain why the “no-cure policy” should not be applied to juveniles who are treated and supervised pursuant to the *Standards and Guidelines for the Evaluation, Assessment, Treatment, and Supervision of Juveniles who have Committed Sexual Offenses*.

SOMB Position Paper *available at:*

http://dcj.state.co.us/odvsom/Sex_Offender/SO_Pdfs/Juvenile%20NKC%20Position%20Paper.pdf.

The statutory duties of the SOMB are extensive. C.R.S.A. § 16-11.7-103 (Appendix F). Its website is a testament to the extent of its activities. The site provides links to a profusion of position papers, press releases and standards that govern the management of sex offenders. A single document, the 200+ page “Standards and Guidelines for the Assessment, Evaluation, Treatment and Behavioral Monitoring of Adult Offenders” (“Adult Standards”) includes policy on the role of victims, guidelines for presentence investigations and evaluations, standards of practice for treatment providers, qualifications for treatment providers, evaluators and polygraph examiners, standards for management of sex offenders on probation and parole, standards of practice for post-conviction polygraph testing, standards for plethysmography, reasons for denial of placement on the provider list, recommendations for information-sharing on alleged offenders prior to conviction, risk assessment, research supporting restricted contact with children, and an exemplar computer use agreement for sex offenders. The Adult Standards document is available at: http://dcj.state.co.us/odvsom/Sex_Offender/adults.html#standards. The SOMB has published a separate, equally comprehensive “Standards...” book for juvenile offenders. The Juvenile Standards document is available at: http://dcj.state.co.us/odvsom/Sex_Offender/juveniles.html#standards. In addition, the SOMB provides personnel to conduct training, maintains a lending library of training resources, and lists information regarding the availability of related, but non-SOMB-sponsored training. *See, e.g.,* http://dcj.state.co.us/odvsom/Sex_Offender/training.html.

A list of reports published by the SOMB is available at http://dcj.state.co.us/odvsom/Sex_Offender/reports.html. The November 2012 Lifetime Supervision Report is the most recent of statutorily required SOMB reports. Its attachments of several hundred pages include the Adult Standards, the SVP Assessment Screening Instrument and Handbook, a Provider List, a Process Evaluation, and the 2011 Adult Standards and Guidelines Outcome Evaluations. (List and 2012 Lifetime Supervision Report, with Attachments, Appendix G¹).

V. Sex Offender Registration in Colorado

Colorado’s Department of Public Safety has several different divisions. *See* <http://cdpsweb.state.co.us/>. The division known as the Bureau of Identification maintains the Convicted Sex Offender Site (the registry). A

¹ Margin notes on the list of Reports at Appendix G indicate which Lifetime Supervision report is in the Appendix, and indicate that Attachment D to the Lifetime Supervision Report has been abridged.

separate division, the Division of Criminal Justice, includes the Colorado Sex Offender Management Board. The Colorado Convicted Sex Offender site is available at: <http://sor.state.co.us/?SOR=home.home>. Applicable statutes are listed and available at <http://sor.state.co.us/?SOR=home.statute>. (Relevant statutes reproduced in Appendix H).

Registration is determined largely by conviction, with some variation if the offender is a juvenile. "Sexually Violent Predator" (SVP) status is based on convictions or determined by a judge. After initial registration, offenders must reregister annually or quarterly (SVPs). Registrants must supply a current photograph and fingerprints with each re-registration, at their own cost. E-mail and Internet identifiers are required of many registrants. In addition, local law enforcement agencies may assess fees to cover the costs of registration. C.R.S.A. § 16-22-103, 108.

According to Mr. Lobanov-Rostovsky and a notice on the Convicted Sex Offender Site, not all persons who are required to register are posted on Colorado's Internet site. Persons convicted of misdemeanor sex crimes who are not otherwise classified as Sexually Violent Predators and juveniles are not posted on the Internet site. However, citizens can request a list of all registrants, including misdemeanants and juveniles. A written application must be filed; there is a \$20 fee for the list. The list includes, for each registrant, the name of registrant, the registrant's date of birth, the address or addresses of registrant, the aliases of the registrant, and a history of the convictions that resulted in the registrant being required to register. The list does not include photos. See Public Request for Registered Sex Offender Information, *available at*: <http://sor.state.co.us/?SOR=home.sxoreg>. "Neighborhood" lists can be requested from law enforcement agencies. See <http://sor.state.co.us/?SOR=home.home>. Colorado statute identifies the listed registrants as follows:

- a) Any person who is a sexually violent predator;
- (b) Any person sentenced as or found to be a sexually violent predator under the laws of another state or jurisdiction;
- (c) Any person who is required to register pursuant to section 16-22-103 and who has been convicted as an adult of two or more of the following offenses:
 - (I) A felony offense involving unlawful sexual behavior; or
 - (II) A crime of violence as defined in section 18-1.3-406, C.R.S.; and
- (d) Any person who is required to register pursuant to section 16-22-103 because the person was convicted of a felony as an adult and who fails to register as required by section 16-22-108.

C.R.S.A. § 16-22-111.

In Maine, all registrants are posted on the Registry website; accordingly, no fee is required in order to review a list of all registrants in a particular municipality. However, Maine does not require registration for many sex crimes committed against adult victims. See 34-A M.R.S. § 11203 (6), (6-A), (6-B) [defining sex offense with reference to age of victim] or for unlawful sexual touching in violation of 17-A M.R.S. § 260 (even where the victim is a child), or for unlawful sexual contact committed by a psychiatrist, psychologist or social worker against a client or patient in violation of 17-A M.R.S. § 255-A. Maine does not require registration for juveniles, unless they are “bound over” and convicted as adults, so information regarding juvenile adjudications is not available through Maine’s Sex Offender Registry.

On the Colorado site, posted information concerning registrants includes:

- Name, photo and physical description of registrant
- The registrant’s date of birth
- Address or addresses of registrant
- Aliases of the registrant
- List of convictions that resulted in the registrant being required to register, with the year of conviction

This same information is available on Maine’s Registry site. Maine provides substantially more information about the crimes requiring registration. The Maine site includes a citation to the criminal statute, the court and specific date of conviction, and the docket number. This information enables a citizen to contact a court for additional records and to read the language of the statute that defines the crime.

Colorado does not post information referencing victims; neither does Maine. Colorado does not post risk assessment scores or the results of evaluations; neither does Maine. Colorado does not post information concerning arrests or convictions that do not require registration; neither does Maine. In both states, citizens can request public criminal history records for a fee through their respective criminal history repositories (in Maine, SBI; in Colorado, CBI).

Additional information posted on Colorado’s Registry site includes notations on each individual registrant’s profile indicating whether the registrant is a felony offender, has multiple convictions, has failed to register and/or has been classified as a Sexually Violent Predator. A registrant may fall into one or more of these categories. The notations are described on the Colorado Registry site as follows:

- Sexually Violent Predators(SVP's) - SVP's are considered the highest risk sex offenders. Currently, most SVP's are in prison. They are posted on this site when they are living in the community (or have lived in the

community), either under criminal justice supervision or having completed their sentence. SVP's are the only category of sex offenders subject to Community Notification.

- Multiple Offenses - These sex offenders have two or more adult felony convictions for unlawful sexual behavior or crimes of violence
- Failed to Register - These sex offenders have not registered or have a history of failing to register, as required, with their local law enforcement agency.
- Felony Conviction - A person who has been convicted of a felony sex offense as an adult which requires registration and is currently registered.

*A sex offender may meet the criteria of more than one of the above categories and therefore may be posted on more than one list on this site.

Available at: <http://sor.state.co.us/?SOR=home.home>.

Based on information provided by Chris Lobanov-Rostovsky and Jeanne Smith and review of the Colorado laws, SVP status is determined by the sentencing court or by the type of convictions. In some circumstances, where the person was sentenced before the SVP classification system was established and the person is retroactively subject to this classification, it is determined by a parole board. No risk assessment scores or levels obtained through this process are posted or otherwise publicly available.

Colorado has established statutory criteria for being classified as a Sexually Violent Predator where the status is not otherwise established by convictions. The offender must have been 18 or tried as an adult; have been convicted of certain designated crimes; have had a particular relationship with the victim (stranger OR promoted/established relationship for purposes of victimization); and be determined likely to reoffend. C.R.S.A. § 18-3-414.5. As indicated above, this determination is often made by a sentencing judge. The judge bases the determination on investigation and evaluation by probation officers or trained DOC staff and sex offender evaluators qualified by virtue of their listing on the SOMB provider list. An actuarial risk assessment tool, the SOMB Sex Offender Risk Scale (SORS), is one aspect of this multi-part assessment. See Colorado Sexually Violent Predator Assessment Screening Instrument and Handbook, *available at:* http://dcj.state.co.us/odvsom/Sex_Offender/reports.html (also reproduced in Appendix G to this Report). According to Mr. Lobanov-Rostovsky, much of the cost of evaluation is paid by the offender.

Results of being classified as a Sexually Violent Predator are several. SVPs are designated as such on the Registry site. See <http://sor.state.co.us/?SOR=offender.list&category=SVP>. According to Mr. Lobanov-Rostovsky, SVPs are not permitted to petition for relief from duty to register, and have a lifetime registration requirement. They are subject to active community notification, beyond posting on the Internet site. Community notification may include phone contact, town meetings, and cable access broadcasts. (Commission Minutes of October 30, 2012.) A link on the Registry site allows the public to request e-mail notification regarding SVPs. See

<http://cdps-1.state.co.us/mailman/listinfo/svp-notification>. By way of comparison, Maine also has a process for community notification, though the decision regarding when and to what extent to conduct active community notification, which may include posting flyers, door-to-door notifications, community forums, and/or newspaper publications, is left to individual law enforcement agencies. 34-A M.R.S. § 11255(2) (“law enforcement agency shall notify members of a municipality that the law enforcement agency determines appropriate to ensure public safety”). The outgoing Chair of the Board of Trustees of the Maine Criminal Justice Academy confirmed that all law enforcement agencies have adopted notification policies as required by statute. 25 M.R.S. § 2803-B(1)(J). (MCJA Minimum Standards and Model Policy, Appendix I). The Commission does not have a clear picture of the extent of active community notification that is being done by local Maine law enforcement agencies at this time.

Colorado courts play a key role in the state’s registration scheme. In addition to making SVP determinations, Colorado judges are involved in registration decisions in other ways. For example, a judge can set aside the registration requirement for offenders under 18 under certain limited circumstances. C.R.S.A. 16-22-103. Courts also hear petitions to be relieved of the registration obligation. Depending on the nature of the conviction, a registrant may petition the court of conviction for release from the registration requirement at 5, 10 or 20 years after final discharge from correctional supervision or commitment. The petitioner must not have any new convictions involving “unlawful sexual behavior” (the offense need not be denominated a sex crime). Prior to filing a petition, the registrant must notify law enforcement agencies in the jurisdictions in which they are required to register, prosecutors in those jurisdictions, and the prosecutor who obtained the conviction. The registrant must file return receipts with the court with the petition. Hearing is conducted on the petition in court, after notice to any victim who has requested notice. C.R.S.A. § 16-22-113. The decision to grant or deny the petition is discretionary, and subject to appeal. See, e.g., *People v. Carbajal*, --- P.3d ----, 2012 WL 2581023, Colo.App., 2012 (Decision not yet released for publication) and cases cited therein, at ¶ 48. An unsuccessful petitioner can petition the court again.

In contrast, the role of Maine’s trial courts in registration is largely ministerial. The obligation to register is created by statute, and is one of statutory definition. The court has an obligation to notify the convicted registrant at the time of sentencing of the obligation to register. 34-A M.R.S. §§ 11222, 11282. In the case of retroactive application of the obligation to register, the court does not even have the notification duty—it falls to the Dept. of Corrections, the State Bureau of Identification, or a law enforcement agency. *Id.* Applications for relief that may be filed by retroactive registrants pursuant to 34-A M.R.S. § 11202-A are processed and determined by the Sex Offender Registry, within the State Bureau of Identification. Only the appeal from any

final agency action taken on such an application goes to the Superior Court. 34-A M.R.S. § 11202-A(5).

The Colorado Convicted Sex Offender site provides a good example of how a Registry website can be a source of information and education for the public; beyond providing a list of convicted offenders. A sidebar option, "Sexual Offender Facts," links to extensive information under the heading "Things You Should Know about Sexual Offending," with the following subtopics:

- Facts About Sex Offenders
- Facts About Sex Offenders in Colorado
- Sex Offender Characteristics
- Sex Offender Management in Colorado
- Personal Safety Tips
- What Can I Tell My Children?
- Adult Behavior That May Signal Sexual Interest in Children
- Behavioral and Physical Warning Signs That a Child Has Been Abused
- Physical Warning Signs Include...
- Safety Tips from a Convicted Child Molester

Available at: <http://sor.state.co.us/?SOR=home.youshouldknow>. Examples of two of these subtopics, which include data particularly relevant to this report, follow:

Facts About Sex Offenders in Colorado

- There are currently 10,096-registered sex offenders in Colorado, as of June 2, 2008.
- Approximately 60% of convicted sex offenders in Colorado are sentenced to community placement (probation, parole, or community corrections) with the remainder being sentenced to incarceration at the Department of Corrections or the county jail (*Colorado State Court Administrator's Office, 2003*).
- As of June 2008, there are currently 457 Sexually Violent Predators in Colorado. Of these, 364 are currently incarcerated in the Department of Corrections and 93 are listed on the Colorado Sex Offender Registration web site. (Not all SVP's who are incarcerated are posted on the web site. As an SVP is released from prison to live in the community, they will be posted to the Web site).
- A 1998 study by the Colorado Department of Public Health and Environment found:
 - 1 in 150 women and 1 in 830 men in Colorado had experienced a completed or attempted sexual assault in the past 12 months;
 - Approximately 16% of these assaults were reported to police;
 - 1 in 4 women and 1 in 17 men in Colorado had experienced a completed or attempted sexual assault in their lifetime (*Colorado Department of Health, 1998*).

Sex Offender Characteristics

- Many offenders commit multiple crimes against multiple types of victims with whom they have varying types of relationships (adults, children, male, female, known and unknown). This behavior is known as "crossover." (*English et al, 2000; Abel and Rouleau, 1990*)
- There is no such thing as a "typical" sex offender. However, all tend to be manipulative, deceptive, and secretive. Sex offenders come from all backgrounds, ages, income levels, and professions.

- Sexual deviancy often begins in adolescence. (Abel, Mittleman, and Becker, 1985; Abel and Rouleau, 1990; Freeman-Longo, 1993).
- Sex offenders usually do not commit their crimes impulsively. They usually carefully plan their crimes. (WebMD Feature, 2000).
- Less than 10% of sexual assaults are committed by women (Federal Bureau of Investigation, 2006).

Available at: <http://sor.state.co.us/?SOR=home.youshouldknow>.

The Colorado site also provides links to a list of “Most Wanted” sex offenders (generally, people for whom warrants have been issued for failure to register); to a “Tip Line” (to report the “possible location of an offenders who has failed to register”); and to an option to request e-mail notification regarding Sexually Violent Predators. Revisions made to Maine’s Registry as a result of SORNA of 2013 will make an e-mail notification option available to citizens who actively request it. However, the Commission does not recommend incorporating a “Tip Line” or “Most Wanted” notices on Maine’s Registry site; such notices are better left to law enforcement agencies in Maine.

VI. Initial Recommendations for Statutory Changes

At its first two meetings, it quickly became apparent to the Commission that certain changes should be made to the statutes governing the Commission. These recommendations and the reasons for them follow.

The Commission’s charge should be broadened, to authorize it to make recommendations with respect to Maine’s Sex Offender Registration and Notification Act (SORNA) in general, similar to the role of the Criminal Law Advisory Commission (CLAC) with respect to the Criminal, Juvenile and Bail Codes. The Commission has already identified technical issues and needed amendments. (Executive Summary (ES) A.1)

The Legislature may wish to authorize the Commission to recommend or submit legislation concerning the management of sex offenders and Maine’s SORNA in general. The expertise and experience of the members of the Commission lend itself to this type of role.²

At its second meeting, it became apparent that technical changes to Maine statutes should be made to more effectively implement the Sex Offender Registration and Notification Act. For example, the statutes governing the Maine Criminal Justice Academy currently require the Academy Board of

² There is potential overlap with the statutory duties of the Maine Commission on Domestic and Sexual Abuse, established pursuant to 19-A M.R.S. § 4013. The Abuse Commission has not historically focused its recommendations on issues relating to post-conviction management of sex offenders or the technical aspects of Maine’s registration statutes. Nevertheless, the two Commissions should apprise each other regarding potentially overlapping recommendations. The currently overlapping membership between the two groups encourages this cooperation.

Trustees to promulgate standards for law enforcement agencies concerning “public notification regarding persons in the community required to register under title 34-A, chapter 15 [SORNA of 1999, as amended].” 25 M.R.S. § 2803-B(1)(J). This statute should be updated to referenced Chapter 17, SORNA of 2013. The need for this technical change has been communicated to John Rogers, Director of the Criminal Justice Academy, who may incorporate the change into legislation already scheduled to be proposed this session updating the Academy statutes.

A second statutory issue related to SORNA that came to the Commission’s attention is the need to amend SORNA and perhaps confidentiality laws to allow DHHS to disclose to the Registry when a registrant who comes into the custody of the Commissioner of DHHS subsequent to a conviction (for example, as a result of an involuntary commitment some time after conviction) is subsequently returned to the community on modified release or discharge. There is currently no obligation on DHHS or the hospital provider to notify the Registry of the registrant’s return to the community, and confidentiality laws may prevent disclosure of that information.

The Commission’s charge with respect to risk assessment should be revised to authorize it to study and make policy recommendations concerning sex offender management and risk assessment, rather than to create a specific risk assessment tool. (ES A.2)

The Commission respectfully suggests that the language in the current statute directing the Commission to “develop a plausible risk assessment method,” be amended to direct the Commission to “make recommendations regarding risk assessment.” The task “of conducting a continuing study of methods that may be used to predict the risk of recidivism by a sex offender and to develop a method that may be used for such purposes” is more appropriately performed by forensic psychologists and psychiatric practitioners schooled in statistics and possessing extensive clinical experience treating convicted sex offenders. This became patently obvious in our discussions with Colorado officials and Tim App, a sex offender treatment provider for the Maine DOC, and as a result of our review of the Colorado SOMB’s Adult “Standards” and Dr. Sue Righthand’s January 2005 “Report [to the 122nd Maine Legislature] of the Committee to Prevent Sexual Abuse.”

The Commission can provide valuable service to policymakers by making recommendations concerning sex offender management and registration, the use of risk assessment at various points in the criminal justice process, the extent to which risk assessment information can or should be communicated to the public, and the appropriate role for Maine’s Registry in the management of sex offenders and education of the public. Indeed, existing language in the enabling statute already authorizes the Commission to “[c]ontinue to evaluate the plausibility, implementation and application of sex offender risk

assessments,” and to make recommendations to the Legislature, executive agencies and the judiciary “regarding sex offender risk assessment.” 17-A M.R.S. §§ 1403(1)(B), 1403(2). The Commission respectfully suggests that the Legislature endorse this role for the Commission of studying and making policy recommendations concerning sex offender management, risk assessment and conducting an ongoing review of Maine’s registration statute, without developing a specific risk assessment tool.

The language creating the Risk Assessment Advisory Commission should be moved from Title 17-A (the Criminal Code) to Title 34-A (Corrections). (ES A.3)

Placement of the Sex Offender Risk Assessment Advisory Commission within the corrections statutes would be consistent with the current location of Maine’s statutes concerning sex offender registration, and is likewise consistent with the general approach the Commission recommends in this report, that management of convicted sex offenders, and prevention of re-offending, requires a comprehensive and long-term approach to post-conviction supervision of sex offenders.

The Commission should be given the statutory authority to enter contracts and accept funds or grants to accomplish its work. (ES A.4)

As an example, the Commission points to the statutes governing the Criminal Law Advisory Commission, which can contract with and employ staff and accept federal funds. 17-A M.R.S. §§ 1355, 1357.

VII. Initial Recommendations Based on Review of Colorado’s Sex Offender Management Board (SOMB) and Convicted Sex Offender Site

Our initial review led the Commission to conclude that much in Colorado’s approach deserves to be emulated. However, in order to evaluate the Colorado approach and assess the feasibility of transferring any aspect of it to Maine, the Legislature should familiarize itself with current Maine programs and resources, particularly with respect to pre-sentence investigations and post-conviction supervision and treatment of convicted sex offenders. The Commission proposes specific areas of inquiry. (ES B.1)

As the Commission began its review of the Colorado system, it quickly became apparent that the work should be done with knowledge of Maine’s current approach beyond that of our respective professional experiences and knowledge of the statutes. Accordingly, we accessed the reports of past study commissions, consulted with DOC probation officers and treatment providers, and made an inquiries of law enforcement agencies. As a result of beginning this education process, the Commission respectfully suggests that the Committee hear directly from the Maine courts, the Department of Corrections, Maine prosecutors and law enforcement with respect to at least the following questions.

How many and what percentage of convicted sex offenders undergo presentence investigation prior to sentencing by the court? Is there capacity to conduct more? If not, what additional resources are required?

How often is a forensic evaluation a part of such a presentence evaluation? Is there capacity to conduct more? If not, what additional resources are required?

What percentage of convicted sex offenders receives sentences that include probation or supervised release?

To what extent is deferred disposition being used to resolve sex offense charges? Of those subject to deferred disposition, to what extent is the offender being supervised or monitored during the deferral period, and how many of these cases result in charges being dismissed?

How many/what percentage of convicted sex offenders receive sentences that make them eligible for the type of treatment provided by CPC?

To what extent do incarcerated offenders who receive shorter sentences that don't allow for the intensive 3+ year treatment provided by CPC receive any other treatment? When is it required?

What level of supervision is provided for sex offenders on probation or supervised release (number and nature of face-to-face contacts, random checks)?

When is community-based treatment of sex offenders required? What does it involve?

Areas of inquiry should include the frequency of contact required, the level of provider who can provide the treatment, whether there are licensing or educational standards for the treatment provider or DOC standards for the content of any treatment program, whether there is polygraph testing to ensure compliance with treatment and other probation conditions, whether there are standards for polygraphers who provide sex offender polygraphs, whether there is ongoing risk assessment (and what kind/by whom conducted).

To what extent is the containment model used in Maine? Who are the participants? How does the process work?

Do changes in DOC policies regarding revocation of probation extend to sex offenders and to offenders whose crimes involve a sexual component?

How is active community notification accomplished?

Policymakers in Maine should determine whether and how the State will prioritize management of convicted sex offenders. Any commitment to a Colorado-style approach will require significant resources from all branches of state government, as well as from local government (law enforcement). (ES B.2)

Maine's criminal statutes make available sentencing options that allow for extended periods of probation or supervised release and lengthy periods of incarceration for some convicted sex offenders. 17-A M.R.S. §§ 1202(1-A),(B), 1231, 1252. The decision to make incarceration or supervision for "any term of years" an option for the sentencing court speaks to the Legislature's recent emphasis on longer sentences for sex offenders. With respect to registration, the Legislature has both extended the reach of SORNA of 1999 (to 1992, then to 1982), and rolled back registration requirements in response to objections from convicted offenders (P.L. 2009, ch. 365) and guidance from the Maine Law Court (*State v. Letalien*, 2009 ME 130; P.L. 2009, ch. 570). The Legislature has enacted a new registration law, SORNA of 2013, which goes a substantial way toward complying with the SORNA portion of the federal Adam Walsh Child Protection and Safety Act of 2006. However, the Commission is not aware of whether the State intends to pursue further efforts to be found in substantial compliance. It is not clear that Maine's approach to sex offender management has been guided by a unified philosophy or comprehensive policy.

Were the Legislature to propose programs such as that in Colorado, Maine would have to espouse a statewide comprehensive approach to sex offender management similar to that demonstrated by Colorado when its legislature created the SOMB—and prioritize it. It is evident from the size of the staff and board of the SOMB, its research capacity, standards development and training resources, that such an effort requires long-term commitment to provide substantial human and financial resources to be effective. Any legislative proposal to create a sex offender management board with functions similar to that of the Colorado SOMB, or with statutory duties that go beyond an assignment to make recommendations regarding policy and legislation, should include a funding mechanism and be staffed with personnel whose experience includes sex offender supervision, forensic evaluation of sex offenders, professional standards for appropriate treatment providers, direct victims' services and criminal prosecution and defense. A Colorado-style program would likely require more local participation, with active community notification (beyond Internet posting) for some offenders, and local law enforcement providing lists of local offenders upon request. The courts would be conducting hearings to determine the status of certain offenders and whether they could be relieved of the obligation to register.

Review of Colorado's Convicted Sex Offender site shows that Maine's Sex Offender Registry site provides an opportunity to make educational material and appropriate links widely accessible to the public at little cost to the State or those accessing the site. Such information should be expanded, without sensationalizing the site or information concerning specific offenders. (ES B.3)

Maine's Sex Offender Registry site can be a source of information and education for the public without assigning risk scores to individual offenders. The Colorado Sex Offender site provides a good example of this approach. Maine's Registry site already makes a significant amount of information available to the public by linking to statutory language and by identifying the court of conviction and sentence. The Colorado site provides different types of information, with links to services and research, and includes educational information on the site itself regarding sex offenses and offenders. See Section V, Sex Offender Registration in Colorado, above, and the Colorado Convicted Sex Offender site at <http://sor.state.co.us/>. However, the Commission does not recommend the use of labels such as "sexually violent predator" (Maine's registration statutes were amended to eliminate such terms), or the use of labels in brightly colored font, which might serve only to sensationalize the site. Similarly, the Commission does not recommend that Maine's Registry site emulate the Colorado site by including links to a "Most Wanted" list, or to provide tips regarding unregistered offenders. These functions are better left to law enforcement.

Review of the Colorado approach and Maine's DOC sex offender treatment program has confirmed that risk assessment is complex, takes different forms, and is used in different contexts. Policymakers should understand the multiple contexts in which it is used, be aware of how it is currently used in Maine, and appreciate its limitations. Development of risk assessment methods is appropriately left to forensic professionals. (ES B.4)

Because of the complexity and changeability of risk and assessment of that risk, a proposal to link risk assessment to Maine's existing conviction-based SORNA is not currently recommended. The Commission hopes to explore the appropriate uses of risk assessment further. (ES B.5)

The Commission respectfully suggests that Maine should follow Colorado's lead by taking a broader view with respect to sex offender management. Maine's Registry is but one aspect of a much larger picture. The Registry is a valuable source of accurate information, and informs citizens that certain individuals have been found beyond a reasonable doubt to have committed identified crimes. This conviction information is public, and should not be made more difficult to obtain. The Registry website can be made more useful to the public by expanding information available on the website, as Colorado has done. In Colorado, however, the registration system, which includes Internet posting of certain registrants, is but one aspect of the state's

overall approach to sex offender management, which involves pre-sentence evaluations for all offenders and supervision for most. Risk assessment scores are not posted on Colorado's registry, and registration is not used as a substitute for a comprehensive approach to incarceration, supervision, management and public education.

Colorado incorporates risk assessment in its management and treatment of offenders. SOMB guidelines, standards and publications recognize the complexity of risk assessment. Colorado does post whether a registrant has been classified as a Sexually Violent Predator as a result of court determination or as a result of convictions. When made by a court, the is a determination is made by the sentencing judge, after a convicted offender has been the subject of a pre-sentence evaluation, met certain statutory criteria, and has been assessed by both a parole officer and a forensic evaluator approved by the SOMB.

Risk assessment is also used in Maine, primarily in the context of sex offender treatment. Tim App, who provides sex offender treatment for Maine offenders in DOC, recommended that risk assessment scores not be posted on Maine's registry website. Risk changes over time and often cannot be accurately assessed, especially before someone has been in treatment and under supervision. Mr. App told Commission members of specific offenders who, having been convicted of or initially disclosed certain offenses, subsequently disclosed in treatment many, many more offenses and victims. (Minutes of Nov. 26, 2012.) Information provided by Mr. App regarding the treatment program used by the Maine DOC acknowledges this reality. (CPC's Clinician Handbook and Resource Guide, Excerpt at pp. 3-7. Appendix D). This is consistent with information published by the Colorado SOMB. See Appendix C to the Standards and Guidelines for the Assessment, Evaluation, Treatment and Behavioral Monitoring of Adult Sex Offenders ["Adult Standards"], "Research Supporting Restricted Contact With Children," citing multiple studies of offenders who subsequently admitted shockingly high numbers of offenses, as well as "cross-over" sexual offending. The research summary (charts excluded) is reproduced below because of the enormity of its implications for any proposed use of risk assessment. (The Adult Standards are reproduced in Appendix G, and *available at*: http://dcj.state.co.us/odvsom/sex_offender/SO_Pdfs/FINAL%202012%20Adult%20Standards%20120712.pdf).

If the Legislature wants to assume the role of mandating how risk assessment is used, it should first acquire an understanding of the different types of risk assessment, how an individual's risk changes over time, the limits of actuarial tools, particularly when used in isolation and not in the context of treatment supported by supervision and confirmatory processes such as polygraphs, and how different risk assessments methods are used for different purposes. The research below, cited by Colorado, is a starting point.

RESEARCH SUPPORTING RESTRICTED CONTACT WITH CHILDREN June 2004

The following is a summary of the research that supports the statements listed below, which are found in 5.700 of these *Standards*.

I. "The offense for which a person is convicted is not necessarily a reliable indicator of the offender's risk to children or victims."

A. Knopp, F.H. (1984). *Retraining Adult Sex Offenders: Methods and Models*, Brandon, VT: Safer Society Press.

Gene Abel et. al. conducted a breakthrough study in 1983 which gave us information on the frequency and variety of sexual offending behaviors sex offenders have committed. He received a federal certificate of confidentiality to study sex offenders. Individuals in this study could admit to current offending behaviors without fear that the information would be reported to law enforcement. He studied 411 sex offenders and found that on average over a twelve year period each offender had attempted 581 crimes, completed 533 crimes, had 336 victims, and committed an average of 44 crimes a year. These crimes included hands off sex offenses such as exposing, peeping and obscene phone calls. Additionally, he found that 50.6% of the rapists involved in the study had also molested children.

B. Freeman-Longo, R., Blanchard, G. (1998). *Sexual Abuse in America: Epidemic of the 21st Century*. Brandon, VT: Safer Society Press.

In 1985, Rob Freeman-Longo reported on a group of 23 rapists and 30 child molesters involved in an institutional forensic mental health sex offender program. Arrest records indicated rapists had an average of 1.9 offenses each for a group total of 43 arrests for sex offenses. The 23 rapists as a group admitted committing a total of 5090 various incidents of sex offending behaviors, which included 319 child molestations and 178 rapes. Arrest records indicated child molesters had an average of 1.5 arrests each. While in treatment, the 30 child molesters as a group admitted 20,667 offenses which included 5891 sexual assaults on children and 213 rapes on adult women.

C. Ahlmeyer, S., Heil, P., McKee, B., and English, K. (2000). The Impact of Polygraphy on Admissions of Victims and Offenses of Adult Sex Offenders, *Sex Abuse: A Journal of Research and Treatment*, Vol. 12 (2).

The Colorado Department of Corrections Sex Offender Treatment Program has found similar patterns to those reported by Gene Abel with the sex offenders participating in treatment and polygraph assessment. The program collected data in 1998 on the number of known victims of the first 36 sex offenders to participate in two polygraph evaluations. On average, for each offender there were 2 known victims documented in official records. After the first polygraph exam inmates disclosed on average 165 victims per offender. By the second polygraph exam the same inmates, on average, disclosed 184 victims per offender. These crimes included hands-on 156 sex offenses such as rape and pedophilia as well as hands-off sex offenses such as exhibitionism, voyeurism and obscene phone calls. Approximately 80% of these offenders were still deceptive on their polygraph examinations, suggesting that even more offenses were committed.

D. English, K. (1998). Maximizing the Use of the Polygraph with Sex Offenders: Policy Development and Research Findings, Presentation at the Association for the Treatment of Sexual Abusers 17th Annual Research and Treatment Conference, Vancouver.

In 1998, Kim English analyzed a sample of 83 sex offenders who had participated in polygraph

evaluations at the Colorado Department of Corrections. This sample included inmates and parolees. She determined that 48% of the offenders had crossed over in either age (36%) or the gender (25%) of the victims they offended against-- they had committed offenses with either victims of different ages (adults and children) or victims of different sexes (males and females). Again, 80% of this sample were still scoring deceptive on their polygraph evaluations. E. Heil, P., Ahlmeyer, S., Simons, D. (2003). Crossover Sexual Offenses, *Sex Abuse* 15(4). Between 1995 and 2001, crossover sexual offenses were analyzed in a larger sample of 223 incarcerated and 266 paroled sexual offenders who participated in polygraph evaluations at the Colorado Department of Corrections. *The majority of incarcerated offenders admitted to sexually assaulting both children and adults from multiple relationship types. In addition, there was a substantial increase in offenders admitting to sexually assaulting victims from both genders. In a group of incarcerated offenders who sexually assaulted children, the majority of offenders admitted to sexually assaulting both relatives and nonrelatives, and there was a substantial increase in the offenders admitting to assaulting both male and female children* (Heil, et al., 2003).

1) Ahlmeyer, S. (1999). Poster Presentation at the Association for the Treatment of Sexual Abusers 18th Annual Research and Treatment Conference, Lake Buena Vista, Florida 1999.

In 1999, Sean Ahlmeyer analyzed a larger sample of 143 inmates who participated in polygraph evaluations at the Colorado Department of Corrections. In this sample, 89 % of the inmates self reported that they had crossed over in the type of the offenses they committed by either: committing offenses with either victims of different ages (adults and children) and/or victims of different sexes (males and females) and/or victims from different types of relationships.

- It was determined that 71% of the total sample acknowledged crossing over in the age of the victims they assaulted.
- Of the offenders who were only known to have child victims in official records, 82% later admitted to also having adult victims.
- Of the offenders who were only known in official records to have adult victims, 50% later admitted to having child victims during the process of polygraph examination.
- It was determined that 51% of the sample acknowledged crossing over in the sex of the victims they assaulted.
- Of the offenders who were only known to have male victims in official records, 58% later admitted to having female victims.
- Of the offenders who were only known to have female victims, 22% later admitted to having male victims.
- It was determined that 86% of the sample acknowledged having victims in two or more of the following categories: relative, stranger, acquaintance, or position of trust.
- Of those offenders who were only known to have offended against non-relative victims, 62% admitted to also having victims who were relatives.

Again the majority of the individuals in this sample (82%) were still scoring deceptive on some areas of their polygraph evaluations, indicating that the percent of cross over may be higher than the numbers self reported by these offenders.

F. Becker, J., and Coleman, E. (1987). "Incest". In *Handbook of Family Violence*, Van Hasselt, ed. New York, NY: Plenum Publishing.

In 1983, Abel et. al. studied incest offenders who had involved themselves sexually with female children. He found that 44% of these offenders had offended against unrelated female children, 11% had offended against unrelated male children, 18% had committed rapes, 18% had committed exhibitionism, 9% had engaged in voyeurism, 5% had engaged in frottage, 4% had

engaged in sadism, and 21% had other paraphilias. In this study it was determined that 59% of the child molesters developed deviant sexual interest during adolescence.

G. Abel, G., Rouleau, J. (1990). "The Nature and Extent of Sexual Assault". In *Handbook of Sexual Assault*, Marshall, W., Laws, D., Barbaree, H., ed. New York, NY: Plenum Publishing. In 1988, Abel et al. conducted an eight year longitudinal study of 561 male sexual assaulters who sought voluntary assessment and/or treatment at the University of Tennessee Center for the Health Sciences in Memphis and at the New York State Psychiatric Institute in New York City. The study collected information on the offenders self reported patterns of deviant sexual behavior under a guarantee of confidentiality which was obtained under Federal Regulation 4110-88-M. After an extensive interview they diagnosed each offender and looked at the percentage of paraphiliacs (individual with a deviant sexual interest) who had multiple paraphilias (more than one type of deviant interest).

[Chart omitted]

H. Office of Research and Statistics, Division of Criminal Justice, Colorado Department of Public Safety, March 2000.

The Colorado Division of Criminal Justice (2000), under a National Institute of Justice research grant, analyzed data from 180 sex offender case files in three states that had implemented the post-conviction polygraph to varying degrees (Texas, Oregon, and Wisconsin). The sample included both probation and parole cases. Their research found that polygraph combined with treatment significantly increases the known rate of offending and crossover in sex offenders. After treatment and polygraph, nearly 9 out of 10 sex offenders who were identified as having sex offenses against adults also admitted committing sex offenses against children. Based on a file review, 35 offenders were initially identified as having victims over the age of 18. Prior to treatment and polygraph only 18 (48.6%) of these offenders were identified as having victims under the age of 18. After treatment and polygraph 80 offenders admitted to victims over the age of 18. Seventy of these 80 offenders (87.5%) also admitted to committing a sex offense against someone under the age of 18. Sixty one (76.3%) of the 80 offenders admitted to having victims age thirteen and under.

I. Tanner, J. (1999). Incidence of Sex Offender Risk Behavior During Treatment, Research Project Final Report.

In 1998, Jim Tanner conducted a research study on the polygraph results of 128 sex offenders who were under supervision and participating in offense specific treatment in the community. The sample consisted of 99 offenders with a current charge for a crime against a child and 29 offenders with a current charge for a crime against an adult. Each of the offenders had participated in one baseline and at least one maintenance polygraph examination. The study looked at the offender's behavior between the time period of the baseline polygraph and maintenance polygraph. Based on the polygraph examination results, 31% of the offenders had sexual contact with a minor during the maintenance polygraph time period. The percent of sex offenders with a current charge for a crime against a child who admitted to or was deceptive to sexual contact with a child was 35%. The percent of sex offenders with a current charge for a crime against an adult who admitted to or were deceptive to sexual contact with a child was 17%. Since the majority of the offenders with crimes against adults were not asked on the polygraph exam whether they had sexual contact with a child, the percent who had sexual contact with a child may be under represented. In addition, 25% of the offenders in this study had unauthorized contact with a minor. Twelve percent of the offenders had forced someone to have sex since the baseline examination. Forty one percent were engaging in new sex offense behaviors. Overall, 86% of this sample were engaging in new high risk behaviors and/or new

crimes at least 18 months into treatment. On average, each offender was engaging in 2.5 different high risk behaviors.

J. Hanson, R., Harris, A. (1998). *Dynamic Predictors of Sexual Recidivism*, Department of the Solicitor General Canada.

In 1997, Karl Hanson and Andrew Harris conducted research on dynamic predictors of sexual reoffense. The following factors were significantly associated with reoffense: General excuses/justifications/low victim empathy, sexual entitlement, attitudes tolerant of rape, attitudes tolerant of child molesting, sees self as no risk, sexual risk factors (pornography, excessive masturbation, deviant sexual fantasies, preoccupation with sex), access to victims, and negative social influences.

K. Hindman, J. (1989). *Just Before Dawn*, Alexandria Association.

In her book, *Just Before Dawn* (1989), Jan Hindman cites research she conducted over 15 years involving 543 victims of child sexual abuse. She found that even in the most severe cases of sexual abuse, child victims frequently are asymptomatic. It may be years before symptoms are triggered in future developmental stages. Hindman's findings also indicate that ongoing demands for a relationship with the offender or his support system, without the benefit of significant intervention, contribute to severe and ongoing traumatic impact as the victim matures. "Sex offenders typically want to create certain elements in the sexually abusive scenario that will reduce their guilt and responsibility. Effort may be exerted to have the victim feel as though he/she has caused the offender to act inappropriately. While this attitude may help the offender rationalize the deed, it has a profound effect on the trauma bonding (continued demands for a relationship with the perpetrator or those significant to the perpetrator, interfering with the victim's capacity to resolve the abuse and feelings about the perpetrator) felt by the victim." "Even if the perpetrator was incapacitated, incarcerated or absent, the victim remained connected and in a trauma bond."

II. "An important aspect of ongoing risk assessment is measuring an offender's ability to comply with the requirements of treatment and supervision."

A. Hanson, R.K., Harris, A. (1998). *Dynamic Predictors of Sexual Recidivism*. Department of the Solicitor General Canada. <http://www.sgc.gc.ca>

Karl Hanson and Andrew Harris (1998) conducted research on dynamic predictors of sexual recidivism. Data were collected for this study through interviews with supervising officers of approximately four hundred sex offenders and a review of the officers' case notes. The results indicated that both recidivists and non-recidivists were equally likely to attend sex offense specific treatment programs; however, recidivists were more likely to have dropped-out of the treatment program. In addition, officers described the non-recidivists as more cooperative with supervision than the recidivists. Recidivists were also more often disengaged from treatment and community supervision and missed more scheduled appointments than the non-recidivists.

III. "A growing body of research indicates most sex offenders supervised by the criminal justice system have more extensive sex offending histories, including multiple victim and offense types, than is generally identified in their criminal justice records."

A. Knopp, F.H. (1984). *Retraining Adult Sex Offenders: Methods and Models*, Brandon, VT: Safer Society Press.

Gene Abel et. al. conducted a breakthrough study in 1983 which gave us information on the

frequency and variety of sexual offending behaviors sex offenders have committed. He received a federal certificate of confidentiality to study sex offenders. Individuals in this study could admit to current offending behaviors without fear that the information would be reported to law enforcement. He studied 411 sex offenders and found that on average over a twelve year period each offender had attempted 581 crimes, completed 533 crimes, had 336 victims, and committed an average of 44 crimes a year. These crimes included hands off sex offenses such as exposing, peeping and obscene phone calls. Additionally, he found that 50.6% of the rapists involved in the study had also molested children.

B. Freeman-Longo, R., Blanchard, G. (1998). *Sexual Abuse in America: Epidemic of the 21st Century*. Brandon, VT: Safer Society Press.

In 1985, Rob Freeman-Longo reported on a group of 23 rapists and 30 child molesters involved in an institutional forensic mental health sex offender program. Arrest records indicated rapists had an average of 1.9 offenses each for a group total of 43 arrests for sex offenses. The 23 rapists as a group admitted committing a total of 5090 various incidents of sex offending behaviors which included 319 child molestations and 178 rapes. Arrest records indicated child molesters had an average of 1.5 arrests each. While in treatment, the 30 child molesters as a group admitted 20,667 offenses which included 5891 sexual assaults on children and 213 rapes on adult women.

C. Ahlmeyer, S., Heil, P., McKee, B., and English, K. (2000). The Impact of Polygraphy on Admissions of Victims and Offenses of Adult Sex Offenders, *Sex Abuse: A Journal of Research and Treatment*, Vol. 12 (2).

The Colorado Department of Corrections Sex Offender Treatment Program has found similar patterns to those reported by Gene Abel with the sex offenders participating in treatment and polygraph assessment. The program collected data in 1998 on the number of known victims of the first 36 sex offenders to participate in two polygraph evaluations. On average, for each offender there were 2 known victims documented in official records. After the first polygraph exam inmates disclosed on average 165 victims per offender. By the second polygraph exam the same inmates, on average, disclosed 184 victims per offender. These crimes included hands-on sex offenses such as rape and pedophilia as well as hands-off sex offenses such as exhibitionism, voyeurism and obscene phone calls. Approximately 80% of these offenders were still deceptive on their polygraph examinations, suggesting that even more offenses were committed.

D. English, K. (1998). Maximizing the Use of the Polygraph with Sex Offenders: Policy Development and Research Findings, Presentation at the Association for the Treatment of Sexual Abusers 17th Annual Research and Treatment Conference, Vancouver.

In 1998, Kim English analyzed a sample of 83 sex offenders who had participated in polygraph evaluations at the Colorado Department of Corrections. This sample included inmates and parolees. She determined that 48% of the offenders had crossed over in either age (36%) or the gender (25%) of the victims they offended against-- they had committed offenses with either victims of different ages (adults and children) or victims of different sexes (males and females). Again, 80% of this sample were still scoring deceptive on their polygraph evaluations.

E. Heil, P., Ahlmeyer, S., Simons, D. (2003). Crossover Sexual Offenses, *Sex Abuse* 15(4). Between 1995 and 2001, crossover sexual offenses were analyzed in a larger sample of 223 incarcerated and 266 paroled sexual offenders who participated in polygraph evaluations at the Colorado Department of Corrections. *The majority of incarcerated offenders admitted to sexually assaulting both children and adults from multiple relationship types. In addition, there was a substantial increase in offenders admitting to sexually assaulting victims from both genders. In a*

group of incarcerated offenders who sexually assaulted children, the majority of offenders admitted to sexually assaulting both relatives and nonrelatives, and there was a substantial increase in the offenders admitting to assaulting both male and female children (Heil, et al., 2003).

1) Ahlmeyer, S. (1999). Poster Presentation at the Association for the Treatment of Sexual Abusers 18th Annual Research and Treatment Conference, Lake Buena Vista, Florida 1999. In 1999, Sean Ahlmeyer analyzed a larger sample of 143 inmates who participated in polygraph evaluations at the Colorado Department of Corrections. In this sample, 89 % of the inmates self reported that they had crossed over in the type of the offenses they committed by either: committing offenses with either victims of different ages (adults and children) and/or victims of different sexes (males and females) and/or victims from different types of relationships.

- It was determined that 71% of the total sample acknowledged crossing over in the age of the victims they assaulted.
- Of the offenders who were only known to have child victims in official records, 82% later admitted to also having adult victims.
- Of the offenders who were only known in official records to have adult victims, 50% later admitted to having child victims during the process of polygraph examination.
- It was determined that 51% of the sample acknowledged crossing over in the sex of the victims they assaulted.
- Of the offenders who were only known to have male victims in official records, 58% later admitted to having female victims.
- Of the offenders who were only known to have female victims, 22% later admitted to having male victims.
- It was determined that 86% of the sample acknowledged having victims in two or more of the following categories: relative, stranger, acquaintance, or position of trust.
- Of those offenders who were only known to have offended against non-relative victims, 62% admitted to also having victims who were relatives.

Again the majority of the individuals in this sample (82%) were still scoring deceptive on some areas of their polygraph evaluations, indicating that the percent of cross over may be higher than the numbers self reported by these offenders.

F. Becker, J., and Coleman, E. (1987). "Incest". In *Handbook of Family Violence*, Van Hasselt, ed. New York, NY: Plenum Publishing.

In 1983, Abel et. al. studied incest offenders who had involved themselves sexually with female children. He found that 44% of these offenders had offended against unrelated female children, 11% had offended against unrelated male children, 18% had committed rapes, 18% had committed exhibitionism, 9% had engaged in voyeurism, 5% had engaged in frottage, 4% had engaged in sadism, and 21% had other paraphilias. In this study it was determined that 59% of the child molesters developed deviant sexual interest during adolescence.

G. Abel, G., Rouleau, J. (1990). "The Nature and Extent of Sexual Assault". In *Handbook of Sexual Assault*, Marshall, W., Laws, D., Barbaree, H., ed. New York, NY: Plenum Publishing. In 1988, Abel et al. conducted an eight year longitudinal study of 561 male sexual assaulters who sought voluntary assessment and/or treatment at the University of Tennessee Center for the Health Sciences in Memphis and at the New York State Psychiatric Institute in New York City. The study collected information on the offenders self reported patterns of deviant sexual behavior under a guarantee of confidentiality which was obtained under Federal Regulation 4110-88-M. After an extensive interview they diagnosed each offender and looked at the percentage of paraphiliacs (individual with a deviant sexual interest) who had multiple paraphilias (more than one type of deviant interest).

[Chart omitted]

H. Office of Research and Statistics, Division of Criminal Justice, Colorado Department of Public Safety, March 2000.

The Colorado Division of Criminal Justice (2000), under a National Institute of Justice research grant, analyzed data from 180 sex offender case files in three states that had implemented the post-conviction polygraph to varying degrees (Texas, Oregon, and Wisconsin). The sample included both probation and parole cases. Their research found that polygraph combined with treatment significantly increases the known rate of offending and crossover in sex offenders. After treatment and polygraph, nearly 9 out of 10 sex offenders who were identified as having sex offenses against adults also admitted committing sex offenses against children. Based on a file review, 35 offenders were initially identified as having victims over the age of 18. Prior to treatment and polygraph only 18 (48.6%) of these offenders were identified as having victims under the age of 18. After treatment and polygraph 80 offenders admitted to victims over the age of 18. Seventy of these 80 offenders (87.5%) also admitted to committing a sex offense against someone under the age of 18. Sixty one (76.3%) of the 80 offenders admitted to having victims age thirteen and under.

I. Weinrott, M. & Saylor, M. (1991). Self-Report of Crimes Committed by Sex Offenders, *Journal of Interpersonal Violence*, 6 (3) 286-300.

Data from a self-report survey regarding past criminal behavior was analyzed from over 90 institutionalized sex offenders. Included in this sample were both rapists and child molesters who had been mandated to receive specialized treatment. Results from this study showed both high rates and varieties of non-sexual offenses, and, high rates of previously undetected sexual aggression. In addition, the 99 sex offenders who completed the survey reported that nearly 20,000 non-sexual crimes were committed during the year prior to being institutionalized (rapists contributed to a disproportionate share).

IV. "Research also indicates that children and victims are particularly vulnerable and are unlikely to report or re-report abuse."

A. William Marshall has reported findings from an unpublished project conducted within child protective agencies in Ontario in the mid-1970's. The project was unsystematic in the sense that some, but not all, victims of incest over approximately a three year period were contacted. A child protective services caseworker located a number of children who had reported molestation by a relative. She found that many cases were recanted when the family did not believe the victim, or when the victim was believed but was poorly treated by family members. Once the children had been located, the caseworker asked the children if they would report the incident if they were molested again. Almost 100% answered "no". The reasons they gave included the following: Practically no one believes them when they tell or, if they do believe, they become hostile to the victim for getting the perpetrator in trouble and removing him from where he was needed; the child held him/herself responsible for the father's absence from the family; or the outcome almost always ended up being more devastating to the child than to the perpetrator. (Information presented at the Association for the Treatment of Sexual Abusers Annual Research and Treatment Conference; personal communication with William Marshall 11/6/98)

B. In 1995, Marshall reported that family reunification provides the following risks: Victims may not want the family to reunify, but may feel pressured into it; even after treatment, 80% of families separate within 5 years; there is an increased chance the victim will not report if

victimized again; or the victim may get the impression that the family is important and that he/she is not. (Wisconsin Sex Offender Treatment Network, Inc. training tapes; personal communication with William Marshall 11/6/98)

C. Hanson, R.F., et al. (1999). Factors Related to the Reporting of Childhood Rape, *Child Abuse & Neglect*, 23 (6).

The National Women's Study surveyed a representative sample of 4009 adult women in the United States in 1990. They re-interviewed the women in 1991 and in 1992. During the survey 341 women identified that they had been the victim of a childhood rape prior to the age of 18. Rape was defined as any non-consensual sexual penetration of the victim's vagina, anus, or mouth by a perpetrator's penis, finger, tongue, or an object, that involved the use of force, the threat of force, or coercion. Only 44 (13%) of the women ever reported a childhood rape to authorities. Two hundred ninety seven (87%) of the women did not report any of their childhood rapes to authorities. In looking at the victims who did report the rape, a higher percent involved physical injury or life threat. In addition, reported cases were twice as likely to involve an offender who was a stranger to the victim. Unreported cases were more likely to involve an offender who was a relative or an acquaintance of the victim. This is similar to previous research which has found that victims are less likely to report the abuse when the offender is a relative or acquaintance. (Arata, 1998; Ruback, 1993; Williams, 1984; Wyatt & Newcomb, 1990). Whether or not the rape was reported, one third of the victims of childhood rape met the criteria for PTSD-lifetime and one half met the criteria for Major Depression-lifetime.

D. (1992). Rape in America: A Report to the Nation, National Victim Center and Crime Victims Research and Treatment Center, Dept. of Psychiatry and Behavioral Sciences, Medical University of South Carolina.

Rape in America: a Report to the Nation, in 1992 reports findings of a phone survey of 4009 women across the United States. Based on the results of this survey, 1 out of 8 women are estimated to have been the victim of forcible rape sometime in their lifetime. It was determined that 78% of the rapes were committed by someone known to the victim. Only 16% of these rapes were ever reported to the police. Only 30% of the rapes resulted in the victim being physically injured. But, when compared to women who were never sexually assaulted, female sexual assault victims were 3.4 times more likely to have used marijuana; 5.3 times more likely to have used prescription drugs non-medically; 6.4 times more likely to have used hard drugs; 3 times more likely to have had a major episode of depression; 6.2 times more likely to have developed PTSD; 5.5 times more likely to have current PTSD; 4.1 times more likely to have contemplated suicide; and 13 times more likely to have attempted suicide. The majority of these women had not abused alcohol or drugs prior to their sexual assault.

E. Underwood, R., Patch, P., Cappelletty, G., Wolfe, R. (1999). Do Sexual Offenders Molest When Other Persons Are Present? A Preliminary Investigation, *Sexual Abuse: A Journal of Research and Treatment*, Vol. 11(3).

In 1999, Underwood, Patch, Cappelletty, and Wolfe reported on a sample of 113 child molesters. On average, each offender committed 88.6 offenses. Many of the offenders in the sample acknowledged molesting a child while a non-collaborating person was present. The following percentage of the sample engaged in the listed behaviors:

- _ Molested one child when another child was present - 54%; another adult was present - 23.9%; a child & adult were present - 14.2%
- _ Molested a child when they knew the other person was awake - 44.3%
- _ Molested a child when another child was in the same bed - 25.7%; when another adult was in the same bed - 12.4%; when another adult and child were in the same bed - 3.5%
- _ The child molesters listed the following reasons for molesting a child while a noncollaborating

person is present: increased excitement - 77%; sense of mastery - 77%; compulsive sexual behavior - 75.2%; and stupidity -38.9%.

F. Hindman, J. (1989). *Just Before Dawn*, Alexandria Association.

In her book, *Just Before Dawn* (1989), Jan Hindman cites research she conducted over 15 years involving 543 victims of child sexual abuse. She found that even in the most severe cases of sexual abuse, child victims frequently are asymptomatic. It may be years before symptoms are triggered in future developmental stages. Hindman's findings also indicate that ongoing demands for a relationship with the offender or his support system, without the benefit of significant intervention, contribute to severe and ongoing traumatic impact as the victim matures. "Sex offenders typically want to create certain elements in the sexually abusive scenario that will reduce their guilt and responsibility. Effort may be exerted to have the victim feel as though he/she has caused the offender to act inappropriately. While this attitude may help the offender rationalize the deed, it has a profound effect on the trauma bonding (continued demands for a relationship with the perpetrator or those significant to the perpetrator, interfering with the victim's capacity to resolve the abuse and feelings about the perpetrator) felt by the victim." "Even if the perpetrator was incapacitated, incarcerated or absent, the victim remained connected and in a trauma bond."

G. Colorado Coalition Against Sexual Assault, <http://www.ccasa.org/statistics.cfm>

"Twenty-four percent (1 in 4) of Colorado women and 6% (1 in 17) Colorado men have experienced a completed or attempted sexual assault in their lifetime. This equates to over 11,000 women and men each year experiencing a sexual assault in Colorado (*Sexual Assault in Colorado: Results of a 1998 Statewide Survey*, 1998. Colorado Department of Public Health and Environment and Colorado Coalition Against Sexual Assault). One thousand seven hundred ninety-four (1,794) rapes were reported to Colorado law enforcement in 1997. If compared to the 1998 Statewide Survey, these reports constitute only 16% of sexual assaults."

H. Cardarelli, A. (1998). Child Sexual Abuse: Factors in Family Reporting, NIJ Reports, No. 209, May/June.

Data involving 156 sexually abused children who were treated at a Family Crisis program associated with Tuft's New England Medical Center in Boston were analyzed. Sixty-two percent of the sample chose not to report the abuse to the police. Of the individuals who did report the abuse, very few were the victims (they were mostly parents or primary caretakers).

V. "It is important to recognize that treatment under unsafe conditions is not beneficial to the offender or others in the treatment program and undermines treatment program integrity."

A. Quinsey, V.L., Harris, G.T., Rice, M.E., Cormier, C.A. (1998). Violent Offenders: Appraising and Managing Risk. *American Psychological Association*, 55-72.

Quinsey, Harris, Rice, and Cormier (1998) reported on numerous studies on clinical judgment in regard to prediction of violence. His overall conclusion to these studies was that "clinical intuition, experience, and training at least as traditionally conceived are not helpful in either prediction or treatment delivery. Although discouraging, this conclusion is not nihilistic. Training, in the sense of knowing the empirical literature and relevant scientific and statistical techniques, must improve the selection of appropriate treatments, treatment program planning, and evaluation."

Articles/Professional Opinions that support this statement:

1. O'Connell, M.A., E. Leberg, Donaldson, C.R. (1990). Working with Sex Offenders:

Guidelines for Therapist Selection. *Newbury Park, CA: Sage Publications, pp 13-16, 52-53, 94-96, 101-103.*

2. (2000). *Community Supervision of the Sex Offender: An Overview of Current and Promising Practices.* Center for Sex Offender Management, January, 2000.

3. Salter, A. (1988). *Treating Child Sex Offenders & Victims, Newbury Park, CA: Sage Publications, pp.84 – 86.*

4. Scott, L. (1997). "Community Management of Sex Offenders". In *The Sex Offender, Vol II, Schwartz, B., Cellini, H., eds., Kingston, NJ: Civic Research Institute, p.16-2 through 16-5.*

5. Freeman-Longo, R., Knopp, F. (1992). *State of the Art Sex Offender Treatment: Outcome and Issues, Annals of Sex Research, Vol. 5 (3).*

6. (1997). "Ethical Standards & Principles for the Management of Sexual Abusers" ATSA, p.11, 2.02

7. Kercher, G., Long, L. (1998) *Supervision & Treatment of Sex Offenders, Huntsville, TX: Sam Houston Press, pp47-49, & 123-126.*

8. Cumming, G., Buell, M. (1997). *Supervision of the Sex Offender, Brandon, VT: Safer Society Press, pp 91-92.*

VI. "Some offenders have a history of persistent arousal to minors. Although they may be able to meet 5.742 criteria, because of the likelihood that proximity to children will trigger or increase this arousal, the team shall frequently reassess the offender's ability to maintain a reduced level of arousal. The team shall terminate an offender's approval for contact with minors if there is behavior or other evidence to indicate arousal to minors cannot be managed."

A. Davis, G., Williams, L., Yokley, J. (1996). *An Evaluation of Court-Ordered Contact Between Child Molesters and Children: Polygraph Examination as a Child Protective Service.* Paper presented at 15th Annual ATSA Conference, November, 1996.

In a 1996 study by Gary Davis, Laura Williams and James Yokley, 142 child molesters were polygraphed to determine if they were having deviant fantasies and masturbating while thinking about a known minor. Only 3% of offenders who were not permitted contact with children were having deviant fantasies and masturbating while thinking about a known minor. Of the child sex offenders who were permitted supervised contact with children, 59.5% were having deviant fantasies and masturbating while thinking about a known minor.

B. In 1999, the Sex Offender Treatment and Monitoring Program at the Colorado Department of Corrections compiled polygraph testing responses to questions regarding contact with children in the prison visiting room. The study involved a sample of 36 offenders who were polygraphed while participating in the second phase of the Sex Offender Treatment and Monitoring Program. The sex offenders were asked whether they had ever masturbated to thoughts of a known child they had seen in the prison visiting room. Eight offenders (22%) denied masturbating to thoughts of a known child and were nondeceptive on the polygraph exam. Sixteen offenders (44%) admitted to or were deceptive to questions on the polygraph exam, which would indicate the offender had masturbated to thoughts of known child they had seen in the visiting room. Twelve offenders (33%) were deceptive to other questions on the polygraph test and as a result it could not be determined whether they had masturbated to thoughts of a child seen in the visiting room.

Available at:

[http://dcj.state.co.us/odvsom/Sex Offender/SO Pdfs/FINAL%202012%20Adult%20Standards%20120712.pdf](http://dcj.state.co.us/odvsom/Sex%20Offender/SO%20Pdfs/FINAL%202012%20Adult%20Standards%20120712.pdf), pp. 155-167.

VIII. Conclusion

Our initial conclusion, based on the Colorado model, input from Maine DOC treatment providers, and our collective experience in victim services, investigation, prosecution, defense and supervision, is that registration is one small component of sex offender management. Registration, with its corresponding Internet site, is one very important way to communicate publicly available information about convicted offenders to the public. It facilitates management and supervision in that it helps law enforcement to remain informed regarding convicted offenders who are no longer subject to supervision by the Dept. of Corrections. Maine's Registry site can be expanded to provide more general information and serve an educational role.

Registration should not substitute for policies that encourage reporting, investigation and prosecution of sex offenses; ensure presentence investigations with forensic evaluations, long-term supervision and treatment for convicted offenders; and provide accurate, non-sensational public education. Where long-term incarceration is not appropriate or no longer available, community supervision should be accomplished within a containment model by professionals subject to appropriate standards. These best practices, some recommended by past Maine study commissions, are echoed by Colorado authorities and current DOC treatment providers.

The Colorado model of the Sex Offender Management Board is laudable and deserves to be emulated; it also requires a significant commitment by Maine policymakers and State government. We look forward to exploring these issues further with and on behalf of the Committee and Maine's citizens.

Respectfully submitted,

Sex Offender Risk Assessment Advisory Commission

APPENDICES

STATE OF MAINE

IN THE YEAR OF OUR LORD
TWO THOUSAND AND TWELVE

H.P. 1117 - L.D. 1514

An Act To Amend the Sex Offender Registration Laws

Be it enacted by the People of the State of Maine as follows:

Sec. 1. 5 MRSA §12004-I, sub-§74-G is enacted to read:

74-G.

<u>Public Safety</u>	<u>Sex Offender Risk</u>	<u>Not Authorized</u>	<u>17-A MRSA §1401</u>
	<u>Assessment</u>		
	<u>Advisory</u>		
	<u>Commission</u>		

Sec. 2. 17-A MRSA Pt. 5 is enacted to read:

PART 5

RISK ASSESSMENT OF SEX OFFENDERS

CHAPTER 57

SEX OFFENDER RISK ASSESSMENT ADVISORY COMMISSION

§1401. Establishment

The Sex Offender Risk Assessment Advisory Commission, referred to in this chapter as "the commission," established by Title 5, section 12004-I, subsection 74-G, is created for the purpose of conducting a continuing study of methods that may be used to predict the risk of recidivism by a sex offender and to develop a method that may be used for such purposes. For purposes of this chapter, "sex offender" has the same meaning as "offender" in Title 34-A, section 11273, subsection 10.

§1402. Membership; terms; vacancies

1. Composition; qualifications. The commission is composed of 7 members, appointed by the Attorney General. The members may be qualified by reason of their

expertise in sex offender matters, including but not limited to risk assessment methods, corrections, sex offender law and the prosecution or defense of sex offender crimes.

2. Terms. Members of the commission serve for a term of 2 years and may be reappointed. Members continue to serve until their replacements are designated.

3. Vacancy. In the event of the death or resignation of a member, the Attorney General shall appoint a member to complete the unexpired term.

§1403. Duties; powers

1. Development of risk assessment. The commission shall:

A. Develop a plausible risk assessment method for reviewing and analyzing precursors to the commission of a sex offense, victim populations of sex offenders, living conditions and environment of a registrant or a sex offender and other factors predisposing a person to become a registrant or a sex offender and for the ongoing purpose of identifying risk factors;

B. Continue to evaluate the plausibility, implementation and application of sex offender risk assessments; and

C. Consult with experts in the field of sex offender matters, including but not limited to state or federal agencies, courts, correctional facilities, organizations whose affairs pertain to sex offender matters and other interested parties as the commission determines necessary.

2. Recommendations. The commission may submit to the Legislature, at the start of each legislative session, recommendations regarding a sex offender risk assessment method. The commission may also make recommendations regarding sex offender risk assessment to agencies of the executive branch, the judicial branch and the Legislature or to any other entity the commission determines appropriate.

For purposes of this section, "registrant" has the same meaning as in Title 34-A, section 11273, subsection 11.

§1404. Organization; meetings

The Attorney General shall notify all members of the commission of the time and place of the first meeting of the commission. At that meeting, the commission shall elect a chair, vice-chair and secretary-treasurer and adopt provisions regarding the administration of the commission and its affairs. The commission may meet as frequently as the commission determines necessary.

§1405. Expenses

Members of the commission may not be compensated for expenses incurred or related to the activities of the commission.

Sec. 3. 34-A MRSA c. 17 is enacted to read:

CHAPTER 17

SEX OFFENDER REGISTRATION AND NOTIFICATION ACT OF 2013

SUBCHAPTER 1

GENERAL PROVISIONS

§11271. Short title

This chapter may be known and cited as "the Sex Offender Registration and Notification Act of 2013." The purpose of this chapter is to protect the public from potentially dangerous registrants and offenders by enhancing access to information concerning those registrants and offenders.

§11272. Application

This chapter applies to:

1. Maine. A person who commits criminal conduct and is sentenced in this State on or after January 1, 2013 as an adult or as a juvenile sentenced as an adult for that criminal conduct and that criminal conduct is a Tier I offense, Tier II offense or Tier III offense; and

2. Other jurisdictions. A person who commits criminal conduct and is sentenced in another jurisdiction for that criminal conduct on or after January 1, 2013 as an adult or as a juvenile sentenced as an adult:

A. For an offense that requires registration in the jurisdiction of conviction pursuant to that jurisdiction's sex offender registration laws or that would have required registration had the person remained there;

B. For an offense that contains the essential elements of a Tier I offense, Tier II offense or Tier III offense; or

C. For a military, tribal or federal offense requiring registration pursuant to:

(1) The federal Jacob Wetterling Crimes Against Children and Sexually Violent Offender Registration Act, also known as the Jacob Wetterling Act, Section 170101 of the federal Violent Crime Control and Law Enforcement Act of 1994, Public Law 103-322, as amended; or

(2) The federal Adam Walsh Child Protection and Safety Act of 2006, Public Law 109-248, 42 United States Code, Chapter 151.

§11273. Definitions

As used in this chapter, unless the context otherwise indicates, the following terms have the following meanings.

1. Another state. "Another state" means each of the several states except Maine, and includes the District of Columbia, the Commonwealth of Puerto Rico, the United States Virgin Islands, Guam, American Samoa and the Northern Mariana Islands.

2. **Bureau.** "Bureau" means the Department of Public Safety, Bureau of State Police, State Bureau of Identification.

3. **Conditional release.** "Conditional release" means supervised release of a registrant or an offender from institutional confinement for placement on probation, parole, intensive supervision, supervised release for sex offenders, supervised community confinement, home release monitoring or release under Title 15, section 104-A or Title 17-A, chapter 54-G.

4. **Discharge.** "Discharge" means unconditional release and discharge of a registrant from institutional confinement upon the expiration of a sentence or upon discharge under Title 15, section 104-A.

5. **Domicile.** "Domicile" means the place where a person has that person's established, fixed, permanent or ordinary dwelling place or legal residence to which, whenever the person is absent, the person has the intention of returning. A person may have more than one residence but only one domicile.

6. **FBI.** "FBI" means the Federal Bureau of Investigation.

7. **Jurisdiction.** "Jurisdiction" means the Federal Government, including the military, this State, another state or a tribe.

8. **Law enforcement agency having jurisdiction.** "Law enforcement agency having jurisdiction" means the chief of police in the municipality where a registrant or an offender expects to be or is domiciled. If the municipality does not have a chief of police, "law enforcement agency having jurisdiction" means the sheriff of the county where the municipality is located. "Law enforcement agency having jurisdiction" also means the sheriff of the county in an unorganized territory.

9. **Motor vehicle.** "Motor vehicle" means a vehicle that is required to be registered pursuant to Title 29-A, section 351.

10. **Offender.** "Offender" means a person to whom this chapter applies pursuant to section 11272.

11. **Registrant.** "Registrant" means a Tier I registrant, Tier II registrant or Tier III registrant.

12. **Residence.** "Residence" means that place or those places, other than a domicile, in which a person may spend time living, residing or dwelling. Proof that an offender has lived in the State for 14 days continuously or an aggregate of 30 days within a period of one year gives rise to a permissible inference under the Maine Rules of Evidence, Rule 303 that the person has established a residence for the purposes of registration requirements imposed by this chapter.

13. **Sentence.** "Sentence," in addition to any punishment alternatives, includes an involuntary commitment under Title 15, section 103, or similar statute from another jurisdiction, following a verdict of not criminally responsible by reason of insanity or similar verdict in another jurisdiction.

14. Tier I offense. "Tier I offense" means a conviction for a Class E or Class D crime under the following or for an attempt, solicitation or conspiracy to commit a Class E, Class D or Class C crime under the following if the victim was less than 18 years of age at the time of the criminal conduct unless otherwise specified:

A. Title 17-A, chapter 11 including the following:

(1) Title 17-A, section 255-A, subsection 1, paragraph C, regardless of the age of the victim;

(2) Title 17-A, section 255-A, subsection 1, paragraph F-2, regardless of the age of the victim;

(3) Title 17-A, section 255-A, subsection 1, paragraph G, regardless of the age of the victim;

(4) Title 17-A, section 255-A, subsection 1, paragraph Q, regardless of the age of the victim;

(5) Title 17-A, section 255-A, subsection 1, paragraph W, regardless of the age of the victim; and

(6) Title 17-A, section 255-A, subsection 1, paragraph X, regardless of the age of the victim;

B. Title 17-A, chapter 12;

C. Title 17-A, section 511, subsection 1, paragraph D, regardless of the age of the victim;

D. Title 17-A, section 556, subsection 1, paragraph A, regardless of the age of the victim;

E. Title 17-A, section 855, subsection 1, paragraph A; and

F. A military, tribal or federal offense requiring registration pursuant to the federal Adam Walsh Child Protection and Safety Act of 2006, Public Law 109-248, 42 United States Code, Chapter 151.

If, pursuant to another jurisdiction's sex offender registration statute, the registration period is a period of up to 10 years or if the sex offender was not required to register in that other jurisdiction but the crime includes the essential elements of an offense included in this subsection, the crime is a Tier I offense.

"Tier I offense" does not include unlawful sexual contact under Title 17-A, section 255-A, subsection 1, paragraph U or unlawful sexual touching under Title 17-A, section 260.

15. Tier II offense. "Tier II offense" means a conviction for a Class C crime under the following, or for an attempt, solicitation or conspiracy to commit a Class B crime under the following, if the victim was less than 18 years of age at the time of the criminal conduct unless otherwise specified:

A. Title 17-A, chapter 11 including the following:

(1) Title 17-A, section 253, subsection 2, paragraph J, if the victim had attained 18 years of age at the time of the offense;

(2) Title 17-A, section 253, subsection 2, paragraph K, regardless of the age of the victim;

(3) Title 17-A, section 253, subsection 2, paragraph L, regardless of the age of the victim;

(4) Title 17-A, section 255-A, subsection 1, paragraph J, regardless of the age of the victim;

(5) Title 17-A, section 255-A, subsection 1, paragraph R-1, regardless of the age of the victim;

(6) Title 17-A, section 255-A, subsection 1, paragraph R-2, regardless of the age of the victim; and

(7) Title 17-A, section 258, subsection 1-A, if the victim had not attained 12 years of age;

B. Title 17-A, chapter 12;

C. Title 17-A, section 855, subsection 1, paragraph B; and

D. A military, tribal or federal offense requiring registration pursuant to the federal Adam Walsh Child Protection and Safety Act of 2006, Public Law 109-248, 42 United States Code, Chapter 151.

If, pursuant to another jurisdiction's sex offender registration statute, the registration period is a period of more than 10 years but less than 26 years or if the sex offender was not required to register in that other jurisdiction but the crime includes the essential elements of an offense included in this subsection, the crime is a Tier II offense.

"Tier II offense" does not include unlawful sexual contact under Title 17-A, section 255-A, subsection 1, paragraph V or unlawful sexual touching under Title 17-A, section 260.

16. Tier III offense. "Tier III offense" means a conviction for a Class B or Class A crime under the following or for an attempt, solicitation or conspiracy to commit a Class A crime under the following:

A. Title 17-A, chapter 11;

B. Title 17-A, chapter 12;

C. Title 17-A, section 301, subsection 1, paragraph A, subparagraph (3);

D. Title 17-A, section 852, subsection 1; and

E. A military, tribal or federal offense requiring registration pursuant to the federal Adam Walsh Child Protection and Safety Act of 2006, Public Law 109-248, 42 United States Code, Chapter 151.

If, pursuant to another jurisdiction's sex offender registration statute, the registration period is a period of more than 25 years or if the sex offender was not required to register

in that other jurisdiction but the crime includes the essential elements of an offense included in this subsection, the crime is a Tier III offense.

17. Tier I registrant. "Tier I registrant" means a person who is an adult convicted and sentenced or a juvenile convicted and sentenced as an adult for a Tier I offense.

18. Tier II registrant. "Tier II registrant" means a person who is an adult convicted and sentenced or a juvenile convicted and sentenced as an adult for a Tier II offense.

19. Tier III registrant. "Tier III registrant" means a person who is an adult convicted and sentenced or a juvenile convicted and sentenced as an adult for a Tier III offense or as provided for under section 11285, subsection 7.

20. Tribe. "Tribe" means the Passamaquoddy Tribe, the Penobscot Nation or the Houlton Band of Maliseet Indians.

§11274. Rulemaking

The bureau may adopt rules necessary to implement this chapter. Rules adopted pursuant to this section are routine technical rules as defined by Title 5, chapter 375, subchapter 2-A.

SUBCHAPTER 2

SEX OFFENDER REGISTRATION

§11281. Maintenance of sex offender registry

1. Maintenance of registry. The bureau shall establish and maintain a registry of persons required to register pursuant to this subchapter, referred to in this section as "the registry." The registry must include the following information on each registrant:

- A. The registrant's name, aliases, date of birth, sex, race, height, weight, eye color, land line and cellular telephone numbers, Internet identifiers, mailing address and physical location of expected domicile and residence. For purposes of this paragraph, "Internet identifiers" means e-mail addresses and other designations used for self-identification or routing in Internet communication or posting;
- B. Place of employment and college or school being attended, if applicable, and the corresponding mailing address and physical location;
- C. Offense history;
- D. A current photograph and set of fingerprints;
- E. A description of the offense for which the registrant was convicted, the date of conviction and the sentence imposed;
- F. Whether the registrant is a Tier I registrant, Tier II registrant or Tier III registrant;
- G. A copy of any driver's license information and copy of the driver's license;
- H. A copy of any professional license;

I. Passport and immigration documents and social security number;

J. Temporary lodging and dates of travel;

K. Information about motor vehicles owned, leased or used and registration and location of those motor vehicles. For purposes of this paragraph, "lease" means a transfer of the right to possession and use of a motor vehicle for a term of 30 days or more in return for consideration; and

L. Any other information the bureau determines important.

2. National or regional registry. The bureau is authorized to make the registry available to and accept files from a national or regional registry of registrants for the purpose of sharing information.

3. Registration form. The bureau shall develop a standardized registration form to be made available to the appropriate reporting authorities and persons required to register.

4. Verification form. The bureau shall develop and mail a nonforwardable verification form to the last reported mailing address of each person required to meet the verification requirements of this chapter.

5. Distribution of information to department and law enforcement agencies. The bureau shall distribute information described in subsection 1 to the department and law enforcement agencies having jurisdiction over the mailing address and physical location of the registrant's domicile, residence, place of employment and college or school being attended, if applicable.

6. Criminal justice agency access to information. The bureau shall provide access to the information described in subsection 1 to criminal justice agencies. For purposes of this subsection, "criminal justice agency" has the same meaning as in Title 16, section 611, subsection 4.

7. Public access to registrant information. The bureau shall provide information to the public as follows.

A. The bureau shall post on the Internet for public inspection the following information concerning a registrant who is a Tier I registrant, Tier II registrant or Tier III registrant:

- (1) The registrant's name, aliases and date of birth and a current photograph;
- (2) The registrant's city or town of domicile and residence;
- (3) The registrant's place of employment and college or school being attended, if applicable, and the corresponding mailing address and physical location;
- (4) The statutory citation and name of the offense for which the registrant was convicted;
- (5) Whether the registrant is a Tier I registrant, a Tier II registrant or a Tier III registrant;
- (6) Verification requirements and date of last verification; and

(7) The registrant's address and its location on a map.

B. The bureau shall establish an e-mail notification system to alert a member of the public who has subscribed annually to the e-mail notification system when a registrant moves into the subscriber's geographic area.

C. Upon receiving a written request that includes the name and date of birth of a registrant, the bureau shall provide the following information concerning a registrant to the requestor:

(1) The registrant's name, aliases, date of birth, sex, race, height, weight, eye color, mailing address and physical location of domicile and residence;

(2) The registrant's place of employment and college or school being attended, if applicable, and the corresponding mailing address and physical location;

(3) A description of the offense for which the registrant was convicted, the date of conviction and the sentence imposed; and

(4) The registrant's photograph.

8. Registrant access to information. The bureau shall provide all information described in subsection 1 to a registrant who requests that person's own information.

9. Registry information. Registry information created, collected or maintained by the bureau, including, but not limited to, information relating to the identity of persons accessing the registry, is confidential except information provided to the public pursuant to subsection 7.

10. Maintenance by bureau. Only the bureau is authorized to maintain a sex offender registry on the Internet for purposes of public access.

11. Law enforcement agency website. Notwithstanding subsection 10, a law enforcement agency may maintain its own sex offender website and may make that information available for use by the public if:

A. A notice is prominently posted on the website that expressly states that the website is not the official state sex offender registry under subsection 7, paragraph A and that the law enforcement agency posting the website is solely responsible for the website's content;

B. The website provides a link to the bureau's Internet sex offender registry under subsection 7, paragraph A;

C. The website contains information regarding only registrants who are domiciled, reside, attend college or school or work within the posting law enforcement agency's jurisdiction; and

D. The information on the website is updated by the law enforcement agency as frequently as available resources permit, but no less often than every 7 days. The law enforcement agency shall also prominently post on the website the date and time of the most recent update to the website.

12. Access to registrant information existing in electronic form restricted.
Notwithstanding Title 1, chapter 13:

A. Except for information provided pursuant to subsection 2 and made available to the public through the bureau's website pursuant to subsection 7, paragraph A, the bureau may not disseminate in electronic form information about a registrant that is created, collected or maintained in electronic form by or for the bureau; and

B. Except for information made available to the public through a website maintained by a law enforcement agency pursuant to subsection 11, a law enforcement agency may not disseminate in electronic form information about a registrant that is collected or maintained in electronic form by or for that law enforcement agency.

§11282. Duty of offender to register

1. Notification by court, department, bureau or law enforcement agency. An offender has a duty to register under this chapter after notification has been given to the offender by a court of jurisdiction, the department, the bureau or a law enforcement agency. The court shall notify the offender at the time of sentence of the duty to register pursuant to this chapter. Notification of the duty to register under this chapter also may be given to the offender at any time after the imposition of sentence.

At any time, the bureau may correct the term of a registration erroneously assigned to an offender or registrant. In such instances, the bureau shall notify the offender or registrant, the district attorney and the court in the jurisdiction where the conviction occurred and the law enforcement agency having jurisdiction where the offender or registrant is domiciled, resides, is employed or attends college or school, if applicable.

2. When duty to register must be exercised. Following notification by a court, the department, the bureau or a law enforcement agency under subsection 1, an offender shall register as follows.

A. If the offender is sentenced to a wholly suspended sentence with probation or administrative release, or to a punishment alternative not involving imprisonment, the duty to register is triggered at the time the person commences in actual execution of the wholly suspended sentence or at the time of sentence imposition when no punishment alternative involving imprisonment is imposed, unless the court orders a stay of execution, in which event the duty is triggered by the termination of the stay.

B. If the offender is sentenced to a straight term of imprisonment or to a split sentence, the duty to register is triggered by discharge or conditional release.

C. If the offender is committed under Title 15, section 103, the duty to register is triggered by discharge or conditional release under Title 15, section 104-A.

D. If the events stated in paragraphs A to C have passed, an offender must register within 3 days after having received notice of that duty from a court, the department, the bureau or a law enforcement agency.

E. Proof that the name and date of birth of the person notified of the duty to register pursuant to this chapter are the same as those of a person who has been found not guilty by reason of insanity or convicted of an offense requiring registration pursuant

to this chapter gives rise to a permissible inference under the Maine Rules of Evidence, Rule 303 that the person notified of the duty to register is the same person as that person convicted of the offense requiring registration.

3. Duty to notify law enforcement agency. An offender shall notify the law enforcement agency having jurisdiction in those areas where the offender is domiciled, resides, works or attends school within 24 hours of becoming a domiciliary or a resident or beginning work or attending school. If the location is a municipality with an organized municipal police department, the law enforcement agency having jurisdiction is the municipal police department. If the location is a school having an organized police department, the law enforcement agency having jurisdiction is the campus police department. If the location is neither a municipality nor a school with an organized police department, the law enforcement agency having jurisdiction is the sheriff's department.

4. Responsibility of ensuring initial registration. The department, the county jail or the state mental health institute that has custody of an offender shall inform the offender, prior to discharge or conditional release, of the duty to register. If an offender does not serve a period of institutional confinement, the court shall inform the offender at the time of sentencing of the duty to register. The department, county jail, state mental health institute or court shall:

A. Inform the offender of the duty to register and obtain the information required for the initial registration;

B. Inform the offender of the requirement to notify the law enforcement agency having jurisdiction pursuant to subsection 3;

C. Inform the offender that if the offender changes domicile or changes residence, place of employment or college or school being attended, the offender shall give the new address to the bureau in writing within 3 days and shall notify the law enforcement agency having jurisdiction within 24 hours;

D. Inform the offender that if that offender changes domicile to another jurisdiction, the offender shall register the new address with the bureau and if the new jurisdiction has a registration requirement, the offender shall register with a designated law enforcement agency in the new state not later than 3 days after establishing domicile in the new state;

E. Inform the offender that if that offender has part-time or full-time employment in another state, with or without compensation, for more than 14 consecutive days or for an aggregate period exceeding 30 days in a calendar year or if that offender enrolls in any type of school in another state on a part-time or full-time basis, the offender shall give the bureau the offender's place of employment or school to be attended in writing within 3 days after beginning work or attending school and if the other state has a registration requirement, shall register with the designated law enforcement agency in the other state;

F. Obtain fingerprints and a current photograph of the offender. The court may order the offender to submit to the taking of fingerprints and a photograph at a specified law enforcement agency within 3 days if the fingerprints and photograph have not

already been obtained in connection with the offense that necessitates registration; and

G. Enforce the requirement that the offender read and sign a form provided by the bureau that states that the duty of the offender to register under this section has been explained.

5. Transfer of initial registration information to bureau and FBI. The department, county jail, state mental health institute or court within 3 days of receipt of the information described in subsection 4 shall forward the information to the bureau. If the court orders the offender to submit to the taking of fingerprints and a photograph at a specified law enforcement agency, the law enforcement agency shall submit the fingerprints and photograph to the bureau within 3 days. The bureau shall immediately enter the information into the registration system, notify the law enforcement agencies having jurisdiction where the offender expects to be domiciled and reside and transmit the information to the FBI for inclusion in the national FBI sex offender database.

6. Verification. During the period a registrant is required to register, the bureau shall require the registrant to verify all registration information. The following provisions govern the verification of registration information.

A. At least 10 days prior to the required verification date, the bureau shall mail a nonforwardable verification form to the last reported mailing address of the registrant. The verification form is deemed received 3 days after mailing unless returned by postal authorities.

B. The registrant shall bring the completed verification form and a current photograph of the registrant to the law enforcement agency having jurisdiction within 5 days of receipt of the form.

C. The law enforcement agency having jurisdiction shall verify the registrant's identity, have the registrant sign the verification form, take the registrant's fingerprints, complete the law enforcement portion of the verification form and immediately forward the fingerprints, photograph and form to the bureau.

7. Frequency of verification. The frequency of in-person verification of registration information is dependent upon the registrant's tier classification as follows.

A. A Tier III registrant shall register for the duration of the registrant's life and shall verify registration information every 90 days after the registrant's initial registration date.

B. A Tier II registrant shall register for 25 years and shall verify registration information every 180 days after the registrant's initial registration date.

C. A Tier I registrant shall register for 10 years and shall verify registration information annually after the registrant's initial registration date.

8. Change of domicile, residence, place of employment or college or school being attended. An offender or registrant shall notify the bureau in writing of a change of residence, domicile, place of employment or college or school being attended within 3 days and shall notify the law enforcement agency having jurisdiction within 24 hours

after changing that domicile, residence, place of employment or college or school being attended.

A. If the offender or registrant establishes a new domicile, residence, place of employment or college or school being attended in the State, the bureau shall notify, within 3 days, both the law enforcement agency having jurisdiction where the offender or registrant was formerly domiciled or resided or was employed or enrolled and the law enforcement agency having jurisdiction where the offender or registrant is currently domiciled, residing, employed or enrolled.

B. If the offender or registrant establishes a domicile, residence, place of employment or college or school being attended in another state, the bureau shall notify, within 3 days, the law enforcement agency having jurisdiction where the offender or registrant was formerly domiciled or resided or was employed or enrolled and the law enforcement agency having jurisdiction where the offender or registrant is currently domiciled, residing, employed or enrolled.

§11283. Duty of person establishing domicile or residence in this State to register

A person who has been sentenced for a military, tribal or federal offense requiring registration pursuant to the federal Adam Walsh Child Protection and Safety Act of 2006, Public Law 109-248, 42 United States Code, Chapter 151 or in a jurisdiction other than this State who is required under that jurisdiction to register pursuant to that jurisdiction's sex offender registration statute or would have been required to register if the person had remained in the jurisdiction or, if not so required, who has been sentenced for an offense that includes the essential elements of a Tier I, Tier II or Tier III offense shall register as a Tier I registrant, a Tier II registrant or a Tier III registrant, whichever is applicable, within 3 days and shall notify the law enforcement agency having jurisdiction within 24 hours of establishing domicile or residence in this State. The person shall contact the bureau, which shall provide the person with the registration form and direct the person to take the form and a current photograph of the person to the law enforcement agency having jurisdiction. The law enforcement agency shall supervise the completion of the form, take the person's fingerprints and immediately forward the form, photograph and fingerprints to the bureau.

§11284. Duty of person employed or attending college or school in this State to register

The following provisions govern registration duties for a person not domiciled or residing in this State but who is employed or attending college or school in this State.

1. Time. A person who has been sentenced for a military, tribal or federal offense requiring registration pursuant to the federal Adam Walsh Child Protection and Safety Act of 2006, Public Law 109-248, 42 United States Code, Chapter 151 or in a jurisdiction other than this State and who is required under that jurisdiction to register pursuant to that jurisdiction's sex offender registration statute or would have been required to register if the person had remained in that jurisdiction or, if not so required, who has been sentenced for an offense that includes the essential elements of a Tier I, Tier II or Tier III offense shall register as a Tier I registrant, a Tier II registrant or a Tier III registrant, whichever is applicable, within 3 days and shall notify the law enforcement agency having jurisdiction:

A. Within 24 hours of beginning full-time or part-time employment, with or without compensation, for more than 14 consecutive days or for an aggregate period exceeding 30 days in a calendar year in this State; or

B. Within 24 hours of beginning college or school on a full-time or part-time basis in this State.

2. Process for notifying bureau. The person under subsection 1 shall contact the bureau, which shall provide the person with a registration form and direct the person to take the form and a current photograph of the person to the law enforcement agency having jurisdiction. The law enforcement agency shall supervise the completion of the form, take the person's fingerprints and immediately forward the form, photograph and fingerprints to the bureau.

§11285. Duration of registration

The following provisions govern the duration of registration.

1. Offender convicted and sentenced in State for Tier I offense. An offender convicted and sentenced in this State for a Tier I offense shall register for a period of 10 years. The 10-year period commences from the date the person in fact initially registers once the legal duty arises under section 11282, subsection 2.

2. Offender convicted and sentenced in another jurisdiction for Tier I offense. An offender convicted and sentenced in another jurisdiction and required to register in this State pursuant to section 11283 or 11284 shall register for a period of 10 years or as provided in subsection 7. The following provisions apply.

A. A Tier I registrant shall register in this State for a period of 10 years if, pursuant to the other jurisdiction's sex offender registration statute, the registration period is for a period of no more than 10 years. The 10-year period commences from the date the person in fact initially registers in this State once the legal duty to register arises under section 11283 or 11284. However, the Tier I registrant may receive day-for-day credit for the time actually registered pursuant to the other jurisdiction's sex offender registration statute prior to registering in this State upon applying to the bureau for credit. The bureau may grant credit if the registrant provides sufficient documentation in accordance with any rules adopted by the bureau.

B. A Tier I registrant shall register for a period of 10 years if registration was not required in that other jurisdiction and the person has been sentenced in that jurisdiction for a crime that includes the essential elements of a Tier I offense. The 10-year period commences from the date the person in fact initially registers in this State once the legal duty to register arises under section 11283 or 11284. However, the Tier I registrant may receive day-for-day credit from the time of sentencing in the other jurisdiction to when the offender in fact initially registers in this State once the legal duty to register arises under section 11283 or 11284 and upon applying to the bureau for credit. The bureau may grant credit if the registrant provides sufficient documentation in accordance with any rules adopted by the bureau.

3. Offender convicted and sentenced in State for Tier II offense. An offender convicted and sentenced in this State for a Tier II offense shall register for a period of 25

years. The 25-year period commences from the date the person in fact initially registers once the legal duty arises under section 11282, subsection 2.

4. Offender convicted and sentenced in another jurisdiction for Tier II offense.
An offender convicted and sentenced in another jurisdiction and required to register in this State pursuant to section 11283 or 11284 shall register for a period of 25 years. The following provisions apply.

A. A Tier II registrant shall register in this State for a period of 25 years if, pursuant to the other jurisdiction's sex offender registration statute, the registration period is for a period of more than 10 years and no more than 25 years. The 25-year period commences from the date the person in fact initially registers in this State once the legal duty to register arises under section 11283 or 11284. However, the Tier II registrant may receive day-for-day credit for the time actually registered pursuant to the other jurisdiction's sex offender registration statute prior to registering in this State upon applying to the bureau for credit. The bureau may grant credit if the registrant provides sufficient documentation in accordance with rules adopted by the bureau.

B. A Tier II registrant shall register for a period of 25 years if registration was not required in that other jurisdiction and the person has been sentenced in that jurisdiction for a crime that includes the essential elements of a Tier II offense. The 25-year period commences from the date the person in fact initially registers in this State once the legal duty to register arises under section 11283 or 11284. However, the Tier II registrant may receive day-for-day credit from the time of sentencing in the other jurisdiction to when the offender in fact initially registers in this State once the legal duty to register arises under section 11283 or 11284 and upon applying to the bureau for credit. The bureau may grant credit if the registrant provides sufficient documentation in accordance with any rules adopted by the bureau.

5. Offender convicted and sentenced in State for Tier III offense.
An offender convicted and sentenced in this State for a Tier III offense shall register for the duration of the offender's life.

6. Offender convicted and sentenced in another jurisdiction for Tier III offense.
An offender convicted and sentenced in another jurisdiction and required to register in this State pursuant to section 11283 or 11284 shall register for the duration of the registrant's life.

A. A Tier III registrant shall register in this State for the duration of the registrant's life if, pursuant to the other jurisdiction's sex offender registration statute, the registration period is for the duration of the offender's life.

B. A Tier III registrant shall register in this State for the duration of the registrant's life if registration was not required in that other jurisdiction and the person was convicted and sentenced in that jurisdiction for a crime that includes the essential elements of a Tier III offense.

7. Additional offense.
Notwithstanding section 11273, subsections 14 and 15, a person who has been convicted and sentenced at any time for 2 or more offenses each of which is a Tier I offense or Tier II offense or includes the essential elements of a Tier I

offense or Tier II offense is required to register as a Tier III registrant. For purposes of this subsection, convictions that occur on the same day count as separate offenses.

8. Periods when domiciled or residing outside State or incarcerated.
Notwithstanding any other provision of this section, during any period in which a registrant or offender leaves this State, establishes a domicile or residence in another state and remains physically absent from this State or is incarcerated, the bureau, pursuant to any rules the bureau may adopt, may suspend the requirement that the registrant or offender verify registration information.

9. Relief from duty to register. The following provisions apply to relief from the duty to register.

A. An offender's or a registrant's duty to register is not required if the circumstances triggering the registration requirements under section 11283 or 11284 no longer exist.

B. If the underlying conviction in this State or in another jurisdiction that triggers the registration requirement is reversed, vacated or set aside or if the offender or registrant is pardoned for the crime, registration is no longer required.

§11286. Duty of person traveling beyond the jurisdiction of the United States

An offender shall notify the bureau at least 21 days prior to travel beyond the jurisdiction of the United States. The offender shall provide the bureau with information about the date of departure from and return to the United States and the destination beyond the jurisdiction of the United States.

§11287. Fee

The bureau may charge a \$25 annual fee to persons required to register under this chapter. Registrants shall pay the fee at the time of initial registration and shall pay the fee on each anniversary of their initial registration.

The fee must be credited to the General Fund and the Highway Fund in an amount consistent with budgeted appropriations and allocations in the fiscal year of the credit.

§11288. Violation

1. Failure to comply; first offense. An offender who in fact fails to comply with any duty imposed under this chapter or a rule adopted pursuant to this chapter commits a Class D crime.

2. Failure to comply; 2nd offense. A person who has one prior conviction under this section and who in fact fails to comply with any duty imposed under this chapter or a rule adopted pursuant to this chapter commits a Class C crime.

3. Failure to comply; 3rd offense. A person who has 2 or more prior convictions under this section and who in fact fails to comply with any duty imposed under this chapter or a rule adopted pursuant to this chapter commits a Class B crime.

4. **Strict liability.** Violation of this section is a strict liability crime as defined in Title 17-A, section 34, subsection 4-A.

5. **Prior convictions.** Title 17-A, section 9-A governs the use of prior convictions when determining a sentence.

6. **Affirmative defense.** It is an affirmative defense that the failure to comply with a duty imposed under this chapter or a rule adopted pursuant to this chapter resulted from just cause.

7. **Permissible inference.** Proof that the name and date of birth of the person charged with a violation of this section are the same as those of a person who has been sentenced for an offense requiring registration pursuant to this chapter gives rise to a permissible inference under the Maine Rules of Evidence, Rule 303 that the person charged with a violation of this section is the same person as that person convicted of the offense requiring registration.

§11289. Certification by record custodian

Notwithstanding any other law or rule of evidence, a certificate by the custodian of the records of the bureau, when signed and sworn to by that custodian, or the custodian's designee, is admissible in a judicial or administrative proceeding as prima facie evidence of any fact stated in the certificate or in any documents attached to the certificate.

SUBCHAPTER 3

NOTIFICATION

§11301. Immunity from liability

Neither the failure to perform the requirements of this chapter nor compliance with this chapter subjects any state, municipal or county official or employee to liability in a civil action. The immunity provided under this section applies to the release of relevant information to other officials or employees or to the general public.

§11302. Community education

The department shall provide law enforcement agencies technical assistance concerning community education curricula for purposes of notification to the public of a registrant's conditional release or discharge.

§11303. Mandatory notification of conditional release or discharge of registrants

The department, county jails, state mental health institutes and the bureau are governed by the following notice provisions when a registrant is conditionally released or discharged.

1. **Duties.** The department, a county jail or a state mental health institute shall give the bureau notice of the following:

A. The address where the registrant will be domiciled and reside;

B. The address where the registrant will work and attend college or school, if applicable;

C. The mailing address of the registrant; and

D. The geographic area to which a registrant's conditional release is limited, if any.

2. Duties of the bureau. Upon receipt of the information concerning the conditional release or discharge of a registrant pursuant to subsection 1, the bureau shall forward the information to all law enforcement agencies that have jurisdiction in those areas where the registrant may be domiciled, reside, work or attend college or school.

§11304. Public notification

1. Department. Upon the conditional release or discharge of a registrant from a state correctional institution, the department shall give notice of the information under section 11303, subsection 1 to members of the public the department determines appropriate to ensure public safety.

2. Law enforcement agencies. Upon receipt of the information concerning the conditional release or discharge of a registrant pursuant to section 11303, subsection 2, a law enforcement agency shall notify members of the public that the law enforcement agency determines appropriate to ensure public safety.

Sec. 4. Review of Colorado's Sex Offender Management Board. The Sex Offender Risk Assessment Advisory Commission, established in the Maine Revised Statutes, Title 5, section 12004-I, subsection 74-G shall review the structure and duties of Colorado's Sex Offender Management Board established under the Colorado Revised Statutes, section 16-11.7-101 through section 16-11.7-107. The commission shall report its findings and recommendations regarding Colorado's Sex Offender Management Board to the joint standing committee of the Legislature having jurisdiction over criminal justice and public safety matters on or before January 5, 2013. The joint standing committee may report out a bill implementing the recommendations of the commission to the First Regular Session of the 126th Legislature.

Sec. 5. Appropriations and allocations. The following appropriations and allocations are made.

ATTORNEY GENERAL, DEPARTMENT OF THE

Administration - Attorney General 0310

Initiative: Provides funds for one Assistant Attorney General position and related costs to provide legal advice concerning the Sex Offender Registration and Notification Act of 2013.

GENERAL FUND	2011-12	2012-13
POSITIONS - LEGISLATIVE COUNT	0.000	1.000
Personal Services	\$0	\$78,101

All Other	\$0	\$5,178
GENERAL FUND TOTAL	<u>\$0</u>	<u>\$83,279</u>

ATTORNEY GENERAL, DEPARTMENT OF THE DEPARTMENT TOTALS	2011-12	2012-13
GENERAL FUND	\$0	\$83,279
DEPARTMENT TOTAL - ALL FUNDS	<u>\$0</u>	<u>\$83,279</u>

**PUBLIC SAFETY, DEPARTMENT OF
State Police 0291**

Initiative: Provides one-time funding for programming changes to the sex offender registry.

FEDERAL EXPENDITURES FUND	2011-12	2012-13
All Other	\$0	\$100,000
FEDERAL EXPENDITURES FUND TOTAL	<u>\$0</u>	<u>\$100,000</u>

PUBLIC SAFETY, DEPARTMENT OF DEPARTMENT TOTALS	2011-12	2012-13
FEDERAL EXPENDITURES FUND	\$0	\$100,000
DEPARTMENT TOTAL - ALL FUNDS	<u>\$0</u>	<u>\$100,000</u>

SECTION TOTALS	2011-12	2012-13
GENERAL FUND	\$0	\$83,279
FEDERAL EXPENDITURES FUND	\$0	\$100,000
SECTION TOTAL - ALL FUNDS	<u>\$0</u>	<u>\$183,279</u>

In House of Representatives, 2012

Read twice and passed to be enacted.

..... Speaker

In Senate, 2012

Read twice and passed to be enacted.

..... President

Approved 2012

..... Governor

B

Sex Offender Risk Assessment Advisory Commission
October 30, 2012

I. Introductions

II. Admin

- A. Chair, Vice-Chair, Secretary-Treasurer
- B. Clerk Duties; 5 MRS §§ 12005-A – 12007.
 - Annual Report (Dec 31)
 - Expense Reports
 - Membership
 - Report of Meetings
- C. FOAA
 - Notice of meetings
 - Final decisions at meetings
 - Records Retention
- D. Background of RAAC
 - LD 1514; PL 2011, Ch. 663
- E. Structure of RAAC
 - Should it be in Title 17-A?

III. Statutory Duties

- Short Term: Review of CO SOMB—January 5 Report
 - Call from Colorado (10:00 am)
 - Chris Lobanov-Rostovsky, Program Manager, SOM Unit
 - Jeanne Smith, Director, Division of Criminal Justice, CO DPS
- Long Term: 17-A MRS § 1403(1)(A)-(C)
 - Role of this group as policy/advisory commission?
 - Recommendation to Legislature re: duties of Com'n?

IV. Next Meeting Dates, Location, Agenda

- Recommendations of previous sex offender commissions/study groups--Review?
- Participation/input from others?
- Extent of assessment currently being done in Maine? By/of whom? Purposes?
- Resources available in Maine?
- Training video requested from CO—Circulate?
- RULE manual for Maine (SO treatment program for longer-term SOs)—Obtain/review?

MINUTES

SEX OFFENDER RISK ASSESSMENT ADVISORY COMMISSION

October 30, 2012; Approved November 26, 2012

Meeting convened: 9:04 am.

Administration

1. Members attending: Laura Yustak Smith, Brian O'Malley, Adam Silberman, Matt Ruel, Elizabeth Ward-Saxl, Sarah Churchill, Julia Sheridan.
Non members attending: Paul Rucha, Anne Jordan, AJ Higgins, Attorney General William Schneider.
2. Freedom of Access laws apply to the Commission. Annual reports must be filed with Secretary of State. Records will be maintained by Office of the Attorney General.
3. Commission elected Laura Yustak Smith - Chairperson, Julia Sheridan – Vice-Chair, Adam Silberman – Secretary-Treasurer, and Elizabeth Ward-Saxl – Clerk

Discussion

1. Short term duties of Commission – to review and report by January 5, 2013 on the Colorado Sex Offender Management Board.
2. Long term duty pursuant to 17-A M.R.S. § 1403--to review the plausibility and applicability of risk assessment to sex offenders.
 - a. The Commission agreed to recommend that the Commission's statutory authority be moved from Title 17-A to 34-A, consistent with the other sex offender legislation;
 - b. The Commission also recommends that existing § 1403(1)(A) be amended authorize the Commission to make recommendations regarding the use of risk assessment in sex offender management rather than to "develop" a risk assessment method; the Commission does not have this specific expertise.
 - c. The Commission recommends that §1405 be amended to allow for grant money to achieve the Commission's work.
3. At 10:00 am, a conference call was placed to Chris Lobanov-Rostovsky, Program Manager, Sex Offender Management Board, Colorado. Chris was joined by Jeanne Smith, Director of Division of Criminal Justice, Colorado Dept. of Public Safety. Chris informed the Commission that Colorado's registry is largely conviction based, but that risk assessment is used to assign certain convicted offenders to the "Sexually Violent Predator" category. A person's conviction determines if the person required to register. Registration is for life, though certain registrants have the opportunity to petition the court for relief from registration at designated intervals. Certain convictions require an evaluation to determine if the person is a sexually violent predator (SVP). A risk

assessment is part of this evaluation. In most cases, the Court determines at sentencing if the person should be classified as a SVP. If deemed a SVP, the person is a lifetime registrant subject to active community notification (beyond Internet posting), without the opportunity to petition for relief from registration. Community notification may consist of town meetings, phone calls, and cable access broadcasts. In Colorado, approximately 500 of approximately 15,000 registered offenders are classified as SVPs. Colorado's Division of Public Safety had a "research branch," which developed the risk assessment method used to determine if someone is a SVP. The method has been revised over time. An actuarial-based tool makes up one part of the method. The first risk assessment process seemed to include more "violent offenders." The more recently developed and implemented process seems to include more "deviant offenders." Current funding for the Colorado SOMB is approximately a half million dollars. Colorado has 9 crimes that require lifetime supervision and 14 crimes that allow for optional lifetime supervision. SOMB supervises and approves evaluators, treatment providers and polygraphers. SOMB provides only guidelines and has no supervisory authority over probation officers. SOMB provides the guidelines regarding sex offenders from the point of conviction to the point when they are no longer subject to supervision.

Next Meetings:

Hear from Tim App and/or Cynthia Brann regarding current DOC policies and if any benefit from Colorado model.

Send in additional questions for Chris or Jeanne to Paul or Laura in order to have response for next meetings.

Meetings scheduled: November 26, 2012 at 9:00 and December 19, 2012 at 9:00 am.

Adjourned: 11:26 am.

Sex Offender Risk Assessment Advisory Commission
Agenda for November 26, 2012

- I. Review of Minutes (Oct 30, 2012)
- II. Review of any responses from Colorado to follow-up questions
- III. Training video from CO (Depends on length of video and time available)
- IV. How is risk assessment currently incorporated in Maine's approach to sex offender management? Adam Silberman said he could speak to this; Paul Rucha is contacting Dept. of Corrections as well. Brian O'Malley can speak to this from LE perspective-- Does LE use any type of risk assessment before engaging in community notification?
- V. Proposed outline for draft report
Very preliminary thoughts—just looking for some general direction
 - A. Statutory creation and mandate
 - B. Meeting schedule and content (attach agendas and minutes in App.)
 - C. Initial statutory recommendations (submit draft language in App.)
 1. Move RAAC from 17-A to Title 34-A
 2. Modify language regarding duty: Make recommendations regarding risk assessment, rather than develop a risk assessment tool
 3. Provide RAAC with ability to contract (??) and accept funds/grants
 - D. Summary of CO approach
Attach statutes, protocols, guidelines in App.
 - E. Reference to what extent risk assessment is currently incorporated in Maine's system. This might be a stand-alone section that precedes the summary of CO, or be referenced as we summarize or make recommendations regarding what CO does.
 - F. Recommendations re what CO does?
The Public Law calls for recommendations, but do we know enough? Should recommendations be influenced by cost/Maine's resources? What should we do vs what could we do? Recommend we explore it further to have time to identify what might be the most important things to do? Should recommendations be informed by past study commissions (reports sent out Nov 16)?
- VI. Next Meetings
December 19, 9 am
Do we want to schedule meetings in January? Maybe just to finalize report, if we haven't done so yet? Request CJ Committee to defer our presentation to end of January? Schedule further meetings only after we learn what CJ wants to do?

MINUTES

SEX OFFENDER RISK ASSESSMENT ADVISORY COMMISSION

November 26, 2012; Approved January 2, 2013

Meeting convened: 9:07 am.

Administration

1. Members attending: Laura Yustak Smith, Brian O'Malley, Adam Silberman, Matt Ruel, Sarah Churchill, Julia Sheridan.
Absent: Elizabeth Ward Saxl
Non-members attending: Paul Rucha, Anne Jordan, Susan Wiechman.
2. Minutes for 10-30-12 approved with correction of spelling of Anne Jordan.

Discussion

1. Review of Colorado response to our follow-up questions sent to Colorado after participation at October 30, 2012 meeting. (See e-mail from Chris Lobanov-Rostovsky.) Colorado does not post risk assessment scores on its Internet Registry. There is an indication as to whether an offender is a "sexually violent predator" (SVP) which is usually a finding made by the sentencing court or, much less commonly, parole board. [Chris Lobanov-Rostovsky clarified in a subsequent e-mail that some offenses, by statute, also result in classification as SVP.]
2. The Maine Sex Offender Registry site does not post risk assessment information. In the future, there will be a link on the Registry site for the public to request a person's criminal history. In addition, the Registry will have a mapping feature that will mark domiciles/residences in a given queried area. Under SORNA of 2013, the Registry will provide e-mail notification regarding a registrant moving to an area to those individuals who affirmatively request it.
3. Review of responses of several law enforcement agencies to inquiry sent by Brian MacMaster on our behalf, inquiring about the agencies' practices with respect to risk assessment and community notification. Response was very limited. Sgt. Brian O'Malley provided the Lewiston notification policy and an example of its use. Commission members would like to review the model policy and standards that have been promulgated, pursuant to 25 M.R.S. § 2803-B, as well as information from the Criminal Justice Academy regarding how many law enforcement agencies have adopted policies. ISSUE – The Commission should recommend that the Legislature amend § 2803-B to include Chapter 17 (SORNA of 2013) as well as Chapter 15. Other notification issues that may require legislation and should be brought to the attention of the Legislature: notification by Riverview to the Registry if a registrant in the Commissioner's care is living outside of the institution on a modified release; and

amending confidentiality statutes to allow for notification to the Registry regarding registrants who have been hospitalized (committed?) for a period of time and released back into the public without notice to the Registry.

4. At 10:00 am, Tim App, Director of Operations for the Counseling and Psychotherapy Center, Inc. (CPC); Barry Anechiarico, Co-Executive Director of the CPC; and Timothy Sinn, Clinical Director of the CPC, called in to inform the Commission regarding the current use of risk assessments in the context of sex offender treatment of offenders in Maine DOC custody or supervision. [Dennis McNamara, Co-Executive Director of the CPC joined later.] CPC provides sex offender treatment at the Maine Correctional Center and for offenders on probation. Mr. App provided almost all of the information. Whether a person is a sex offender for the purposes of sex offender treatment is determined by the conviction, any prior sex offense convictions, or sexual overtones in the facts giving rise to the current conviction. CPC uses the Static 99R to determine a baseline. Persons considered to be high or moderate risk are given priority for the limited spaces in the treatment program, though the risk score is not the sole determining factor. Mr. App emphasized a number of times that confidence cannot be placed in only one device but that multiple assessments should be made. In addition, Mr. App noted that some individuals who were scored as "low risk" using the Static 99R later disclosed multiple victims and offenses during treatment and full disclosure polygraphs, and thus represent a much higher risk of re-offending if not incarcerated or in treatment. An incarcerated offender must have at least a 4-year period of incarceration and be within 3-4 years of release to qualifying for the program at Windham. Offenders with shorter sentences and those in the county jails are not eligible. If accepted into the program, the person begins in the "orientation" unit, consisting of 30 beds, separate from the general population, for about 6 months. An individual then goes to "intensive" treatment unit which again consists of a 30 beds. That group is then divided into a 10-man process group. A full psycho-sexual evaluation is done on each individual. During the "intensive" treatment, the individual has 12-15 hours of direct care with a provider. Offenders are assigned work related to treatment in addition to the direct care. Within 6 months of beginning treatment but absolutely prior to successful graduation, the person must pass a "full disclosure polygraph." If successful, the person faces a "graduate panel" that questions the person to determine if he should graduate. The team then meets, and if the person graduates, the person goes back to the "orientation" unit to mentor the new individuals until released. CPC uses and recommends the "containment approach model" for treatment. There have been approximately 150 individuals who have started the program and 63 who have successfully graduated. Ten to eleven individuals reached "maximum benefit," but did not graduate. Twenty-three were terminated due to medical, mental or legal reasons. Mr. App indicated that of the 63 graduates, none has had a new sexual offense, although one person has been found with child pornography. Currently, it takes a person 18-24 months to graduate from the

“intensive” unit. There was a correctional evaluation audit done by the Muskie Institute in 2008 where Maine’s program was given the highest evaluation, which places it in the top 7% of those programs evaluated. Mr. App indicated that 85% of Maine’s sexual offenders are in post- release treatment. He asserted that if an offender is in treatment, the likelihood of reoffending is “in single numbers.” Mr. App discussed that multiple risk assessments are used during treatment, including SRA (Structured Risk Assessment), LSCMI (Level of Service Case Management Inventory), and SOTips (Sex Offender Treatment Intervention and Progress Scale). Mr. App acknowledged that of 400 sex offenders incarcerated, approximately 30 can be actively involved in treatment [the intensive program provided by CPC] and that there is no treatment option for other incarcerated offenders. Mr. App estimated that there are 300 sex offenders receiving treatment in Maine. Approximately 150 of these individuals receive MaineCare, which does not cover the psycho-sexual assessments. Mr. App stated that sex offenses are the most underreported crime. Mr. App stated that “no one factor should indicate risk level” and that “no one assessment should indicate risk level.” Mr. App emphasized that he recommended that all individuals convicted of a sex offense be subject to lifetime supervision and that there is “no cure.” He would recommend that the Static 99R results should not be released to the public. Currently, the treatment programs in the institution and some treatment for offenders on probation cost approximately \$400,000 to \$500,000. To include all offenders the cost “may need to triple.” Mr. App’s opinion is that unlike other treatment areas, low risk offenders should be in intensive treatment. In addition, Mr. App opined that “coercive treatment works.”

5. Sue Wiechman, the Regional Corrections Manager for Sex Offender Specialists in Maine, and Adam Silberman discussed treatment for offenders on probation. If the person has a condition of “sex offender counseling” then the containment approach model is used. There are 2 full-time sex offender specialists in Maine and 4 ½ others that also have some other responsibilities. Coverage is better in the more populous areas (south of Bangor).
6. The Commission discussed Colorado’s Sex Offender Management Board, what approaches might be useful in Maine, and what recommendations to make in the report to the Legislature. The Commission decided to make recommendations based on “best practices” and not budgetary concerns. Reports of previous legislative study commissions (distributed by mail prior to the meeting—see attached memo) were discussed. The Commission noted that that the same or similar recommendations have been made previously and not been adopted, in particular, presentence evaluations on all convicted sex offenders (also done in CO). Members recommend lifetime supervision to reduce recidivism. Assessing risk is difficult due to the under-reporting of sex offenses. While there is no “cure” for sex offender, risk of reoffense can change because factors affecting it, including supervision and treatment, change. Policy-makers need to understand complexity of risk assessment and that the score or label cannot predict actual

risk. Having an independent board (like the Colorado SOMB) responsible for setting standards for treatment providers and polygraphers who conduct sex offender polygraphs would be beneficial. Request information from Colorado SOMB regarding any data they have that reflects success of their programs.

Next Meetings:

Review draft of report for Legislature.

Meeting scheduled: December 19, 2012 at 9:00 am, AG Conference Room

Adjourned: 12:11 pm.

Sex Offender Risk Assessment Advisory Commission
Agenda for January 2, 2013

- I. Review of Corrected Minutes (Oct 30, 2012)
- II. Review of Draft Minutes (November 26, 2012)
- III. Review of responses requesting clarification/additional information
 - Tim App, Counseling and Psychotherapy Center (sex offender treatment provider for Maine DOC)
 - Chris Lobanov-Rostovsky, Manager, CO Sex Offender Management Board
 - Brian MacMaster, Division Chief, AG Investigations
 - MCJA standards and corresponding model policy re:
community notification; no further responses re: risk assesement
- IV. Review of draft report to Legislature summarizing CO SOMB.
- V. Meeting Schedule


OFFICE OF ATTORNEY
GENERAL

State House Station 6
Augusta, Maine 04333-0006 FAX: 287-3120
Phone: 626-8803

Memorandum

TO: Sarah Churchill, Brian O'Malley, Matt Ruel, Elizabeth Ward Saxl
(w/o enc.), Julia Sheridan, Adam Silberman

CC: Anne Jordan, Paul Rucha

FROM: Laura Yustak Smith, Assistant Attorney General 

DATE: November 15, 2012

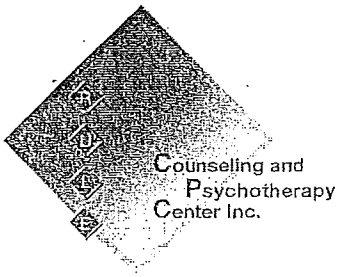
SUBJECT: RAAC; Reports of Study Commissions

At the last meeting, everyone expressed an interest in receiving copies of reports of various legislative study commissions addressing the issue of sex offender management over the years. I have enclosed copies of the following:

1. Final Report of the Criminal Justice & Public Safety Committee Study of Sex Offender Registration Laws (Nov. 2008);
2. Report of the Committee to Prevent Sexual Abuse (Jan. 2005);
3. Final Report of the Commission to Improve Community Safety and Sex Offender Accountability (Jan. 2004);
4. Final Report of the Joint Select Committee to Implement a Program for the Control, Care and Treatment of Sexually Violence Predators (Oct. 1998); and
5. Memo, Criminal Justice & Public Safety Committee to [then] Commissioner Marty Magnusson, DOC (Aug. 2007)

LYS

D



The Counseling and Psychotherapy Centers, Inc.

Promoting Community Safety Through Management and Treatment

December 21, 2012

Paul Rucha, A.A.G.
Office of the Attorney General
State House Station 6
Augusta, Maine 04333-0006

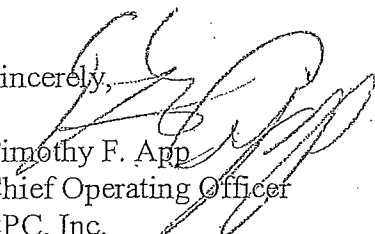
Dear Paul:

Enclosed as requested please find a copy of our treatment program overview with the Maine Department of Correction. I have also included a copy of the client handbook. The client handbook is the core treatment program used in both the prison and community program. In the prison program however, there are a number of additional treatment manuals used depending on the client's need. In any event, I hope you find this information helpful.

If you have any questions please feel free to contact me at 800-455-8726 Ext. 27.

Thank you!

Sincerely,


Timothy F. App
Chief Operating Officer
CPC, Inc.

CPC's Clinician Handbook & Resource Guide

Welcome to CPC's *Clinician Handbook & Resource Guide*. This chapter will describe why we are committed to the work we do and make clear the core principles and values which underlie our efforts to stop sexual abuse in all its forms. The chapter also provides a brief overview of our programmatic approach to treatment and intervention with people who have sexually abused. On the whole, this chapter describes what we stand for and how these concepts are integrated in our policies and practices.

Our Vision, Mission, and Values

That child sexual abuse and sexual assault are serious social problems affecting our society is an understatement.

When the sexual assault occurs during childhood, the consequences on both the physical and mental health of the victim can be lifelong. Victims are more likely than non-victims to experience a major depressive episode. Victims are more likely than non-victims to have contemplated suicide. The significance and scope of sexual assault is a major criminal justice issue with an impact on wider society. (California Sex Offender Management Board (CASOMB), 2008, pg 32)

Because of the often egregious nature and potential long term effects of sexual abuse or assault on individuals, families, and society, CPC is committed to the vision of *No More Victims*. We make it our mission to pursue this vision through a variety of efforts, including the following:

- We work to reduce re-offense by helping clients participate in the treatment and management services we offer,
- We implement high professional and ethical standards,
- We offer services that are consistent with evidence-based and promising practices,
- We contribute to public safety by integrating research findings, professional training, and clinical innovation, and
- We operate the organization ethically and with efficient business practices to ensure sustainability and longevity of services.

Our mission extends to our criminal justice partners and the broader communities where we work, as well as with our direct clients. As such, we believe the following statements exemplify our commitment to collaboration and community safety as priorities. These statements reflect who we aspire to be and we ask each of our team members to join with us in putting these concepts into practice.

- CPC is committed to making communities safer by delivering a systematic and evidence based treatment program for those juveniles and/or adults who have sexually offended.
- CPC developed and uses research based best practices and interventions to aid clients in gaining self control of their behaviors while also working closely with

community partners such as County or Federal Probation and State Parole agencies. Our RULE program, which stands for Responsibility, Understanding, Learning, and Experience, systematically organizes our clinical approach to therapeutic intervention.

- CPC is committed to put into practice the elements of the Containment Model which is embraced by State agencies and sexual offender management boards. In this model we endeavor to partner with criminal justice agencies such as Probation or Parole, and child protection agencies, to promote victim awareness and advocacy, and integrate accountability by using polygraph examinations whenever possible. This approach to treatment and supervision has been found to reduce further victimization and makes communities safer.
- In effort to collaborate with our criminal justice partners, CPC considers all referrals and makes a concerted effort to evaluate the suitability of each person referred. We value community safety and believe that treatment can make a difference. We also recognize that there is not a one-size-fits-all program; some individuals may not be appropriate for our program, for example depending on the individual's level of risk, criminogenic needs, mental health concerns, and staffing at any particular location. There may be times when our program is not the best suited for a particular individual, so a referral may be warranted. If a clinician has concerns about these issues, they shall review those concerns with their clinical supervisor. The clinical supervisor shall then discuss such concerns with the Regional Director; they will jointly make a decision regarding the referral.
- CPC recruits clinicians with significant experience with individuals who have sexually offended and/or forensic clients. We have an expert panel of trainers who provide on-going training for our clinicians and those stakeholders associated with our programs.

We understand that people who have sexually offended are not a homogeneous group. These individuals represent several types of criminal acts, including child sexual abuse, sexual assault or rape of adults, exhibitionistic behavior, soliciting minors via the Internet, use or distribution of pornography depicting children sexually, unlawful sex with minors, voyeurism, sexual battery, and many others. These individuals also represent various levels of risk for sexual or other criminal re-offenses; their risk levels vary depending on the many circumstances they find themselves in or put themselves in. These individuals represent a wide variation in family backgrounds; many were abused themselves while others were not. These individuals also represent a wide variance in neuro-developmental stabilities or instabilities that impact interpersonal and cognitive development and functioning across the life span.

Each of these areas, and many more, affect these individuals to varying degrees with different types of impairments in their functioning. Respecting our clients as individuals, we accomplish a multi-factored assessment in the beginning of the treatment process to tailor our treatment strategies and plans to the individual. With our vision of *No More Victims* in mind, we endeavor to engage our clients in a life changing process in the areas most relevant to them as individuals.

Our Core Beliefs and Guiding Philosophies

A number of overarching core beliefs and values help clarify our philosophies and values regarding treatment and management of individuals who have sexually offended. Some of these reiterate comments already made, but they are important to include yet again so as to clarify the larger context of our program design and strategies for implementation.

1. We attempt to be the best partners we can be with our community partners, such as probation or parole, in the context of implementing the Containment Model. We highly value collaboration and communication with these community partners and pursue their participation in supporting the treatment process while we jointly hold our clients accountable to change and adhere to the various probation or parole conditions the clients are assigned. We also aspire to model the containment approach within our own organization.
2. We work as partners with the supervising officers and/or child protection case workers by communicating regularly regarding client progress, engagement in risky behaviors or attitudes, attendance, and any known violations of probation or parole supervisory conditions. Our confidentiality statements and authorization for release of information forms include the supervising officers and agencies as well as other participants in the local containment teams. Individuals who also receive services from other mental health providers are expected to authorize communication between CPC clinicians and that other provider. Monthly or Quarterly Progress Reports are provided to the supervising officers so they can be aware of the clients' progression through the program. We also use research-based assessment procedures to monitor clients' dynamic risk factors as they may change throughout the course of treatment.
3. We accept whoever is referred for assessment, treatment, and/or referral as discussed above. Assessments drive our decisions based on risk level, criminogenic needs, and our ability to match our delivery system to the client in order to best engage with the client in the change process.
4. We determine treatment needs through a multi-factored assessment process that focuses on research-based areas known to increase risk for re-offense using processes and tools identified by State certification boards and/or that are widely respected in the community of professionals who specialize in treatment and management of individuals who sexually offended.
5. We do not categorically exclude individuals who maintain innocence regarding their adjudicated offenses. We believe people who maintain denial can still make therapeutic gains if they are willing to engage and meaningfully participate in the treatment process. Many such clients who enter treatment in a state of denial eventually do make admissions or accept responsibility for behavior after experiencing psychological safety in therapy and with the support and encouragement of the other program members.

6. We use polygraph examinations in the context of the Containment Model. Clients who are admitting their offenses are given a maintenance examination approximately every six months to verify their compliance with probation or parole conditions and program rules. Clients who deny their index offense(s) are required to submit to a specific-issue (index offense) polygraph examination within the first three to four months of treatment. Full sexual history examinations are preferred but are often unavailable due to Fifth Amendment rights or State Laws involving the right to not incriminate one's self, particularly in a legal environment that may use client statements against them at a later date. The process of preparing for a polygraph examination often reduces cognitive dissonance and allows for shifts in thinking and changes in levels of responsibility taking. Polygraph results are included in our ongoing risk assessments and are required for progression through the program.
7. We go to great lengths to avoid formal termination of clients because we believe it best to have clients associated with a treatment program rather than being untreated while yet in the community. We make every effort to engage the client in the treatment process, including use of motivational therapy interventions in attempt to gain client participation and engagement. We understand there are many reasons why it may be difficult for some clients to engage in treatment and accept responsibility for their actions which often violated their own internal standards. We are committed to stay with them in their struggle to become responsible participants. However, progress cannot be shown until treatment engagement is achieved with evidence the client is participating in a meaningful way. Meaningful participation includes completing relevant treatment assignments, adherence to treatment contract requirements, being a reasonable participant in conversations in therapy sessions, and evidence of acquiring mastery of concepts from treatment that can empower them to gain self regulation and competently meet their emotional and social needs in healthy ways.
8. We believe that there are gains that can be made by people who are passive attendees in sessions, as long as they are not disruptive or undermining other clients' participation or progress, and are otherwise compliant with the treatment contract. Treatment modalities can be changed as an attempt to engage the client or decrease disruptive behavior. As an example, a client could be moved from group to individual therapy for a period of time to better engage the individual and endeavor to prepare him to return to group sessions in a more productive level of participation. Termination from treatment may occur only after significant efforts and accommodations have been made to gain compliance. Persistent rule breaking, engaging in high risk behaviors that violate the treatment contract restrictions, refusal to participate or complete an assessment or treatment assignments, refusal to submit to polygraph examination, failure to attend, failure to pay for services, etc., are all examples of why someone can be suspended from treatment and returned to their probation officer or Court for redirection or sanction. (Suspension is viewed as a temporary sanction with a high probability of return to the program. Termination from treatment may be temporary or permanent but is viewed as a low probability of return to the

program; a negotiation can occur if an individual completes sanctions and evidences a commitment and ability to cease program violations and engage meaningfully in the course of treatment.) Persistence with these types of program violations after such efforts are made may become grounds to discuss possible last resort interventions (such as reassignment, programming changes, return to custody or court, or termination from the program) with the clinical supervisor or clinical director. A decision to terminate would be made jointly by the clinical supervisor and Regional Director.

9. We use group therapy as the primary treatment modality, and often supplement group with individual therapy sessions to develop the therapeutic alliance and deepen the treatment relationship. Most clients can benefit from participation in group counseling with other individuals who share similar issues, needs, and challenges. Some clients, however, are not suitable for group therapy due to a variety of reasons, including unmanaged mental illnesses, and may be enrolled in individual sessions as an alternative. Individual therapy may also be needed to address trauma issues, enhance treatment efforts beyond the group sessions, or to address issues which might otherwise distract the group from their needed course of treatment, with consideration of returning to group at a later time. Decisions regarding modality of service are based on clinical assessments and are reviewed with a clinical supervisor prior to implementation. Concurrent or adjunct services often include couples or family counseling. Referrals for additional services are also common, e.g. Alcoholics Anonymous, psychiatric care, etc.
10. We hold clients responsible to attend, participate, and pay for their treatment services. While payment plans are possible, non-payment could lead to suspension from services. We ask supervising officers to assist in this area when there is a concern.
11. We use the RULE Monthly or Quarterly Progress Report to monitor and track client progression through their individualized program. Report scores reflect the clinician's estimate of client gains in mastery of the skills being taught in sessions, assignments completed, and increases or decreases in self-regulated behavior. Treatment assignments are given based on individual client's needs; the RULE Client Handbook is not intended to be completed simply as a workbook. Rather, based on the individuals' assessment, selected assignments are given. While several core assignments are assigned uniformly, the focus of individualized treatment is to use interventions that address the individuals' criminogenic needs and areas of weakness. The RULE Monthly or Quarterly Progress Report indicates the estimated changes that occur over time.
12. We differentiate levels of treatment and duration of treatment based on each client's assessed risk level and dynamic, criminogenic needs. Using the *Static-99R*, *Stable 2007* or the *Structured Risk Assessment (SRA-FVL)* and the Level of Service-Case Management Inventory (LS-CMI) scores in combination allows determination of low, moderate, and high risk and needs; treatment planning then attends to the client specific characteristics associated with risk reduction.

Treatment planning and interventions are based on the level of treatment intervention and service required to reduce the driving criminogenic needs that our assessment has determined for each client differentially.

13. Notwithstanding number 12 above, we provide differential treatment programming for individuals whose sexual offense. Individuals who are assessed as low risk and low needs, defined as a Static-99R score of 1 or less and a low rating on the SRA or Stable 2007, will be enrolled in a shorter, lower intensity program than those who are assessed at moderate or high risk. Moderate risk, defined as Static-99R scores of 2, 3, or 4 along with the rating on the SRA or Stable 2007, will be enrolled in an intermediate level of programming, while those assessed at high risk, defined as a Static-99R score of 5 or higher and rating on the SRA or Stable 2007, will be enrolled in the highest level of intensity and longest duration possible based on their terms of formal supervision. Low intensity treatment programming is expected to involve approximately 100-125 hours of treatment. Moderate intensity treatment programming is expected to involve approximately 150-250 hours of treatment. High intensity treatment programming is expected to involve approximately 275-350 hours of treatment. These are only estimates and are based on the individual's level of motivation. Risk may also be assessed as greater or lesser as additional information is gathered during the course of treatment, thus influencing the level of treatment programming.
14. Individuals convicted of non-pathological offenses, such as unlawful sex with a minor or urinating in public, will first be assessed to confirm they are appropriately deemed low risk. Upon confirmation such individuals will be enrolled in a modified treatment program addressing sexual health and maturity, sexual boundaries, issues of consent, laws associated with sexual decisions, and cognitive distortions that may have been used in the course of their misconduct.
15. We endeavor to implement a client specific treatment plan. Clients with seemingly low levels of risk are not always actually low risk; many have sexual histories which were not known prior to preparing them for polygraph testing, administering a sexual interest measure, or reviewing their sexual history in detail. Once a comprehensive assessment is completed, some seemingly moderate risk individuals may be functioning at the low risk level while others may be functioning at a high level of risk. Treatment planning and assignment selection is based on client-specific needs; individualized treatment increases engagement by clients and improves motivation to participate and change.
16. We believe that weekly group treatment, with additional adjunct services such as weekly or monthly individual or couples counseling- in conjunction with ongoing probation or parole supervision increases stability in the community. As a client progresses through their individualized treatment programming, frequencies and modalities can change based on the real needs of the client. Based on research in the field, we are aware that over-treating or under-treating offenders may have a negative effect on risk of re-offense. Ongoing monitoring by way of the Monthly or Quarterly Progress Report and periodic review of the dynamic risk assessment

tools allows us to improve treatment specificity with individual clients. Decisions to modify a client's treatment program are made in conjunction with a clinical supervisor and with the supervising officer when possible.

17. We understand that sexual offending is not an addiction or a mental disorder in and of itself. Individuals who sexually offend do often have mental disorders that undermine their decisions and self regulation, but this is not universal. The CPC model emphasizes that we do not seek a "cure" for offending as if it were an illness like an ear infection. Rather, CPC's strategies focus on improving self regulation and risk reduction on the client's part. Different clients have different types and levels of needs, and therefore call for different levels of services and supports. Some higher risk clients will need to actively implement interventions for a life-time, similar to "recovery" models. Other, lower risk clients will make sufficient gains so as to be able to regulate their behaviors by wisely continuing to avoid risky situations despite their statistically low level of risk declining over time. Clients, even low risk ones, are reminded that they need to always be on guard, monitor their thinking and coping patterns, and remember that it is their responsibility to not only avoid threats to their stability but also to take advantage of their opportunity to have better lives.
18. As clients progress through their treatment plans and evidence practice of the new self-control skills in daily life, their Monthly or Quarterly Progress Report scores are likely to increase. Along with a successful non-deceptive polygraph examination, the Progress Report score and their score on the dynamic risk assessment tools will be reviewed by the therapist with the supervising officers and clinical supervisor prior to the client being allowed to matriculate to aftercare. While our goal is to move the client to aftercare as soon as feasible, we also make sure that checks and balances are reviewed before making such a decision. Some clients may move from aftercare to discharge from active, ongoing treatment after sufficient time in aftercare without lapses or engaging in risky behaviors for a suitable time (which varies from client to client) only after consultation with the containment team. Many clients are recommended to remain in structured aftercare treatment for the duration of their supervision period. Some clients are encouraged to remain engaged with treatment even beyond their mandated supervision periods. Aftercare requirements are tailored to the needs of the individual clients. Periodic polygraph testing may be a requirement during aftercare or can be requested by a probation officer after a client has been discharged but while he/she remains under supervision. Conversely, clients may also be moved from aftercare to more intense treatment if they become destabilized.
19. We expect the RULE Client Handbook to be used as a resource guide. The assignments are designed to aid clinicians and clients in systematically addressing a variety of issues. As discussed above, treatment plans and programming requirements are based on an individual's assessment. Therefore the RULE assignments are assigned on an as-needed basis for each client. There should not be a linear implementation of the RULE Client Handbook assignments, i.e. clients should not start at page one and thoughtlessly proceed

to do every assignment or project in the book. Rather, assignments are made selectively in effort to develop coping, relationship, and affect regulation skills and to gain mastery of the many concepts being taught in the course of treatment.

More about the RULE Program

Our RULE program, which stands for Responsibility, Understanding, Learning, and Experience, systematically organizes our clinical approach to therapeutic intervention. These are not phases of treatment. Rather these represent layers of growth in self regulation which are revisited time and time again as the client works through various issues at different stages of his or her change process.

- Responsibility – for one's own behavior; for the impact the abusive behavior has had on victims, self, as well as others; for the need to change;
- Understanding – how the individual's experiences and decisions in life have led to this point; how sexual behavior was a misguided effort to get one's needs met; how faulty thinking led to problematic behaviors;
- Learning – new patterns of appropriate thinking, prosocial behavior and ways of getting one's needs met, and self regulation under stress;
- Experience – practicing new skills in relating to others, dealing with stress, using healthier problem solving skills, and finding new experiences that enhance self esteem and help the client gain a sense of mastery and intimacy in their lives.

Responsibility

The Responsibility principle of treatment emphasizes the concepts of moving from denial, minimization, or externalization, to acceptance of responsibility and empathy for other affected persons. Responsibility taking requires one to be honest with one's self first, regardless of how uncomfortable this may be. It also requires developing an understanding of the physical and emotional experiences of victim(s). In conjunction with this principle, we work to help the client develop a sense of responsibility in all aspects of his life, not just the offense. This includes managing responsibilities of being an employee, parent, child, spouse, friend, client, probationer or parolee, and group member. Other areas the client needs to accept responsibility for include the conditions of their court orders and supervising agency involvement which are consequences of their offenses. We want them to also accept responsibility for any additional changes in their lifestyles as they learn about their unhealthy thinking patterns and traits that increase risk of reoffense. It is ultimately the clients' responsibility to make changes and to implement life changes that actually make their lives better and the community safer.

Understanding

This principle focuses on Understanding concepts such as thinking errors and relapse cycles that are discussed in depth and then applied by each client. As these concepts become clear and clients can understand how they apply personally, they begin learning new skills that will specifically address the risk factors and other self-management challenges they have experienced.

Among the many topics that clients must gain understanding, the following are frequently emphasized:

- Triggers that set off stress, which may lead to a negative, isolated, or alienated emotional state;
- Fantasies that may be used to temporarily alleviate feelings such as boredom, powerlessness, or emotionally needy -but which can lead towards an offense;
- Entitlement and other thinking errors that support or enable progression toward offending and justify offending behaviors;
- Planning or considering opportunities which begin to translate deviant fantasy and a sense of entitlement into precursor to an offense; and
- Patterns that the offender engages in which are signs that he is moving closer to an offense.

By understanding and applying these concepts, the client is able to interrupt a pattern at the earliest possible point and implement new healthy strategies for managing negative emotional states and emotional and behavioral dysregulation.

Learning

This principle focuses on Learning skills and strategies to prevent relapse and manage one's life in healthier ways. The client will learn practical ways to avoid high risk situations and to interrupt the relapse cycle before it begins. Interventions included within this principle are pragmatic cognitive and behavioral strategies that need to be employed by the client to prevent or interrupt the cycle, and new life skills that need to be developed to provide the client with healthy ways to manage their individual needs and risk characteristics.

The development of interpersonal skills includes the following: communication and relationship skills, assertiveness training, conflict management, coping and problem solving skills, and victim awareness training. Learning these skills will help the client break the pattern of unhealthy living, isolation and disconnection and build new support networks. There are other strategies to interrupt the cycle, manage stress, and restore self-esteem that are an essential part of relapse prevention and which are addressed through the treatment program.

Learning appropriate expressions of sexuality is an often overlooked component of relapse prevention but receives an important place in our program. Not only do deviant sexual behaviors need to be stopped but also appropriate sexual behaviors need to be started and maintained.

Clients also learn about several recovery and self regulation skills in a general way during the course of treatment. Individual needs and treatment planning may determine that a given client needs to participate more significantly in one or another of these counseling components. The recovery and self regulation skills that will be introduced under this principle include: anger management, empathy training, cognitive distortion identification and change, social skills training, self-esteem development, substance abuse awareness, trauma/abuse recovery, and deviant arousal reduction.

Experience

This principle respects the fact that the client needs to Experience the life changes that come with applying what has been understood and learned. Clients need not only to practice the skills but they need to experience the differences that applying these principles can make in their lives. The key here is for the client to begin to experience and fulfill his/her needs differently. For example: rather than experiencing a compulsion to act out sexually as if that were the need, the client will be able to recognize the emotions that are triggered by a stressful event and realize that the needs can be managed in several different ways. This aspect of the program requires the client to demonstrate the different ways that have been learned to manage emotional needs such as by connecting with a supportive network of people, stress management activities, growing an intimate relationship, and mastery of applying the understanding and learning to interrupt the cycle and avoid situations that could progress to another offense.

How to Use the Clinician Handbook & Resource Guide

It should be clear by now that the CPC RULE program is not a one-size-fits-all program. This will require clinicians to maintain an objective treatment approach for each individual client; using RULE assignments selectively on a case by case basis enables clients to acquire the necessary skills and gain mastery of the many concepts being offered in treatment. The following chapters will review a number of relevant issues associated with treatment and management of individuals who have sexually offended. Some of the materials are intended to provide training and summary information for clinicians.

E

Appendix E

Colorado Sex Offender Management Staff and Board Members
http://dcj.state.co.us/odvsom/sex_offender/contact.html

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The Office of Sex Offender Management is a unit of the Division of Criminal Justice under the Colorado Department of Public Safety.

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Juvenile Standards Coordinator

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As of October 2012

SOMB Board Chair

Honorable Thomas Kennedy
SOMB Board Chair

SOMB Board Members

Jim Austin

Rural County Commissioner Representative

Mary Baydarian
County Directors of Human Services Representative

Carl Blake
Division of Youth Corrections Representative

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Erin Jemison
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Honorable Thomas Kennedy

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Dianna Lawyer-Brook
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Victim's Representative

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Doug Stephens
Law Enforcement Representative

F

Appendix F

Colorado Statutes
C.R.S.A. § 16-11.7-103
[Membership and Duties of SOMB]

West's Colorado Revised Statutes Annotated
Title 16. Criminal Proceedings
Code of Criminal Procedure
Article 11.7. Standardized Treatment Program for Sex Offenders (Refs & Annos)
§ 16-11.7-103. Sex offender management board--creation--duties--repeal

(1) There is hereby created in the department of public safety a sex offender management board that shall consist of twenty-five members. The membership of the board shall reflect, to the extent possible, representation of urban and rural areas of the state and a balance of expertise in adult and juvenile issues relating to persons who commit sex offenses. The membership of the board shall consist of the following persons who shall be appointed as follows:

(a) The chief justice of the supreme court shall appoint three members as follows:

(I) One member who represents the judicial department;

(II) One member who is a district court judge; and

(III) One member who is a juvenile court judge or juvenile court magistrate;

(b) The executive director of the department of corrections shall appoint one member who represents the department of corrections;

(c) The executive director of the department of human services shall appoint three members as follows:

(I) One member who represents the department of human services and who has recognizable expertise in child welfare and case management;

(II) One member who represents the division of youth corrections in the department of human services; and

(III) One member who is a provider of out-of-home placement services with recognizable expertise in providing services to juveniles who have committed sexual offenses;

(d) The executive director of the department of public safety shall appoint sixteen members as follows:

(I) One member who represents the division of criminal justice in the department of public safety;

(II) Two members who are licensed mental health professionals with recognizable expertise in the treatment of adult sex offenders;

(III) Two members who are licensed mental health professionals with recognizable expertise in the treatment of juveniles who have committed sexual offenses;

(IV) One member who is a member of a community corrections board;

(V) One member who is a public defender with recognizable expertise related to sexual offenses;

(VI) One member who represents law enforcement with recognizable expertise in addressing sexual offenses and victimization;

(VII) Three members who are recognized experts in the field of sexual abuse and who can represent sexual abuse victims and victims' rights organizations;

(VIII) One member who is a clinical polygraph examiner;

(IX) One member who is a private criminal defense attorney with recognizable expertise related to sexual offenses;

(X) One member who is a county director of social services, appointed after consultation with a statewide group representing counties; and

(XI) Two members who are county commissioners or members of the governing council for a jurisdiction that is a contiguous city and county, one of whom shall represent an urban or suburban county and one of whom shall represent a rural county, appointed after consultation with a statewide group representing counties;

(e) The executive director of the Colorado district attorneys' council shall appoint one member who represents the interests of prosecuting attorneys and who has recognizable expertise in prosecuting sexual offenses; and

(f) The commissioner of education shall appoint one member who has experience with juveniles who have committed sexual offenses and who are in the public school system.

(2) The members of the board shall elect presiding officers for the board, including a chair and vice-chair, from among the board members appointed pursuant to subsection (1) of this section, which presiding officers shall serve terms of two years. Board members may re-elect a presiding officer.

(3) Members of the board shall serve at the pleasure of the appointing authority for terms of four years; except that the member appointed pursuant to subparagraph (IX) of paragraph (d) of subsection (1) of this section prior to July 1, 2011, shall serve the term of years in effect at the time of his or her appointment. The appointing authority may reappoint a member for an additional term or terms. Members of the board shall serve without compensation.

(4) Duties of the board. The board shall carry out the following duties:

(a) Standards for identification and evaluation of adult sex offenders. The board shall develop, prescribe, and revise, as appropriate, a standard procedure to evaluate and identify adult sex offenders, including adult sex offenders with developmental disabilities. The procedures shall provide for an evaluation and identification of the adult sex offender and recommend management, monitoring, and treatment based upon existing research demonstrating that sexually offending behavior is often repetitive and that there is currently no way to ensure that adult sex offenders with the propensity to commit sexual offenses will not reoffend. Because there are adult sex offenders who can learn to manage unhealthy patterns and learn behaviors that can lessen their risk to society in the course of ongoing treatment, management, and monitoring, the board shall develop a procedure for evaluating and identifying, on a case-by-case basis, reliably lower-risk sex offenders. The board shall develop and implement methods of intervention for adult sex offenders, which methods have as a priority the physical and psychological safety of victims and potential victims and which are appropriate to the assessed needs of the particular offender, so long as there is no reduction in the safety of victims and potential victims.

(b) Guidelines and standards for treatment of adult offenders. The board shall develop, implement, and revise, as appropriate, guidelines and standards to treat adult sex offenders, including adult sex offenders with developmental disabilities, which guidelines and standards can be used in the treatment of offenders who are placed on probation, incarcerated with the department of corrections, placed on parole, or placed in community corrections. Programs implemented pursuant to the guidelines and standards developed pursuant to this paragraph (b) shall be as flexible as possible so that the programs may be accessed by each adult sex offender to prevent the offender from harming victims and potential victims. Programs shall include a continuing monitoring process and a continuum of treatment options available to an adult sex offender as he or she proceeds through the criminal justice system. Treatment

options shall be determined by a current risk assessment and evaluation and may include, but need not be limited to, group counseling, individual counseling, family counseling, outpatient treatment, inpatient treatment, shared living arrangements, or treatment in a therapeutic community. Programs implemented pursuant to the guidelines and standards developed pursuant to this paragraph (b) shall, to the extent possible, be accessible to all adult sex offenders in the criminal justice system, including those offenders with mental illness and co-occurring disorders. The procedures for evaluation, identification, treatment, and monitoring developed pursuant to this subsection (4) shall be implemented only to the extent that moneys are available in the sex offender surcharge fund created in section 18-21-103(3), C.R.S.

(c) Allocation of moneys in sex offender surcharge fund. The board shall develop an annual plan for the allocation of moneys deposited in the sex offender surcharge fund created pursuant to section 18-21-103(3), C.R.S., among the judicial department, the department of corrections, the division of criminal justice in the department of public safety, and the department of human services. In addition, the board shall coordinate the expenditure of moneys from the sex offender surcharge fund with any moneys expended by any of the departments described in this paragraph (c) to identify, evaluate, and treat adult sex offenders and juveniles who have committed sexual offenses. The general assembly may appropriate moneys from the sex offender surcharge fund in accordance with the plan.

(d) Risk assessment screening instrument. The board shall consult on, approve, and revise, as necessary, the risk assessment screening instrument developed by the division of criminal justice to assist the sentencing court in determining the likelihood that an adult sex offender will commit one or more of the offenses specified in section 18-3-414.5(1)(a)(II), C.R.S., under the circumstances described in section 18-3-414.5(1)(a)(III), C.R.S. In carrying out this duty, the board shall consider research on adult sex offender risk assessment and shall consider as one element the risk posed by an adult sex offender who suffers from psychopathy or a personality disorder that makes the person more likely to engage in sexually violent predatory offenses. If a defendant is found to be a sexually violent predator, the defendant shall be required to register pursuant to article 22 of this title and shall be subject to community notification pursuant to part 9 of article 13 of this title.

(e) Evaluation of policies and procedures--report. (I) The board shall research, either through direct evaluation or through a review of relevant research articles and sex offender treatment empirical data, and analyze, through a comprehensive review of evidence-based practices, the effectiveness of the evaluation, identification, and treatment policies and procedures for adult sex offenders developed pursuant to this article. This research shall specifically

include, but need not be limited to, reviewing and researching reoffense and factors that contribute to reoffense for sex offenders as defined in this article, the effective use of cognitive behavioral therapy to prevent reoffense, the use of polygraphs in treatment, and the containment model for adult sex offender management and treatment and its effective application. The board shall revise the guidelines and standards for evaluation, identification, and treatment, as appropriate, based upon the results of the board's research and analysis. The board shall also develop and prescribe a system to implement the guidelines and standards developed pursuant to paragraph (b) of this subsection (4).

(II)(A) On or before December 1, 2011, the board shall submit and present to the judiciary committees of the senate and the house of representatives, or any successor committees, a written report of the board's findings based on the research and analysis, as required in subparagraph (I) of this paragraph (e), on the effectiveness of the evaluation, identification, and treatment procedures developed pursuant to this article.

(B) This subparagraph (II) is repealed, effective July 1, 2012.

(f) Criteria for measuring progress in treatment. (I) Pursuant to section 18-1.3-1009, C.R.S., concerning the criteria for release from incarceration, reduction in supervision, and discharge for certain adult sex offenders, the board, in collaboration with the department of corrections, the judicial department, and the state board of parole, shall develop and revise, as appropriate, criteria for measuring an adult sex offender's progress in treatment. The criteria shall assist the court and the state board of parole in determining whether an adult sex offender may appropriately be released from incarceration pursuant to section 18-1.3-1006(1), C.R.S., or whether the adult sex offender's level of supervision may be reduced pursuant to section 18-1.3-1006(2)(a) or 18-1.3-1008, C.R.S., or whether the adult sex offender may appropriately be discharged from probation or parole pursuant to section 18-1.3-1006 or 18-1.3-1008, C.R.S. At a minimum, the criteria shall be designed to assist the court and the state board of parole in determining whether the adult sex offender could be appropriately supervised in the community if he or she were released from incarceration, released to a reduced level of supervision, or discharged from probation or parole. The criteria shall not limit the decision-making authority of the court or the state board of parole.

(II) The board, in collaboration with the department of corrections, the judicial department, and the state board of parole, shall establish standards for community entities that provide supervision and treatment specifically designed for adult sex offenders who have developmental disabilities. At a minimum, the standards shall determine whether an entity would provide adequate support and supervision to minimize any threat that the adult sex offender may pose to the community.

(g) Living arrangements for adult sex offenders--recommendations. The board shall research, analyze, and make recommendations that reflect best practices for living arrangements for and the location of adult sex offenders within the community, including but not limited to shared living arrangements. At a minimum, the board shall consider the safety issues raised by the location of sex offender residences, especially in proximity to public or private schools and child care facilities, and public notification of the location of sex offender residences. The board shall adopt and revise as appropriate such guidelines as it may deem appropriate regarding the living arrangements and location of adult sex offenders and adult sex offender housing. The board shall accomplish the requirements specified in this paragraph (g) within existing appropriations.

(h) Data collection from treatment providers. If the department of public safety acquires sufficient funding, the board may request that individuals or entities providing sex-offender-specific evaluation, treatment, or polygraph services that conform with standards developed by the board pursuant to paragraph (b) of this subsection (4) submit to the board data and information as determined by the board at the time that funding becomes available. This data and information may be used by the board to evaluate the effectiveness of the guidelines and standards developed pursuant to this article to evaluate the effectiveness of individuals or entities providing sex-offender-specific evaluation, treatment, or polygraph services, or for any other purposes consistent with the provisions of this article.

(i) Standards for identification and evaluation of juvenile offenders. The board shall develop, prescribe, and revise, as appropriate, a standard procedure to evaluate and identify juveniles who have committed sexual offenses, including juveniles with developmental disabilities. The procedure shall provide for an evaluation and identification of the juvenile offender and recommend behavior management, monitoring, treatment, and compliance based upon the knowledge that all unlawful sexual behavior poses a risk to the community and that certain juveniles may have the capacity to change their behavior with appropriate intervention and treatment. The board shall develop and implement methods of intervention for juveniles who have committed sexual offenses, which methods have as a priority the physical and psychological safety of victims and potential victims and that are appropriate to the needs of the particular juvenile offender, so long as there is no reduction in the safety of victims and potential victims.

(j) Guidelines and standards for treatment of juvenile offenders. The board shall develop, implement, and revise, as appropriate, guidelines and standards to treat juveniles who have committed sexual offenses, including juveniles with developmental disabilities, which guidelines and standards may be used for juvenile offenders who are placed on probation, committed to the department of human services, placed on parole, or placed in out-of-home placement. Programs implemented pursuant to the guidelines and standards developed

pursuant to this paragraph (j) shall be as flexible as possible so that the programs may be accessed by each juvenile offender to prevent him or her from harming victims and potential victims. Programs shall provide a continuing monitoring process and a continuum of treatment options available to a juvenile offender as he or she proceeds through the juvenile justice system. Treatment options may include, but need not be limited to, group counseling, individual counseling, family counseling, outpatient treatment, inpatient treatment, shared living arrangements, and treatment in a therapeutic community. Programs implemented pursuant to the guidelines and standards developed pursuant to this paragraph (j) shall be, to the extent possible, accessible to all juveniles who have committed sexual offenses and who are in the juvenile justice system, including juveniles with mental illness or co-occurring disorders.

(k) Evaluation of policies and procedures for juvenile offenders. The board shall research and analyze the effectiveness of the evaluation, identification, and treatment procedures developed pursuant to this article for juveniles who have committed sexual offenses. The board shall revise the guidelines and standards for evaluation, identification, and treatment, as appropriate, based upon the results of the board's research and analysis. The board shall also develop and prescribe a system to implement the guidelines and standards developed pursuant to paragraph (j) of this subsection (4).


(l) Educational materials. The board, in collaboration with law enforcement agencies, victim advocacy organizations, the department of education, and the department of public safety, shall develop and revise, as appropriate, for use by schools, the statement identified in section 22-1-124, C.R.S., and educational materials regarding general information about adult sex offenders and juveniles who have committed sexual offenses, safety concerns related to such offenders, and other relevant materials. The board shall provide the statement and materials to the department of education, and the department of education shall make the statement and materials available to schools in the state.

(5) Immunity. The board and the individual board members shall be immune from any liability, whether civil or criminal, for the good faith performance of the duties of the board.

(6) Repeal. (a) This section is repealed, effective September 1, 2016.

(b) Prior to said repeal, the sex offender management board appointed pursuant to this section shall be reviewed as provided for in section 24-34-104, C.R.S.

HOME CONTACT



COLORADO DEPARTMENT OF PUBLIC SAFETY
SEX OFFENDER MANAGEMENT BOARD
Established by the Colorado Department of Public Safety

ADULTS JUVENILES :: GOVERNING STATUTES RESOURCES :: DOCUMENTS TRAINING

REPORTS :

Please note: The following information is available in Adobe Acrobat (version 3.0) file format. This file format is read-only and print-only (not editable). You will need the Adobe Acrobat Reader to download these files. The Acrobat Reader is available FREE OF CHARGE at [Adobe's](#) web site. Follow the instructions there for downloading the Acrobat Reader.

Lifetime Supervision Report completed 11/2012 NEW!

- Attachment A - [Standards and Guidelines for Adult Sex Offenders](#)
 Attachment B - [Sexual Predator Risk Assessment Screening Instrument](#)
 Attachment C - [Sexual Predator Risk Assessment Screening Instrument Handbook](#)
 Attachment D - [Sex Offender Management Board Provider List](#)
 Attachment E - [Process Evaluation of the Colorado Sex Offender Management Board Standards & Guidelines](#)
 Attachment F - [2011 Adult Standards and Guidelines Outcome Evaluation](#)

- [Lifetime Supervision Report](#) completed 11/2011
- [Lifetime Supervision Report](#) completed 11/2010
- [Lifetime Supervision Report](#) completed 11/2009
- [Lifetime Supervision Report](#) completed 11/2008
- [Lifetime Supervision Report](#) completed 11/2007
- [Lifetime Supervision Report](#) completed 11/2006
- [Lifetime Supervision Report](#) completed 11/2005
- [Lifetime Supervision Report](#) completed 11/2004
- [Lifetime Supervision Report](#) completed 11/2003
- [Lifetime Supervision Report](#) completed 11/2002

2011 Adult Standards and Guidelines Outcome Evaluation

Juvenile Standards Evaluation Report completed 06/2003

School Resource Guide

Reference Guide for School Personnel Concerning Juveniles Who Have Committed Sexually Abusive and Offending Behaviors

Report on Safety Issues Raised by Living Arrangements for Location of Sex Offenders in the Community
completed 03/2004

- [Report](#)
- [Corresponding Maps](#)
- [SLA Fact Sheet](#)

Living Arrangements Guidelines for Sex Offenders in the Community

White Paper on the Use of Residency Restrictions as a Sex Offender Management Strategy

Adams Walsh White Paper

2009 Sunset Review: Sex Offender Management Board

SOMB Position Paper "No Known Cure" with Juveniles Who Have Committed Sexual Offenses

[SOMB Sex Offender Housing Committe White Paper on Sex Offender Housing](#)

[ATSA- A Reasoned Approach: Reshaping Sex Offender Policy To Prevent Child Sexual Abuse](#)



STATE OF COLORADO
SEX OFFENDER MANAGEMENT BOARD

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Lifetime Supervision of Sex Offenders

Annual Report



November 1, 2012

Colorado Department of Corrections
Colorado Department of Public Safety
State Judicial Department

Lifetime Supervision of Sex Offenders | 2012

November 1, 2012

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Please contact Jesse Hansen (see contact information below) or visit the Sex Offender Management Board website at <http://dcj.state.co.us/odvsom> if you would like copies of the following attachments:

Attachment A:

Standards and Guidelines for the Assessment, Evaluation, Treatment and Behavioral Monitoring of Adult Sex Offenders
Lifetime Supervision Criteria

Attachment B:

Sexual Predator Risk Assessment Screening Instrument

Attachment C:

Sexual Predator Risk Assessment Screening Instrument Handbook

Attachment D:

SOMB Provider List

Attachment E:

Process Evaluation of the Colorado Sex Offender Management Board Standards and Guidelines

Attachment F:

2011 Adult Standards and Guidelines Outcome Evaluation

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INTRODUCTION

The Colorado Department of Corrections (CDOC), Colorado Department of Public Safety (CDPS) and the State Judicial Department has collaborated to write this Annual Report on lifetime supervision of sex offenders. The report is submitted pursuant to Section 18-1.3-1011, C.R.S.:

“On or before November 1, 2000, and on or before each November 1 thereafter, the department of corrections, the department of public safety, and the judicial department shall submit a report to the judiciary committees of the house of representatives and the senate, or any successor committees, and to the joint budget committee of the general assembly specifying, at a minimum:

(a) The impact on the prison population, the parole population, and the probation population in the state due to the extended length of incarceration and supervision provided for in sections 18-1.3-1004, 18-1.3-1006, and 18-1.3-1008;

(b) The number of offenders placed in the intensive supervision parole program and the intensive supervision probation program and the length of supervision of offenders in said programs;

(c) The number of sex offenders sentenced pursuant to this part 10 who received parole release hearings and the number released on parole during the preceding twelve months, if any;

(d) The number of sex offenders sentenced pursuant to this part 10 who received parole or probation discharge hearings and the number discharged from parole or probation during the preceding twelve months, if any;

(e) The number of sex offenders sentenced pursuant to this part 10 who received parole or probation revocation hearings and the number whose parole or probation was revoked during the preceding twelve months, if any;

(f) A summary of the evaluation instruments developed by the management board and use of the evaluation instruments in evaluating sex offenders pursuant to this part 10;

(g) The availability of sex offender treatment providers throughout the state, including location of the treatment providers, the services provided, and the amount paid by offenders and by the state for the services provided, and the manner of regulation and review of the services provided by sex offender treatment providers;

(h) The average number of sex offenders sentenced pursuant to this part 10 that participated in Phase I and Phase II of the department's sex offender treatment and monitoring program during each month of the preceding twelve months;

(i) The number of sex offenders sentenced pursuant to this part 10 who were denied admission to treatment in Phase I and Phase II of the department's sex offender treatment and monitoring program for reasons other than length of remaining sentence during each month of the preceding twelve months;

(j) The number of sex offenders sentenced pursuant to this part 10 who were terminated from Phase I and Phase II of the department's sex offender treatment and monitoring program during the preceding twelve months and the reason for termination in each case;

(k) The average length of participation by sex offenders sentenced pursuant to this part 10 in Phase I and Phase II of the department's sex offender treatment and monitoring program during the preceding twelve months;

(l) The number of sex offenders sentenced pursuant to this part 10 who were denied readmission to Phase I and Phase II of the department's sex offender treatment and monitoring program after having previously been terminated from the program during the preceding twelve months;

(m) The number of sex offenders sentenced pursuant to this part 10 who were recommended by the department's sex offender treatment and monitoring program to the parole board for release on parole during the preceding twelve months and whether the recommendation was followed in each case; and

(n) The number of sex offenders sentenced pursuant to this part 10 who were recommended by the department's sex offender treatment and monitoring program for placement in community corrections during the preceding twelve months and whether the recommendation was followed in each case.”

This report is intended to provide the Colorado General Assembly with information on the thirteenth year of implementation of the Lifetime Supervision Act in Colorado. The report is organized into three sections, one for each of the required reporting departments. Each department individually addresses the information for which it is responsible in implementing lifetime supervision and associated programs.

IMPACT ON PRISON AND PAROLE POPULATIONS

The legislation enacting the Lifetime Supervision Act of sex offenders (i.e., CRS 18-1.3-1004, CRS 18-1.3-1006, and CRS 18-1.3-1008) affected persons convicted of sex offenses committed on or after November 1, 1998. The first prison admission for the qualifying lifetime supervision sexual offenses occurred in the Fall of 1999.

Admissions and Discharges for FY 2011-2012

During fiscal year (FY) 2011-2012, a total of 170 offenders were admitted to prison under the lifetime supervision provisions for sex offenses, making a total of 1,940 offenders sentenced to prison since the Act began. Eight of the 1,940 lifetime supervision offenders were discharged in previous years and returned to prison during FY 2011-2012, all of whom returned on their original lifetime sex offender sentence. Offenders are frequently admitted to prison with a conviction for a non-lifetime supervision offense along with a concurrent or consecutive lifetime supervision sentence to *probation* for the qualifying sex offense, but these offenders are not included among those counted as lifetime supervision sex offenders.

Of the 1,940 offenders sentenced to prison under the lifetime supervision provisions for sex offenses, 16 discharged their sentence during FY 2011-2012. Of these 16 offenders, six released by court order, four offenders were released to probation, and six offenders died.

Current Population

As of June 30, 2012, 1,797 offenders were under Colorado Department of Corrections (CDOC) supervision for sexual offense convictions sentenced under the lifetime supervision provisions. Thirteen of these offenders had a more serious offense than the lifetime sex offense as their controlling offense. Incarcerated lifetime supervision offenders represented 8% of the overall inmate population and 1.4% of the overall parole population on June 30, 2012. Additionally, 749 incarcerated inmates (42%) were past their parole eligibility date (PED) as of June 30, 2012.

Of the 1,797 lifetime supervision offenders currently under CDOC supervision, almost all are male (i.e., 99%) and the median age is 44. Fifty seven percent of these offenders are Caucasian, 27% Hispanic, 13% African American and 4% are other races. Table 1 shows the locations of the 1,797 offenders as of June 30, 2012.

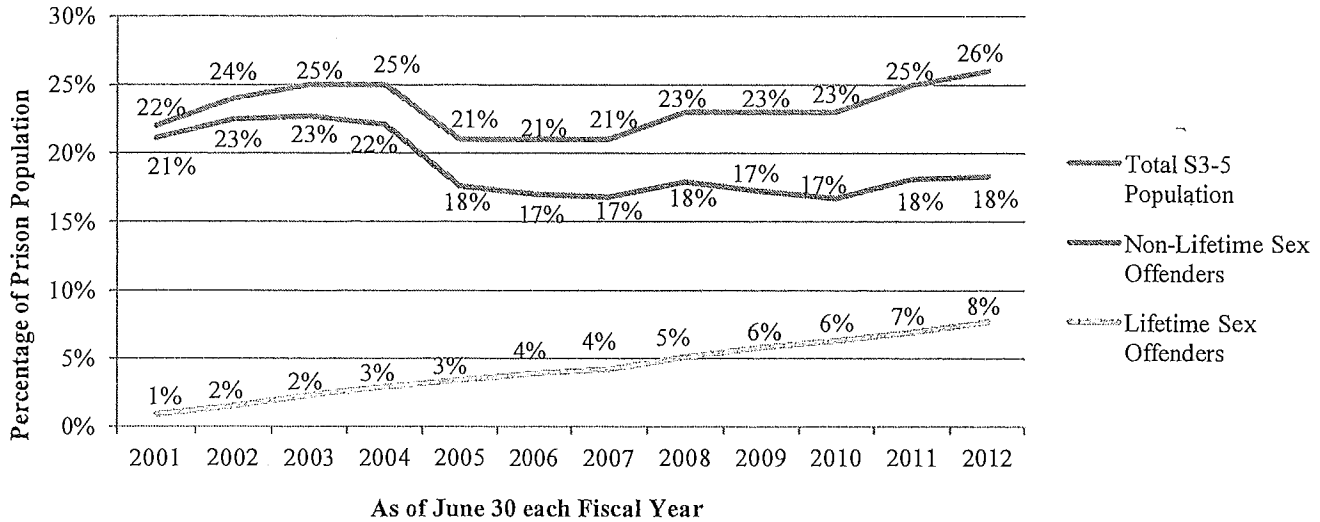
Table 1. Location of Lifetime Supervision Sex Offenders as of June 30, 2012

Location	Number of Offenders
Arkansas Valley Correctional Facility	171
Arrowhead Correctional Center	98
Buena Vista Correctional Complex	63
Centennial Correctional Facility	23
Colorado State Penitentiary	57
Colorado Territorial Correctional Facility	114
Denver Reception and Diagnostic Center	22
Denver Women's Correctional Facility	14
Fremont Correctional Facility	533
La Vista Correctional Facility	11
Limon Correctional Facility	64
San Carlos Correctional Facility	24
Sterling Correctional Facility	102
CDOC Facilities Subtotal	1,296
Bent County Correctional Facility	122
Crowley County Correctional Facility	116
Kit Carson Correctional Facility	78
Private Prison Subtotal	316
Community Corrections	24
Interstate Compact	3
Intensive Supervision Parole	4
Parole	154
Total	1,797

Impact on Prison

In order to assess the impact of the Lifetime Supervision Act on the prison population, the percentage of incarcerated sex offenders and lifetime sex offenders out of the total prison population since 2001 were examined (see Figure 1). The prison population is reported as of June 30th at the end of each fiscal year. According to Figure 1, the proportion of offenders sentenced under the Lifetime Supervision Act has been steadily increasing over the last decade. However, during the last decade the total population of sex offenders in prison (as defined by the sex offender needs levels of 3 through 5) has fluctuated, but has only increased 4% since 2001 in contrast to the 7% increase in lifetime sex offenders during that time. A number of factors may be affecting the rate of sex offenders in the prison population, including the Lifetime Supervision Act.

Figure 1. Percentage of Sex Offenders and Lifetime Sex Offenders Out of the Total Prison Population



Impact on Parole

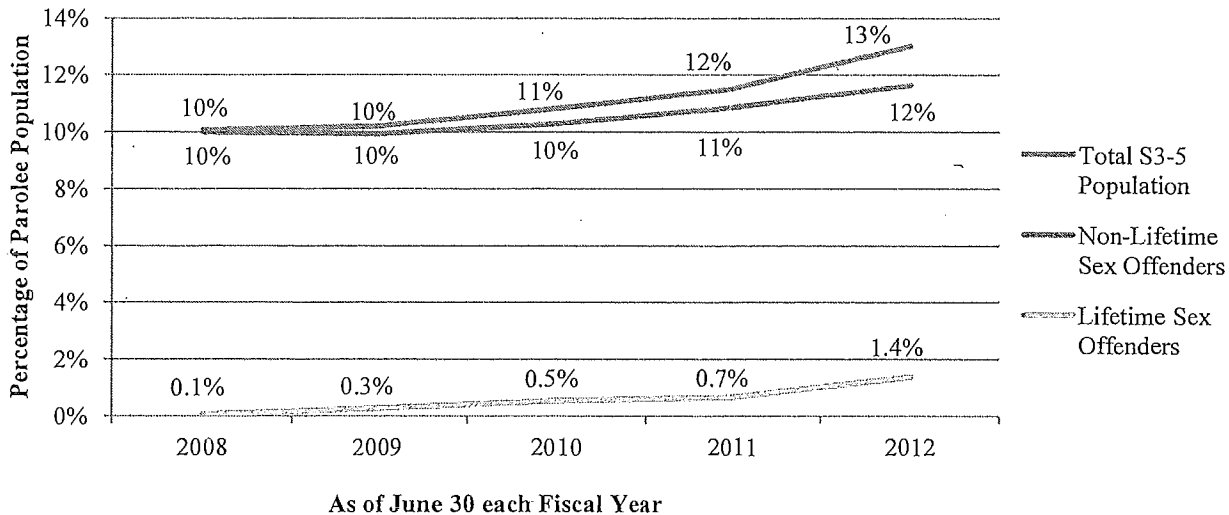
There have been 168 offenders under lifetime supervision who have been released to parole through June 30, 2012. Of these offenders, 88 released to parole in FY 2011-2012, including two offenders who released twice during the year. The 88 offenders included 13 offenders who were granted parole in FY 2010-2011 and released in FY 2011-2012. Table 2 illustrates the location of the 168 offenders as of June 30, 2012.

Table 2. Location of Lifetime Sex Offender Parolees as of June 30, 2012

Parolee Type	Number of Offenders
Colorado In-State Parolees	102
Out-of-State Parolees	29
Paroled to Immigration Detainer/Deported	20
Parolees in Custody	12
Parolees Absconded	3
Parolee Deaths	2
Total	168

For the 102 offenders serving parole in-state, the average length of parole (through June 30, 2012) was 20.8 months with an average of 6.9 months spent in the intensive supervision parole program. All lifetime supervision parolees in Colorado have spent at least a portion of their parole period in the intensive supervision parole program. Figure 2 shows the percentage of parolees who are sex offenders (as defined by sex offender needs levels 3 through 5) and lifetime supervision sex offenders. The proportion of parolees who are sex offenders has been increasing since 2008, however that increase is due to all sex offenders, not just those with lifetime sentences. Because the proportion of lifetime sex offenders is so small (1.4%), it does not appear that the Lifetime Sex Offender Act has had a significant impact on the parole population as of yet.

Figure 2. Percentage of Sex Offenders and Lifetime Sex Offenders Out of Total Parolees



PAROLE RELEASE HEARINGS

The Parole Board held release hearings for 1,129 lifetime supervision sex offenders during FY 2011-2012; many of these offenders had multiple hearings over the course of the year. One hundred seven offenders were granted parole in FY 2011-2012, but not all of these offenders released in FY 2011-2012. Of these 107 offenders, 102 had not previously been on parole during their current incarceration, five had been on parole during their current incarceration, and 27 offenders were granted parole in FY 2011-2012 but were not scheduled for release until FY 2012-2013.

PAROLE REVOCATION HEARINGS AND NUMBER OF PAROLE REVOCATIONS

The Parole Board conducted 14 revocation hearings for lifetime supervision offenders in FY 2011-2012, with an outcome of return to prison custody for seven offenders. The other seven Parole Board hearings resulted in a hearing continued decision for one offender and six decisions to continue on parole for four offenders. The average length of time on parole for these offenders was 15.8 months. Two of the offenders who were revoked during FY 2011-2012 re-paroled after spending an average of 3.3 months in prison. One offender self-revoked, which is not included in the total revocation hearings.

PAROLE DISCHARGE HEARINGS AND NUMBER DISCHARGED FROM PAROLE

According to CRS 18-1.3-1006, the period of parole for any sex offender convicted of a class 4 felony shall be an indeterminate term of at least ten years and a maximum of the remainder of the sex offender's natural life. The period of parole for any sex offender convicted of a class 2 or 3 felony shall be an indeterminate term of at least twenty years and a maximum of the remainder of the sex offender's natural life. Therefore, no discharge hearings have been held to date and are not expected for a few more years.

SUMMARY OF EVALUATION INSTRUMENTS

Release to parole or community corrections is subject to the discretion of the Parole Board. CDOC informs the Parole Board if offenders have participated in treatment and have met the Sex Offender Management Board's criteria for successful progress in prison treatment. (See ATTACHMENT A).

ATTACHMENT A: Sex Offender Management Board Standards and Guidelines for the Assessment, Evaluation, Treatment and Behavioral Monitoring of Adult Sex Offenders; Lifetime Supervision Criteria

SEX OFFENDER TREATMENT AND MONITORING PROGRAM (SOTMP)

All providers in CDOC must comply with the standards and provider qualifications of the Colorado Sex Offender Management Board (SOMB).

Sex Offender Treatment Phases

The Sex Offender Treatment and Monitoring Program (SOTMP) provides comprehensive assessment, evaluation, treatment, and monitoring services to sexual offenders who are motivated to eliminate sexual abuse behaviors. SOTMP is responsible for assessing the offender's progress when recommending specific SOTMP phases for participation. To the extent resources permit, SOTMP offers:

Phase I: This phase is a time-limited (i.e., typically nine months) cognitive behavioral psycho-educational therapeutic group focusing on the common problem areas of sex offenders. The program is offered at Fremont Correctional Facility, Arkansas Valley Correctional Facility, Colorado Territorial Correctional Facility, LaVista Women's Correctional Facility, San Carlos Correctional Facility, Denver Women's Correctional Facility and the Youthful Offender System. Hearing impaired offenders are accommodated at Colorado Territorial Correctional Facility. The goals of Phase I include:

- The offender takes full responsibility for his/her sexually abusive behavior.
- The offender identifies, in depth, problem areas he/she needs to continue to work on in Phase II.
- The offender demonstrates a willingness to utilize the treatment program to make changes to prevent further sex offense behavior through participation in the treatment group and behavior in the institution.
- To further evaluate the offender's motivation for treatment and willingness to commit himself/herself to the change process.

Phase II: This phase consists of cognitive behavioral groups focusing on changing the offender's distorted thinking and patterns of behaviors, as well as helping the offender develop effective relapse prevention plans (i.e., personal change contracts). This is offered as a modified Phase II program at Arrowhead Correctional Center, Arkansas Valley Correctional Facility, and Fremont Correctional Facility. It is also offered in a regular group format at La Vista Correctional Facility, Colorado Territorial Correctional Facility, Denver Women's Correctional Facility, and the Youthful Offender System. The goals of Phase II include:

- The offender receives further evaluation of his/her treatment needs and problems areas.
- The offender applies and incorporates the material learned in Phase I into his/her lifestyle.

- The offender identifies and changes distorted thinking.
- The offender prepares for living a responsible lifestyle in the community.
- The offender realizes the importance of developing a balanced lifestyle and monitoring his/her thoughts and behaviors for the rest of his/her life.
- The offender identifies his/her relapse cycle and methods for intervention in the cycle.
- The offender realizes the importance of sharing his/her relapse cycle and methods of intervention with significant others in his/her life.
- The offender practices and incorporates a model for solving problems.

Specialized Services: SOTMP also offers, to the extent that resources permit, specialized services to the following sex offenders: female, youth, Spanish speaking, and offenders with medical restrictions, hearing impairments, developmental disabilities, and chronic mental illness.

Specialized Treatment Formats for Lifetime Supervision of Sex Offenders

The 1998 passage of the Colorado Lifetime Supervision Act requires that offenders must serve the term of their minimum sentence in prison and participate and progress in treatment in order to be considered a candidate for parole. CDOC has designed treatment formats that motivate offenders to progress in treatment and be considered a candidate for parole based on their minimum sentence. The treatment formats were designed with the following assumptions:

- Sex offenders will continue in treatment and supervision if placed in community corrections or on parole.
- Although specialized formats are designed to encourage cooperation with and progress in treatment, they do not ensure it.
- Offenders need to be willing to work on problems and be motivated to change.
- The Parole Board will be informed when offenders meet the SOMB criteria for successful progress in prison treatment.

Modified Format: Offenders with two to five years minimum sentence.

The SOTMP informs the Parole Board or Community Corrections Boards when offenders meet the following SOMB criteria for successful progress in treatment in prison:

- Is actively participating in treatment and applying what he or she is learning.
- Completes a full disclosure of their sexual history as verified by a non-deceptive polygraph assessment of his or her deviant sexual history.
- Completes a comprehensive Personal Change Contract (relapse prevention plan) which is approved by the SOTMP team.
- Identifies, at a minimum, one approved support person who has participated in SOTMP family/support education. The SOTMP also must have received an approved copy of the offender's Personal Change Contract through participation in a SOTMP therapist facilitated disclosure session with the offender.
- Practices relapse prevention as verified by any recent monitoring polygraphs and have no institutional acting out behaviors within the past year (e.g., a history of engaging in high risk behavior or committing violations of institutional rules reflective of ongoing criminal behavior).
- Stays compliant with any DOC psychiatric recommendations for medication which may enhance his or her ability to benefit from treatment and or reduce his or her risk of re-offense.
- Demonstrates the ability to be supervised in the community without presenting an undue threat (e.g., indications of undue threat may include a history of sadistic behavior or fantasy, a

diagnosis of psychopathy based on the PCL-R, or a history of lethality in offense behavior or fantasy).

As of June 2012, CDOC had 785 minimum to lifetime sentenced offenders requiring the Modified Format. Three of the 785 offenders received only a one year minimum to lifetime sentence.

Standard Format: Offenders with six years or more minimum sentences and all non-lifetime supervision offenders.

The SOTMP informs the Parole Board or Community Corrections Boards when offenders meet the following SOMB criteria for successful progress in treatment in prison:

- Is actively participating in treatment and applying what he or she is learning.
- Completes a full disclosure of their sexual history as verified by a non-deceptive polygraph assessment of his or her deviant sexual history.
- Defines and documents his or her sexual offense cycle.
- Identifies, at a minimum, one approved support person who has participated in SOTMP family/support education. The SOTMP also must have received an approved copy of the offender's sexual offense cycle through their participation in a SOTMP therapist facilitated disclosure session with the offender.
- Practices relapse prevention as verified by any recent monitoring polygraphs and have no institutional acting out behaviors within the past year.
- Stays compliant with any DOC psychiatric recommendations for medication which may enhance his or her ability to benefit from treatment and or reduce his or her risk of re-offense.
- Demonstrates the ability to be supervised in the community without presenting an undue threat.

As of June 2012, CDOC had 1,012 minimum to lifetime sentenced offenders requiring the Standard Format.

In an effort to meet the growing treatment needs of lifetime supervision offenders with CDOC's limited treatment resources, the following changes were implemented to increase treatment opportunities for offenders:

- Developed a Modified Phase II program at Arrowhead Correctional Center in May 2010, Fremont Correctional Facility in September 2008 and Arkansas Valley Correctional Facility in March 2010 for lifetime supervision offenders with short minimum sentences to help them progress through the program more quickly.
- Developed a Phase II outpatient program at Colorado Territorial Correctional Facility for offenders who cannot progress to Arrowhead Correctional Center in August 2008.
- Moved the Phase I program at Sterling Correctional Facility to Arkansas Valley Correctional Facility in October 2008. This new location improves the CDOC's ability to recruit and retain therapists.
- Established a priority list to assign sex offenders to treatment openings in June 2010. Since lifetime supervision sex offenders must progress in treatment to be considered a candidate for parole, they will be given first priority for the limited treatment openings.
 - First Priority – Lifetime supervision offenders who are within four years of their parole eligibility date will be the highest treatment priority.
 - Second Priority – Convicted sex offenders with traditional sentences who are within four years of their parole eligibility date.

- Third Priority – Offenders who are determined to be sex offenders through administrative review procedures.

- Active communication with the Parole Board, the Colorado Association of Community Corrections Boards, and the Colorado Community Corrections Coalition regarding community transition for lifetime supervision sex offenders.
- Obtained a Bureau of Justice grant to increase sex offender community transition options and resources October 2010 through September 2012.

COMMUNITY CORRECTIONS AND PAROLE SUPERVISION

The CDOC Division of Adult Parole, Community Corrections and Youthful Offender Services have specially trained officers who supervise sex offenders in the community and under parole supervision through the Community Parole Sex Offenders Program (CPSOP). The program is designed to have a caseload ratio of ten parolees to one community parole officer (CPO). The offenders are supervised on a three tier system of supervision, as outlined in Table 3.

Table 3. Three Tier System of the CPSOP

Level	Contact with Community Parole Officer or Program Contract Worker
1	Eight face-to-face contacts per month
2	Six face-to-face contacts per month
3	Four face-to-face contacts per month

Note: Program contract workers may include an approved treatment provider, TASC contract worker, reentry specialist or designated law enforcement representative.

At a minimum, four of these face to face contacts must be made by the CPO. On each of the levels the contacts can consist of any of the following combinations:

- Daily telephone contact through the Colorado Web-based Integrated Support Environment (CWISE) which shall include a detailed itinerary.
- Two mandatory face-to-face home contacts per month, one of which may be a collateral contact (only for levels one and two).
- Employment visitation and monitoring two times per month, which may be a personal visitation, verification by pay stub, or telephonic verification.
- Treatment monitoring, once per month, to verify participation and progress.
- Treatment staffing, as needed, to be scheduled by the CPO, at least quarterly.
- Collateral contacts, as needed.
- Surveillance activities, as needed, to be staffed with the team leader and approved by the supervisor.
- Office visits, as needed.
- Curfew monitoring, to include electronic monitoring.
- Restitution payments.

The level of supervision shall be measured by behavior that indicates lessened risk, not by the passage of time. The sex offender's community parole officer and treatment provider shall make recommendations to the parole board concerning whether the sex offender has met the requirements specified such that the level of parole supervision should be reduced for each level. Criteria to be met, including but not limited to:

- Offender is taking responsibility for their offense.

- Offender understands their offense cycle.
- The offender has demonstrated full compliance with treatment expectations.
- The offender has demonstrated full compliance with supervision.
- Offender is in compliance with any medication requirements.
- Offender demonstrates stable residence and employment for previous 12 months.
- Community supervision team members agree to a reduction in supervision.
- The offender has provided two non-deceptive maintenance polygraphs.
- The offender has completed and found non-deceptive on part one and two of the sexual history polygraph.
- Offender has established an appropriate community support person who has participated in offense specific education.
- Completion of, or progress in, any substance abuse treatment requirement.
- The offender demonstrates they have developed leisure activities that are appropriate, legitimate, legal and of benefit to the sex offender.
- The offender has and is utilizing an appropriate relapse prevention plan.
- Parole Board notification and concurrence.

As part of the CDOC approved treatment provider process, the department periodically audits the program.

COST OF SEX OFFENDER TREATMENT

The FY 2011-2012 CDOC budget included \$3,435,275 for assessment, treatment, testing (including polygraphs), program evaluation, and registration coordination for incarcerated sex offenders in state facilities. Of the total, approximately \$99,569 was allocated for polygraph testing. For the purpose of updating this calculation, the complete sex offender population including the private prison population was added in the ratios. The staff (41 FTE) to offender ratio shows a workload of 1 staff to 127 sex offenders (5,178 sex offenders S3-S5 in prison) for FY 2011-2012. In fiscal year 2002, the staff (70.3 FTE) to offender ratio for sex offender treatment was lower at 1 staff to 55 sex offenders (3,887 sex offenders S3-S5 in prison). For offenders on parole, the CDOC allocated \$716,810 in FY 2011-2012 to approved treatment providers who provide sex offender treatment. As seen on throughout this report, the department continues to organize resources to maximize opportunities for lifetime supervision sex offenders to participate in treatment.

REFERRAL TO SEX OFFENDER TREATMENT

A new statewide referral process was recently created for CDOC behavioral health treatment. One of the goals of the new referral system was to establish a referral list for all sex offenders who meet the requirements for sex offender treatment. Both lifetime supervision and determinate sentenced sex offenders who meet the requirements will be placed on a statewide priority referral list for treatment. Offenders must be within four years or less of their PED to be placed on the list. In addition, offenders who are classified as a low treatment priority are not placed on the priority referral list. Offenders may be classified as having a low treatment priority if they have a sex offense that has not been decided by a court yet. The statewide list ensures offenders are moved to a facility with SOTMP when they are prioritized to start treatment.

As of June 30, 2012, a total of 1,734 sex offenders were on the referral list for treatment with 362 of these being lifetime supervision offenders. Of the 1,734 sex offenders, 1,490 were referred to Phase I and 244 were referred to Phase II.

DENIED ADMISSION OR READMISSION TO PHASE I AND PHASE II

Offenders must meet basic eligibility criteria in order to be placed in treatment. The requirements for admission into sex offender treatment are listed below:

- Must have four years or less to parole eligibility date to be placed on the priority referral list.
- Must admit to sexually abusive behavior and be willing to discuss the details of their behavior.
- Must be willing to admit to problems related to sexually abusive behavior and work on them in treatment.
- Must demonstrate a willingness to participate in group treatment at the level recommended by the program.
- Must sign and comply with the conditions of all SOTMP treatment contracts.

Offenders are interviewed and screened prior to participation in treatment using these criteria. Even if the offender does not initially meet participation requirements, the requirements and the specific reasons for the requirements are explained, and the offender is encouraged to reapply when he or she meets the criteria in the future. Typically, offenders are able to meet the criteria and become amenable to treatment over time. The cumulative number of inmates who do not meet treatment criteria is difficult to measure due to the dynamic nature of their status. Offenders are re-interviewed and screened upon request for reconsideration and may change from not meeting criteria to meeting criteria within the course of the year.

The treatment admission and participation status of all incarcerated lifetime supervision offenders on June 30, 2012 (N = 1,614), was reviewed. Based on time to parole eligibility, 644 lifetime supervision offenders did not meet the time criteria (i.e., four years to parole eligibility) for the global referral list. Of the remaining 970 offenders, 312 offenders were assigned to treatment, 362 offenders were on the global referral list, 263 denied their sex offense or refused treatment, four had a medical reason for not being in treatment, one was previously terminated from treatment, and the remaining 28 offenders were eligible for treatment but had not yet been placed on the global referral list.

Sex offenders may initially refuse to participate in treatment, may not progress in treatment, may cease complying with treatment requirements, or may drop out of treatment. These offenders are encouraged to reapply for treatment as soon as they are willing to comply with the requirements. Offenders who drop out of Phase I treatment or are terminated due to lack of progress or failing to comply with treatment requirements can be placed back on the program referral list upon completion of assignments regarding their treatment issues.

Satisfactory completion of Phase I is an automatic acceptance into Phase II. Only those offenders who refuse Phase II treatment are not placed on the waitlist for Phase II; therefore, no offenders are denied Phase II admission. Offenders who unsuccessfully terminate from treatment may request to be reconsidered at any time. Thirty-three lifetime supervision offenders were reviewed for readmission to Phase II treatment in FY 2011-2012, and all were placed on the global referral list.

PARTICIPATION IN PHASE I AND PHASE II

During FY 2011-2012, 394 lifetime supervision offenders participated in treatment. Their participation in treatment may not be continuous for various reasons, including successfully completing a phase of treatment and waiting for the next phase. The number of lifetime supervision sex offenders

participating in sex offender treatment each month is provided in Table 4. Length of participation during the fiscal year for lifetime supervision offenders in Phase I and Phase II was compiled using the most recent program participation admission and termination dates, or June 30, 2012, if the offender was still in the program on that date. For lifetime supervision offenders who participated in treatment at any point during FY 2011-2012, the average length of stay in treatment within the fiscal year was 7.0 months in Phase I, 18.6 months in Phase II therapeutic community and 9.2 months in Phase II modified treatment.

Table 4. End of Month Treatment Participation of Lifetime Supervision Offenders, FY 2011-2012

Program	July	August	September	October	November	December	January	February	March	April	May	June	Average
Phase I	116	101	130	92	70	66	82	79	96	72	65	59	86
Phase II TC	87	94	90	96	107	105	117	120	119	123	119	115	108
Phase II Mod	105	95	97	104	96	90	92	95	93	93	86	90	95
Maintenance	23	26	32	30	37	36	40	41	39	47	49	49	37
Total	331	316	349	322	310	297	331	335	347	335	319	313	326

Note: 39 offenders were not counted because they enrolled and terminated before the end of the month. 134 offenders had more than one level of treatment in FY 2011-2012.

TERMINATIONS FROM PHASE I AND PHASE II

Standardized program termination types are used for all program and work assignments throughout the department and describe positive and negative termination reasons. Terminations may also be administrative in nature to include situations such as medical emergencies or movement from the facility for security reasons. Terminations from Phase I and Phase II have been grouped into the following categories for this report:

- **Dropped Out/Self Terminated:** offender decides to discontinue treatment or stops attending groups and informs the treatment staff that they are no longer interested in participating in treatment.
- **Expelled and/or Lack of Progress:** offender is terminated from treatment for a group contract violation. In the majority of cases, the offender is terminated after being placed on probation and given opportunities to improve his/her participation. If the offender is terminated, completion of assignments is required before readmission to treatment is allowed. This category includes offender behaviors that threaten the safety and security of other treatment participants. Termination from treatment without a period of probation may result based on the seriousness of the behaviors.
- **Finished program/Satisfactory completion:** offender completes a time limited group, meeting the group's goals.
- **Transferred from program:** Offender transfers to another facility, releases to parole, or discharges his sentence.
- **Administrative termination/Administrative segregation:** offender unable to attend group due to medical reasons that restrict his/her ability to participate or because he/she was moved to administrative segregation.
- **Unsatisfactory completion:** If the offender needs more time to understand the material or achieve the group goals, he/she unsatisfactorily completes and may be recommended to repeat the group.

As of April 2007, CDOC instituted a due process system for sex offender treatment terminations due to treatment noncompliance or lack of progress. Under this system, the therapist recommends offenders for termination based on their behavior. The facility sex offender treatment team reviews the therapist's recommendation. If the team supports the termination recommendation, the offender is suspended and served with a Notice of Right to Termination Review. The offender can request a termination review where a three member panel evaluates all information presented by the offender and his or her therapist. A disposition is issued regarding the termination. Table 5 shows SOTMP terminations.

Table 5. Lifetime Supervision SOTMP Terminations by Program, FY 2011-2012

Termination Type	Phase I		Phase II Mod		Phase II TC		Maintenance		Total	
	n	%	n	%	n	%	n	%	N	%
Dropped out/Self terminated	5	3%	1	3%	1	2%	0	0%	7	3%
Expelled from program	10	6%	8	27%	2	5%	1	3%	21	8%
Finished/Satisfactory	132	75%	n/a	0%	n/a	0%	n/a	0%	132	47%
Transferred from program	5	3%	18	60%	32	74%	29	97%	84	30%
Admin termination/Ad seg	5	3%	3	10%	2	5%	0	0%	10	4%
Unsatisfactory completion	19	11%	0	0%	6	14%	0	0%	25	9%
Total	176	100%	30	100%	43	100%	30	100%	279	100%

Note: For offenders who had multiple termination codes within FY12, the most recent termination code within each phase was selected. Termination codes of "inter-program transfer" and "computer terminated no attendance entries" were not included because most of the offenders with those codes remained in treatment. Offenders in Phase II outpatient and Phase II developmental disabilities, as well as Phase II modified were included in the Phase II mod category.

MET CRITERIA FOR COMMUNITY OR RELEASE TO PAROLE

All lifetime supervision offenders meeting the statutory and departmental criteria are referred to community corrections providers unless the offender chooses to waive his or her rights. Criteria for lifetime supervision sex offenders to progress to the community include the following (described in more detail in Administrative Regulation 700-19):

- Active participation in treatment
- A non-deceptive polygraph
- An approved support person (or a plan to establish one depending on minimum sentence length)
- Relapse prevention (depending on minimum sentence length)
- Compliance with DOC psychiatric recommendations for medication
- Must be able to be supervised in the community without presenting an undue threat

Lifetime supervision offenders actively participating in treatment are individually staffed to determine whether they meet the SOMB criteria for successful progress in prison treatment. Sex offender program therapists work closely with community corrections providers that accept sex offenders into transitional programs and the respective community parole officers.

During FY 2011-2012, 92 lifetime supervision sex offenders met criteria for successful progress in prison treatment. Thirty-seven of these were placed at community corrections centers and 41 were released to parole during FY 2011-2012. The remaining 14 were still incarcerated at the end of the fiscal year. Because treatment participation is only one of several criteria for progress to the community, the number of successful treatment completions does not equal the number of offenders who met criteria for placement in the community or on parole.

18-3-403 C.R.S.	Sexual Assault in the Second Degree, as it existed prior to July 1, 2000
18-3-404(2) C.R.S.	Felony Unlawful Sexual Contact; or Felony Sexual Assault in the Third Degree, as it existed prior to July 1, 2000
18-3-405	Sexual Assault on a Child
18-3-405.3 C.R.S.	Sexual Assault on a Child by One in a Position of Trust
18-3-405.5(1) C.R.S.	Aggravated Sexual Assault on a Client by a Psychotherapist
18-3-305 C.R.S.	Enticement of a Child
18-6-301 C.R.S.	Incest
18-6-302 C.R.S.	Aggravated Incest
18-7-406 C.R.S.	Patronizing a Prostituted Child
18-3-306(3) C.R.S.	Class 4 Felony Internet Luring of a Child
18-3-405.4 C.R.S.	Internet Sexual Exploitation of a Child

II. Offenders who **may** be sentenced to an indeterminate term if certain conditions are met were also included in this analysis.

18-6-402 C.R.S.	Trafficking in Children
18-6-403 C.R.S.	Sexual Exploitation of Children
18-6-404 C.R.S.	Procurement of a Child for Sexual Exploitation
18-7-402 C.R.S.	Soliciting for Child Prostitution
18-7-403 C.R.S.	Pandering of a Child
18-7-403.5 C.R.S.	Procurement of a Child
18-7-404 C.R.S.	Keeping a Place of Child Prostitution
18-7-405 C.R.S.	Pimping a Child
18-7-405.5 C.R.S.	Inducement of Child Prostitution

Criminal attempts, conspiracies and solicitations of the above offenses, when the original charges were class 2, 3 or 4 felonies, were also included in the selection.

An effort was made in 2002 to install coding in E-Clipse/ ICON that would differentiate between lifetime and non-lifetime cases. As an ongoing check to determine that the coding changes provide the necessary level of detail required for this report a manual review of the dispositions of 691 active cases was completed. This report also required the review of an additional 734 cases terminated from probation supervision for lifetime eligible offenses during Fiscal Year 2011-2012.

The following table reflects an analysis comparison of sentences to probation for lifetime eligible offenses for Fiscal Years 2009 through 2012:

Table 6. Placement of **New** Cases Eligible for Indeterminate Lifetime Term Sentences to Probation for Fiscal Years 2009-2010 through 2011-2012

Type of Supervision	Number of Cases (Percent)		
	FY 2009-2010	FY2010-2011	FY2011-2012
Lifetime Probation with SOISP	107 (28.3%)	123 (33.9%)	121 (35.4%)
SOISP (Non-lifetime Probation for felony sex offenses with SOISP)	138 (36.5%)	231 (63.6%)	204 (59.6%)
Intensive Supervision Program (ISP) or Domestic Violence Programs (DV)	5 (1.3%)	2 (.5%)	1 (.3%)
Regular Probation (Cases Ineligible for Lifetime or SOISP and/or sex offense reduced to misdemeanors)*	128 (33.9%)	7 (1.9%)	16 (4.7%)
TOTAL CASES	378	363	342

*Offenders whose offense date is prior to November 1, 1998 are ineligible for indeterminate sentences and not eligible for SOISP as created in 16-13-807 C.R.S.

A comparison of data for Fiscal Year 2010-2011 to 2011-2012 reflects a 1.6% (2 cases) decrease in the number of offenders (2) eligible and sentenced to indeterminate lifetime sentences and under SOISP supervision.

As of June 30, 2012, there were approximately 1,476 offenders under SOISP probation supervision. Of these, approximately 793 (54%) offenders were under lifetime supervision.

PROBATION DISCHARGE HEARINGS AND DISCHARGES

For Fiscal Year 2011-2012, 26 offenders under a lifetime supervision sentence completed SOISP and were transferred to regular probation and are currently actively under supervision.

PROBATION REVOCATION HEARINGS AND REVOCATIONS

During Fiscal Year 2011-2012, seventy-three (73) sex offenders had their lifetime supervision sentences terminated. The following represents the termination status for these offenders:

- 7 offenders – probation revoked; new felony
- 1 offenders – probation revoked; new misdemeanor
- 38 offenders – probation revoked; technical violations
- 3 offenders – deported
- 3 offenders – died
- 7 offenders – absconded; warrants issued and remain outstanding
- 0 offenders - had judgments set aside
- 14 offenders – terminated successfully

All offenders revoked for a new felony were subsequently sentenced to the Colorado Department of Corrections. The new felonies consisted of Failure to Register (F6), Sexual Exploitation of a Child (F4) and Assault on a Peace Officer (F3).

COST OF SERVICES

In July 1998, the SOISP program was created with a General Fund appropriation for 46.0 FTE probation officers and funding to provide treatment services. In FY 2000-2001 all expenses associated with SOISP were transferred from General Fund to the Offender Services Cash Fund. Section 18-21-103 C.R.S. requires that sex offenders pay a surcharge, with collected revenue deposited in the Sex Offender Surcharge Fund. A portion of the funds are appropriated to Judicial and partially meet expenses associated with completion of the offense specific evaluations required by statute and case law.

Table 7: Treatment and Evaluation Costs by Fund

YEAR	PURPOSE	CF - SEX OFFENDER SURCHARGE	CF - OFFENDER SERVICES FUND	TOTAL
FY 04	SOISP Treatment	\$0	\$383,207	\$720,667
	Evaluation	\$202,933	\$134,527	
FY 05	SOISP Treatment	\$0	\$454,547	\$850,847
	Evaluation	\$200,400	\$195,900	
FY 06	SOISP Treatment	\$0	\$524,608	\$873,625
	Evaluation	\$172,245	\$176,772	
FY07	SOISP Treatment	\$0	\$434,416	\$1,119,894
	Evaluation	\$275,029	\$410,449	
FY08	SOISP Treatment	\$0	\$771,186	\$1,659,578
	Evaluation	\$253,704	\$634,688	
FY09	SOISP Treatment	\$0	\$974,996	\$2,014,100
	Evaluation	\$247,664	\$791,440	
FY10	SOISP Treatment	\$0	\$960,239	\$2,259,704
	Evaluation	\$226,522	\$1,072,943	
FY11	SOISP Treatment	0\$	\$988,809	\$2,327,071
	Evaluation	\$226,522	\$1,111,740	
FY12	SOISP Treatment	\$0	\$931,861	\$2,282,138
	Evaluation	\$247,664	\$1,102,613	

The costs expended for adult polygraphs for FY11-12 were \$349,052 this is a 5% decrease from last fiscal year. The expenses associated with the sex offender offense specific evaluations, the sexually violent predator assessments and the Child Contact Assessments (formerly known as parental risk assessments are increasing annually. Probation funds have been required to pay for these evaluations and assessment) to avoid any delays in case processing for the courts and to ensure that offenders who are unable to pay all of the costs associated with court ordered evaluation and treatment are not returned to court for revocation based on non-payment. Revocations generally result in sentences to DOC, a significantly higher cost option for the state. The expenditure of \$2.28 million for adult sex offender related evaluation and treatment costs represents approximately eighteen percent of the total dollars (\$12.8 million) expended in FY2012 for treatment and service support for all offenders on probation. The adult sex offender population represents approximately 5.3 percent of the adult offender population. The Judicial Department continues to seek options for the containment of these costs.

SUMMARY OF EVALUATION INSTRUMENTS

The Sex Offender Management Board (SOMB) has participated in the development of two distinct evaluation processes for convicted sex offenders. The first is the sex offense-specific evaluation process outlined in the *Standards and Guidelines for the Assessment, Evaluation, Treatment and Behavioral Monitoring of Adult Sex Offenders*, referred to in this document as the Standards (**ATTACHMENT A**). The second is the Sexual Predator Risk Assessment Screening Instrument (**ATTACHMENT B**), developed in collaboration with the Office of Research and Statistics in the Division of Criminal Justice, Department of Public Safety. Each type of evaluation is described below:

Sex Offense-Specific Evaluation

The sex offense-specific evaluation is to be completed as a part of the pre-sentence investigation, which occurs post-conviction and prior to sentencing. It is intended to provide the court with information that will assist in identifying risk and making appropriate sentencing decisions. All offenders sentenced under the Lifetime Supervision Act would have received a sex offense-specific evaluation as a part of their Pre-Sentence Investigation Report (PSIR).

The process requires that certain areas or components be evaluated for each offender, and identifies a number of instruments or methods that may be utilized to accomplish each task. This allows each evaluator to design the most effective evaluation for each offender, based on the individual behaviors and needs of the offender. It also ensures that each evaluation performed under the Standards will encompass the appropriate areas necessary to assess risk and recommend appropriate interventions.

According to the *Standards and Guidelines for the Assessment, Evaluation, Treatment and Behavioral Monitoring of Adult Sex Offenders*, Standard 2.020, each sex offender shall receive a **sex offense-specific evaluation** at the time of the pre-sentence investigation. The sex offense-specific evaluation has the following purposes:

- To document the treatment needs identified by the evaluation (even if resources are not available to adequately address the treatment needs of the sexually abusive offender);
- To provide a written clinical evaluation of an offender's risk for re-offending and current amenability for treatment;
- To guide and direct specific recommendations for the conditions of treatment and supervision of an offender;
- To provide information that will help to identify the optimal setting, intensity of intervention, and level of supervision, and;
- To provide information that will help to identify offenders who should not be referred for community-based treatment.

Please refer to **ATTACHMENT A** for additional information on mental health sex offense-specific evaluations located in Section 2.000 of the Standards. For information that outlines criteria and methods for determining a sex offender's progress through treatment and for successful completion under Lifetime Supervision, please see the Lifetime Supervision Criteria also in **ATTACHMENT A**.

ATTACHMENT A: *Standards and Guidelines for the Assessment, Evaluation, Treatment and Behavioral Monitoring of Adult Sex Offenders, Standards 2.000 Sex Offense-Specific Evaluation;*

Lifetime Supervision Criteria

Sexual Predator Risk Assessment Screening Instrument

In response to federal legislation, the Colorado General Assembly passed legislation regarding the identification and registration of Sexually Violent Predators (Section 16-11.7-103 (4) (c.5), C.R.S.). A person who is found to be a Sexually Violent Predator by the courts or Parole Board is required to register quarterly rather than annually (Section 16-22-108 (1) (d), C.R.S.), be posted on the internet by the Colorado Bureau of Investigation (Section 16-22-111 (1) (a), C.R.S.), and, as of May 30, 2006, subject to community notification (Section 16-13-903, C.R.S.).

INSTRUMENT

Pursuant to Section 16-11.7-103 (4) (c.5), C.R.S., the Sex Offender Management Board collaborated with the Office of Research and Statistics in the Division of Criminal Justice, to develop criteria and an empirical risk assessment scale for use in the identification of Sexually Violent Predators. The criteria were developed between July 1, 1998 and December 1, 1998 by representatives from the Sex Offender Management Board, the Parole Board, the Division of Adult Parole, the private treatment community and victim services agencies. The actuarial scale was developed by the Office of Research and Statistics in consultation with the SOMB over a three-year period and will require periodic updating. An update occurred in June 2006 that included a smaller actuarial risk scale required for offenders who decline to be interviewed, insuring that all offenders will be assessed per the intent of the legislation. In May 2007, the SOMB approved language changes in the description of items in the SOMB Sex Offender Risk Scale (SORS) ten-point scale.

In August of 2010, the Office of Research and Statistics, on behalf of the Sex Offender Management Board, developed a new, updated instrument (**ATTACHMENT B**) and handbook (**ATTACHMENT C**). The Sexual Predator Risk Assessment Screening Instrument (SVPASI) was designed to predict supervision and treatment failure. Follow-up analyses, conducted by the Office of Research and Statistics in 2010 concluded that the SORS instrument reliably predicts both new sexual and violent crime arrests within five years.

IMPLEMENTATION

Currently, when an offender commits one of five specific crime types or associated inchoate offenses, the Sexual Predator Risk Assessment Screening Instrument is to be administered by either Probation Services or the Department of Corrections and an SOMB Approved Sex Offender Evaluator. Effective May 30, 2006, all offenders convicted of attempt, conspiracy, and/or solicitation to commit one of the five specific crime types is referred for a Sexual Predator Risk Assessment (Section 18-3-414.5, C.R.S.). If the offender meets the criteria outlined in the instrument, he or she is deemed to qualify as a Sexually Violent Predator. The authority to designate an offender an SVP rests with the sentencing judge and the parole board.

TRAINING

Numerous trainings have been conducted on the instrument, process, and research supporting the instrument statewide, since the implementation of the instrument. In the summer of 2010, five trainings were conducted throughout the state on the new, updated instrument. Additionally, updates regarding the Sexual Predator Risk Assessment Screening Instrument are presented at the various Sexually Violent Predator Community Notification meetings held throughout the state.

ATTACHMENT B: Sexual Predator Risk Assessment Screening Instrument

ATTACHMENT C: Sexual Predator Risk Assessment Screening Instrument Handbook

Background of the Sex Offender Management Board

In 1992, the Colorado General Assembly passed legislation (Section 16-11.7-101 through Section 16-11.7-107, C.R.S.) that created a Sex Offender Treatment Board to develop standards and guidelines for the assessment, evaluation, treatment and behavioral monitoring of sex offenders. The General Assembly changed the name to the Sex Offender Management Board (SOMB) in 1998 to more accurately reflect the duties assigned to the SOMB. The *Standards and Guidelines for the Assessment, Evaluation, Treatment and Behavioral Monitoring of Adult Sex Offenders* (Standards) were originally drafted by the SOMB over a period of two years and were first published in January 1996. The Standards apply to convicted adult sexual offenders under the jurisdiction of the criminal justice system. The Standards are designed to establish a basis for systematic management and treatment of adult sex offenders. The legislative mandate of the SOMB and the primary goals of the Standards are to improve community safety and protect victims.

The Standards were subsequently revised in 1998, 1999, 2008 and 2011 for two reasons: (1) address omissions in the original Standards that were identified during its implementation; and (2) adopt evidence-based practices consistent with the literature in the field of sex offender management. For example, these changes introduced modifications to Appendix C-4 which provided clear research supporting restricted contact with children. In 2002, and again in 2004, administrative policies in Appendix F were approved. In 2004, Appendix E was updated to provide guidance to Community Supervision Teams (CST) with some readiness criteria when considering victim/family member contact, clarification, or reunification. These revised appendices were included in the printing of the Standards in 2004. In 2008, changes to the Developmentally Disabled standards included polygraph standards, treatment standards, and provider qualifications standards. In addition, revisions were made in sections 2.10 and 1.00.

The latest revisions to the Standards in 2011 brought about major changes and updates consistent with the emerging literature. Specifically, Section 5.00 changes were adopted regarding the way in which CST's function and provisions for contact with children in the new Child Contact Assessment (CCA). Moreover, the SOMB also developed and approved the Low Risk Protocol (LRP) in Appendix D. The LRP is significant in that it gives CSTs the guidance to not only distinguish low risk offenders from high risk offenders, but may permit low risk offenders to receive less intensive levels of intervention. By prioritizing resources, this allows for CSTs to target treatment and concentrate supervision on those offenders who pose the greatest threat to public safety while minimizing the potential negative iatrogenic effects with low risk offenders. These revisions were presented at a public hearing in October of 2011 and were published in December of 2011.

The legislation acknowledges that sexually offending behavior is often repetitive and that there is currently no way to ensure that adult sex offenders with the propensity to commit sexual offenses will not reoffend. However, it does emphasize that the combination of comprehensive sex offender treatment and carefully structured and monitored behavioral supervision conditions can assist many sex offenders to develop internal controls for their behaviors.

A coordinated system for the management and treatment of sex offenders provides containment for the offender and enhances the safety of the community and the protection of victims. To be effective, a containment approach to managing sex offenders must include interagency and interdisciplinary teamwork. The system developed by the SOMB requires the use of CSTs, which must include a treatment component, a criminal justice supervision component and a post-conviction polygraph component to monitor behavior and risk.

These Standards are based on the research and evidence-based best practices known today for managing and treating sex offenders. To the extent possible, the SOMB has based the *Standards and Guidelines* on current research in the field. Sex offender management and treatment is a developing specialized field. Training, literature and other materials from knowledgeable professional organizations have also been used to direct the *Standards and Guidelines*. The SOMB is current on the emerging research and literature and will continue to modify the Standards periodically on the basis of new empirical findings. In part, the SOMB stays current on research through the use of working committees. Currently, there are 14 committees that meet on a regular basis and report back to the SOMB: Juvenile Standards Revision Committee, Best Practices Committee, Sex Offender Registration Legislative Work Group, Victim Advocacy Committee, Juvenile Developmental Disability Committee, Application Review Committee, Domestic Violence/Sex Offender Crossover Committee, Training Committee, Community Notification Technical Assistance Team, Research Committee, Female Offender Committee, Shared Living Arrangements, Disaster Management Committee and the Circles of Support and Accountability Committee. The SOMB also actively conducts its own research to enhance the capabilities and knowledge of a wide-range of stakeholders. While this research is primarily directed at improving therapeutic, assessment and supervision systems, it's also a source of evaluating policy and developing lessons-learned.

In July 2006, President Bush signed the Adam Walsh Child Protection and Safety Act into law, establishing a national system for the registration of sex offenders. The Adam Walsh Act (AWA) requires individual state compliance by July 2009 or face a 10% loss of justice assistance grants for their state. The Sex Offender Sentencing, Monitoring, Apprehending, Registering, and Tracking (SMART) office was established to administer implementation of AWA, and determines the level of compliance for each state. A Multi-Agency Implementation Committee was developed by the state of Colorado to review the fiscal and practical impact on the state should the AWA be ratified. Based upon significant changes by the SMART Office on the requirements for implementation, the Multi-Agency Implementation Committee recommended Colorado submit for substantial implementation based upon existing registration and notification practices in Colorado. Based on this submission, Colorado was found to have substantially implemented all areas of the AWA with the exception of public notification of offender employment addresses. Colorado is currently not in compliance with AWA for this reason.

State statute prohibits the Department of Corrections, the Judicial Department, the Division of Criminal Justice of the Department of Public Safety, or the Department of Human Services from employing or contracting with, or allowing a convicted sex offender to employ or contract with providers unless they meet these Standards (Section 16-11.7-106, C.R.S.).

AVAILABILITY AND LOCATION OF SEX OFFENDER SERVICE PROVIDERS

Currently, there are 203 SOMB Approved Service Providers in Colorado (Figure 3) located in 21 of the 22 judicial districts in the state (Figure 4). Most approved providers offered services in multiple counties. On average, treatment providers operated in 4 different counties while polygraph examiners and evaluators operated in 10 and 6 different counties, respectively. The following is a list of the number of providers approved in each specialty area:

- 203 Treatment Providers
- 29 Treatment Providers with a Developmental Disability Specialty
- 81 Evaluators
- 12 Evaluators with a Developmental Disability Specialty
- 25 Polygraph Examiners
- 11 Polygraph Examiners with a Developmental Disability Specialty

The SOMB approved 36 new applicants and conducted 49 re-applications which are included in the numbers above. There were 13 applicants that either moved up or over in status.

Please refer to **ATTACHMENT D** for the SOMB Provider List for the approved service providers and their locations throughout the state.

Figure 3. Number of SOMB Approved Service Providers Trend Analysis

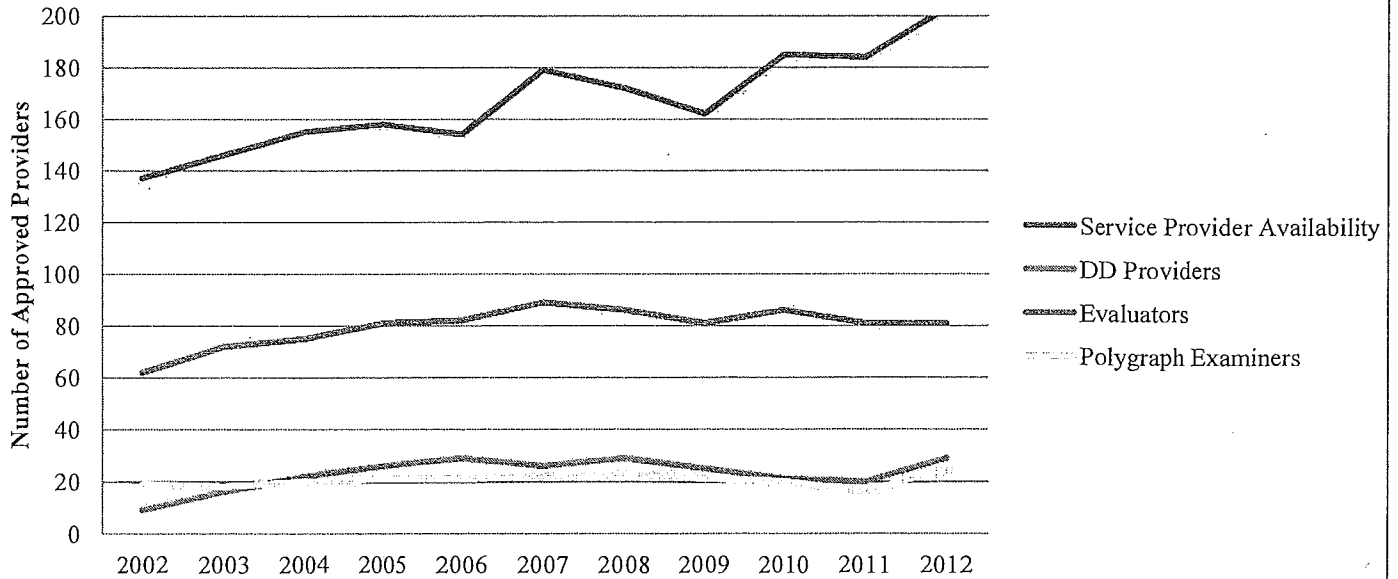
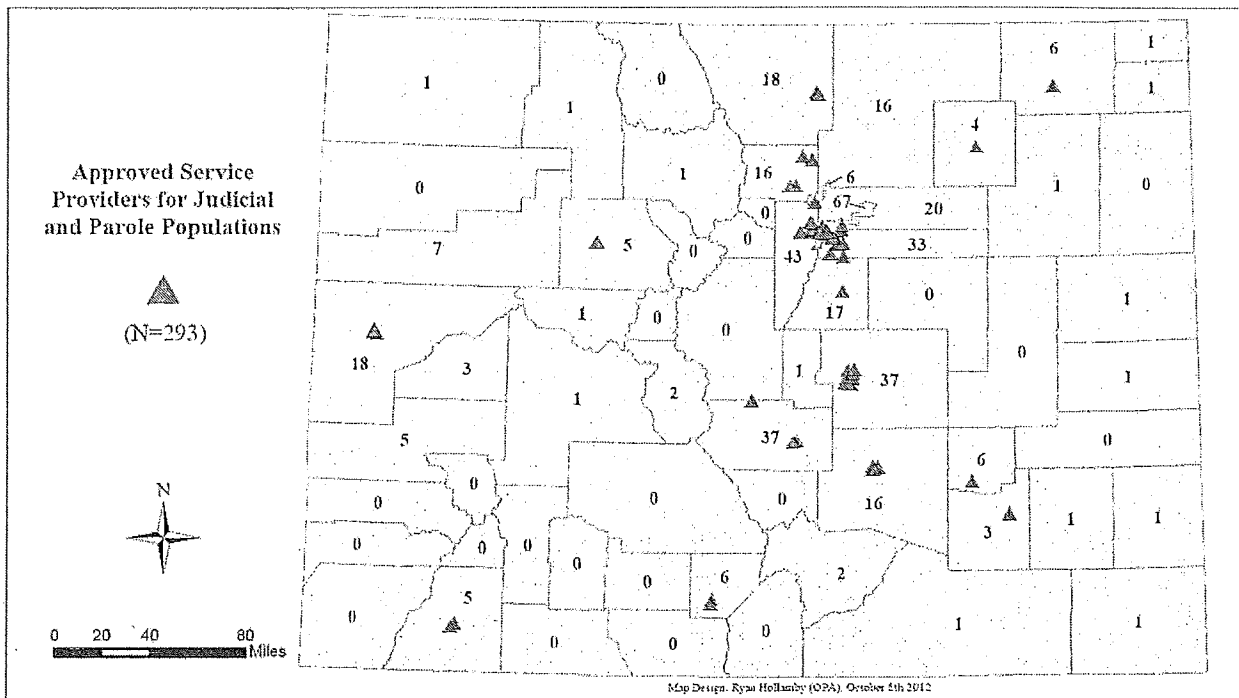


Figure 4. Number and Location of SOMB Service Providers by County



Note: The total number of service providers that are approved to practice are listed by county. These figures denote higher frequencies as service providers may be approved to operate in multiple counties.

ATTACHMENT D: SOMB Provider List

COST OF SERVICES

The average costs of services in Table 8 (below) were determined by surveying SOMB listed providers throughout the state. Many providers offer services on a sliding scale, dependent on the offender's income. Some providers charge an additional fee for conducting an evaluation in jail. In community based programs, most sex offenders are expected to bear the costs of treatment and behavioral monitoring themselves. The Standards require weekly group treatment and polygraph examinations every six months at a minimum. Most programs require some additional services during the course of treatment.

The average number of treatment sessions a typical adult offender receives, reported by therapists throughout the state, was 5 sessions per month. This typically included four group treatment sessions and one individual treatment session per month. Some treatment providers vary the amount of treatment sessions by the level of containment needed/risk factor of the offender.

Table 8. Average Cost of Services

Judicial District	Mental Health Sex Offense Specific Group Treatment Session	Mental Health Sex Offense Specific Individual or Other Adjunct (i.e., family or couples counseling) Treatment Session	Sex Offense Specific Evaluation, including a PPG or VRT	Polygraph Examination
1 st	\$ 50.68	\$ 63.06	\$ 950.00	\$ 250.00
2 nd	\$ 51.11	\$ 61.32	\$ 1,045.83	\$ 250.00
3 rd	X	X	X	\$ 250.00
4 th	\$ 51.40	\$ 56.36	\$ 881.25	\$ 250.00
5 th	\$ 50.00	\$ 68.13	\$ 891.67	\$ 250.00
6 th	\$ 50.00	\$ 65.00	\$ 1,000.00	\$ 250.00
7 th	\$ 47.50	\$ 68.13	\$ 600.00	\$ 250.00
8 th	\$ 59.00	\$ 100.00	\$ 1,068.75	\$ 250.00
9 th	\$ 47.50	\$ 73.13	X	\$ 250.00
10 th	\$ 41.25	\$ 41.25	\$ 916.67	\$ 250.00
11 th	\$ 46.25	\$ 46.25	\$ 787.50	\$ 250.00
12 th	\$ 42.50	\$ 42.50	\$ 600.00	\$ 250.00
13 th	\$ 61.67	\$ 74.17	\$ 1,112.50	\$ 250.00
14 th	X	X	X	\$ 250.00
15 th	X	X	X	\$ 250.00
16 th	\$ 77.50	\$ 62.50	X	\$ 250.00
17 th	\$ 49.75	\$ 60.50	\$ 1,006.25	\$ 250.00
18 th	\$ 49.42	\$ 60.53	\$ 980.56	\$ 250.00
19 th	\$ 52.60	\$ 69.75	\$ 1,177.50	\$ 250.00
20 th	\$ 53.13	\$ 65.60	\$ 1,050.00	\$ 250.00
21 st	\$ 43.13	\$ 61.56	\$ 600.00	\$ 250.00
22 nd	\$ 50.00	\$ 65.00	\$ 1,000.00	X
Average	\$ 51.28	\$ 63.41	\$ 921.67*	\$ 250.00
Range	\$ 41.25	\$ 41.25	\$ 600.00	\$ 250.00
	\$ 77.50	\$ 100.00	\$ 1,177.50	\$ 250.00

Note: 'X' denotes services that were not provided by the local providers contacted, no response from the service provider contacted, or there were no providers in that judicial district. Services to those areas may be available through other providers, traveling providers or by providers in adjoining areas. Figures were obtained in September 2012.

*Average cost of a Penile Plethysmograph (PPG) or VRT alone, across the state, is \$921.67.

Of those surveyed, approximately 73.1 percent (n = 19) of treatment providers had 25 or more clients per month. Roughly 84.6 percent reported to individualize treatment by level of risk and indicated offering a wide-range of therapeutic modalities. Additionally, 37.0 percent of treatment providers offered treatment services designed specifically for the 18-25 year old population.

The SOMB recommended that \$302,029 from the Sex Offender Surcharge Fund be allocated to the Judicial Department in Fiscal Year 2011-2012. These funds are used for sex offense-specific evaluations and assessments for pre-sentence investigation reports for indigent sex offenders and for assistance with polygraph examination costs post-conviction. These funds are made available to all indigent sex offenders through local probation departments. The SOMB recommended that \$302,029 from the Sex Offender Surcharge Fund be allocated to the Judicial Department for Fiscal Year 2012-2013 for the same purposes.

REGULATION AND REVIEW OF SERVICES PROVIDED BY SEX OFFENDER TREATMENT PROVIDERS

Application Process

The SOMB works to process the applications of treatment providers, evaluators, and clinical polygraph examiners to create a list of these providers who meet the criteria outlined in the Standards and whose programs are in compliance with the requirements in the Standards. These applications are reviewed through the SOMB Application Review Committee.

The Application Review Committee consists of Sex Offender Management Board Members and other appointed members who work with the staff to review the qualifications of applicants based on the Standards. The application is also forwarded to a private investigator (who is contracted by the Division of Criminal Justice) to conduct background investigations and personal interviews of references and referring criminal justice personnel. When the Application Review Committee deems an applicant approved, the applicant is placed on the SOMB Provider List. When a provider is listed in the Provider List, it means that he/she (1) has met the education and experience qualifications established in the Standards and (2) has provided sufficient information for the committee to make a determination that the services being provided appear to be in accordance with the Standards. In addition, each provider agrees in writing to provide services in compliance with the standards of practice outlined in the Standards.

Placement on the SOMB Provider List is neither licensure nor certification of the provider. The Provider List does not imply that all providers offer exactly the same services, nor does it create an entitlement for referrals from the criminal justice system. The criminal justice supervising officer is best qualified to select the most appropriate providers for each offender.

Approvals for placement on the SOMB Provider List are valid for a three-year period. At the end of the three-year period, each applicant must submit materials for a re-application process that indicates that he or she has met the requirements for continuing education, training and clinical experience and has demonstrated that their programs are operating in compliance with the Standards.

In August of 2012, the SOMB Application Review Committee received a staff presentation which presented outcome data on the adult application process to become an SOMB approved provider. This presentation was the first step at promulgating a subcommittee charged with the responsibility to conduct a comprehensive evaluation of the current process. The processing time for an adult application during FY12 had a median of 98 days (average 107 days) from start to finish. This is of importance for two distinct reasons: (1) prospective providers are often discouraged from applying or reapplying to

become approved providers because of the time and resources involved in this process; and (2) staffing resources required to manage this process often limits other forms of regulatory oversight of provider *Standards and Guidelines* compliancy. In short, the goals of this evaluation are to reduce the overall processing time and increase staffing capabilities for compliance monitoring in ways that are the most efficient and cost-effective.

Sex Offender Service Providers

The *general* requirements for service providers are as follows:

Treatment Provider – Full Operating Level: In addition to meeting all the other applicable Standards, a Treatment Provider at the Full Operating Level has accumulated at least 1000 hours of clinical experience working with sex offenders in the last five years (and in no less than one year), and may practice without supervision.

Treatment Provider – Associate Level: In addition to meeting all the other applicable Standards, a Treatment Provider at the Associate Level has accumulated at least 100 hours of co-facilitated clinical experience working with sex offenders in the last five year (and not less than one year), and must receive regular supervision from a Treatment Provider at the Full Operating Level.

Evaluator – Full Operating Level: In addition to meeting all the other applicable Standards, an evaluator has conducted at least 30 mental health sex offense-specific evaluations of sex offenders in the last five years.

Evaluator – Associate Level: In addition to meeting all the other applicable Standards, an evaluator at the Associate Level has conducted 10 adult sex offense specific evaluations in the past five years and is receiving supervision from an Evaluator at the Full Operating Level.

Clinical Polygraph Examiner – Full Operating Level: In addition to meeting all the other applicable Standards, a Clinical Polygraph Examiner has conducted at least 200 post-conviction sex offender polygraph tests and has received 100 hours of specialized clinical sex offender polygraph examiner training.

Clinical Polygraph Examiner – Associate Level: In addition to meeting all the other applicable Standards, a Clinical Polygraph Examiner at the Associate Level is working under the guidance of a qualified Clinical Polygraph Examiner listed at the Full Operating Level while completing 50 post-conviction sex offender polygraph tests as required for Clinical Polygraph Examiners at the Full Operating Level.

Intent to Apply for Listing: Non-listed providers working towards applying for listed provider status are able to provide services under the supervision of a full operating level provider. These non-listed providers are required to submit a letter of Intent to Apply to the SOMB within 30 days of beginning to provide services to sex offenders covered under the Standards, undergo a criminal history check, provide a signed supervision agreement, and agree to submit an application within one year from the date of Intent to Apply status.

For a comprehensive list of requirements, please refer section 4.00 of the *Standards and Guidelines for the Assessment, Evaluation, Treatment and Behavioral Monitoring of Adult Sex Offenders*.

ATTACHMENT A: *Standards and Guidelines for the Assessment, Evaluation, Treatment and Behavioral Monitoring of Adult Sex Offenders;*

Lifetime Supervision Criteria

PROGRAM EVALUATION

The SOMB has a legislative mandate to evaluate the system of programs initially developed by the SOMB and to track offenders involved in the programming (Section 16-11.7-103 (4) (d), C.R.S.). This mandate was not originally funded by the state. The SOMB unsuccessfully requested funding through the state budget process in Fiscal Year 1999 to enable compliance with this mandate.

In Fiscal Year 2000, DCJ was awarded a Drug Control and System Improvement Program Grant (Federal dollars administered through the Division of Criminal Justice). This grant funded a process evaluation to evaluate compliance with the Standards throughout the state and the impact of established programs.

In December, 2003, this evaluation (**Attachment E**) was completed by the Office of Research and Statistics in the Division of Criminal Justice (Section 16-11.7-103(4)(d)(II), C.R.S.). The report was a first step in meeting this legislative mandate. Evaluating the effectiveness of any program or system first requires establishing whether the program/system is actually implemented as intended and the extent to which there may be gaps in full implementation. The second step in evaluating effectiveness requires a study of the behavior of those offenders who are managed according to the *Standards and Guidelines*.

The SOMB undertook the second portion of this evaluation and submitted a final report (**Attachment F**) to the legislature in December of 2011. Specifically, the study focused on the behavior of offenders subject to the *Adult Standards and Guidelines* by examining 1-and 3-year recidivism rates. The sample consisted of 689 sex offenders (Probation n = 356, Parole n = 333) who successfully discharged or completed from a parole or probation sentence between July 1, 2005 and June 30, 2007. In order for adult sex offenders to successfully discharge from criminal justice supervision, all areas of the *Adult Standards and Guidelines* must be sufficiently completed. Table 9 presents the findings from the report.

Table 9. Probation and Parole Outcomes

	Recidivism Type	Probation	Parole	TOTAL
One Year	No Recidivism	339	260	599 (86.9%)
	New Sexual Crime	3	2	5 (0.7%)
	New Violent, Non-Sexual Crime	5	33	38 (5.5%)
	New Non-Violent, Non-Sexual Crime	9	38	47 (6.8%)
TOTAL		356	333	689 (100%)
Three Year	No Recidivism	319	117	496 (72.0%)
	New Sexual Crime	8	10	18 (2.6%)
	New Violent, Non-Sexual Crime	10	64	74 (10.7%)
	New Non-Violent, Non-Sexual Crime	19	82	101 (14.7%)
TOTAL		356	333	689 (100%)

Compared nationally and the current literature, sex offender recidivism rates in Colorado were consistent with national trends. Less than one percent of the sample (n = 5) had new sexual crime recidivism one year after successful discharge from supervision, while 2.6 percent (n = 18) had a new sexual crime three years after successful discharge from supervision.

Since the release of this report, the SOMB has begun engaging in several strategic planning sessions with multiple stakeholders aimed at developing collaborative systems which assess and evaluate programmatic outcomes related to tracking sex offenders.

* Sex offender would be defined as any adult person convicted of a sex offense as defined in C.R.S. 16-11.7-102 (3) (a-w) or anyone assigned to "S3-S5" in the DOC needs level assessment.

ATTACHMENT E: *Process Evaluation of the Colorado Sex Offender Management Board Standards and Guidelines*

ATTACHMENT F: *2011 Adult Standards and Guidelines Outcome Evaluation*

SUMMARY

This report is intended to provide the Colorado General Assembly with information on the twelfth year of implementation of the Lifetime Supervision Act in Colorado. The Department of Corrections, The Judicial Department, and the Department of Public Safety work collaboratively in implementing the comprehensive programs for managing sex offender risk in Colorado.

Through fiscal year (FY) 2011-2012, a total of 1,940 offenders have been sentenced to prison under the Lifetime Supervision provisions for sex offenses. One hundred seventy (170) of these offenders were sentenced in the last fiscal year (FY 2011 – 2012). Analyses conducted by the Department of Corrections found that 13 years after implementation of this legislation, the proportion of offenders sentenced under the Lifetime Supervision Act has been steadily increasing over the last decade. However, the percentage of incarcerated Non-Lifetime Sex Offenders initially declined between FY 2003-2006 and has since hovered around 17-18% of the total prison population. Thus, the total population of sex offenders in prison (as defined by the sex offender needs levels of 3 through 5) has fluctuated, increasing by only 4% since 2001 in contrast to the 7% increase in lifetime sex offenders during that time. A total of 168 offenders under lifetime supervision have released to parole, with 88 offenders releasing in FY 2012. The Parole Board conducted 14 revocation hearings for lifetime supervision offenders in FY 2011 with an outcome of return to custody for seven offenders. And, no parole discharge hearings have occurred for offenders sentenced under the Lifetime Supervision Act, as offenders would need to complete 10 – 20 years on parole, dependent upon their conviction.

The Sex Offender Treatment and Monitoring Program (SOTMP) for DOC inmates is designed to utilize the most extensive resources with those inmates who have demonstrated a desire and motivation to change. Because the Lifetime Supervision legislation is not intended to increase the minimum sentence for sex offenders, the Department of Corrections has designed treatment formats that provide offenders the opportunity to progress in treatment and be considered a candidate for parole within the time period of their minimum sentence. Additionally, the Department of Corrections implemented some changes to increase treatment opportunities in an effort to meet the growing treatment needs of lifetime supervision offenders.

As of June 30, 2012, there were approximately 1,476 offenders under SOISP probation supervision. Of these, approximately 793 (53.7%) offenders were under lifetime supervision. A comparison of data for Fiscal Year 2010-2011 to 2011-2012 reflects a 1.6% decrease in the number of offenders (2) eligible and sentenced to indeterminate lifetime sentences and under SOISP supervision.

The expenses associated with the sex offender offense specific evaluations, the sexually violent predator assessments and the Child Contact Assessments are increasing annually. Probation funds have been required to pay for these evaluations and assessments to avoid any delays in case processing for the courts and to ensure that offenders who are unable to pay all of the costs associated with court ordered evaluation and treatment are not returned to court for revocation based on non-payment. Revocations generally result in sentences to DOC, a significantly higher cost option for the state. The Judicial Department is seeking alternative options in order to manage and curb these rising costs.

The Sex Offender Management Board (SOMB) has created many committees to keep current with the research in the field of sex offender management and to update the *Standards and Guidelines for the Assessment, Evaluation, Treatment and Behavioral Monitoring of Adult Sex Offenders* accordingly. Of note, the SOMB has created a Research Committee to conduct an evaluation of the effectiveness of the *Standards and Guidelines for the Assessment, Evaluation, Treatment and Behavioral Monitoring of Adult Sex Offenders*. This report is complete and was submitted to the legislature on December 1st, 2011.

In summary, sex offenders subject to Lifetime Supervision in prison and in the community are rising which has resulted in increased caseloads for those agencies responsible for the management of sex offenders. Additionally, it appears likely that more sex offenders will be identified, including those subject to lifetime supervision, due to new legislation passed in 2006. In an effort to achieve community safety, accurate risk assessments must be an element of sex offense specific evaluations to insure the proper placement of sex offenders in an appropriate level of supervision, and thereby using available resources wisely. The expenses associated with sex offense specific evaluations, sexually violent predator assessments, and Child Contact Assessments are increasing annually. State Judicial and the SOMB are currently collaborating on an effort to contain these costs. However, as a result of those costs and the costs associated with increased numbers of sex offenders subject to Lifetime Supervision both in prison and in the community, the Department of Corrections, the State Judicial Department, and the Department of Public Safety will continue to evaluate current resources and needs to achieve the goals of the Lifetime Supervision Act.

COLORADO SEX OFFENDER MANAGEMENT BOARD

STANDARDS AND GUIDELINES FOR THE ASSESSMENT, EVALUATION, TREATMENT AND BEHAVIORAL MONITORING OF ADULT SEX OFFENDERS



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INTRODUCTION

In 1992, the Colorado General Assembly passed legislation (Section 16-11.7-101 through Section 16-11.7-107, C. R. S.) that created a Sex Offender Treatment Board to develop standards and guidelines for the assessment, evaluation, treatment and behavioral monitoring of sex offenders. The General Assembly changed the name to the Sex Offender Management Board (SOMB) in 1998 to more accurately reflect the duties assigned to the SOMB. The *Standards and Guidelines (Standards)* were originally drafted by the SOMB over a period of two years and were first published in January 1996. The *Standards* were revised in 1998, 1999, 2004, and 2008 for two reasons: To address omissions in the original *Standards*, that were identified during implementation, and to keep the *Standards* current with the developing literature in the field of sex offender management. The *Standards* apply to adult sexual offenders under the jurisdiction of the criminal justice system. The *Standards* are designed to establish a basis for systematic management and treatment of adult sex offenders. The legislative mandate of the SOMB and the primary goals of the *Standards* are to improve community safety and protect victims.

While the legislation acknowledges, and even emphasizes, that sex offenders cannot be “cured,” it also recognizes that the criminal sexual behaviors of many offenders can be managed. The combination of comprehensive sex offender treatment and carefully structured and monitored behavioral supervision conditions can assist many sex offenders to develop internal controls for their behaviors.

A coordinated system for the management and treatment of sex offenders “contains” the offender and enhances the safety of the community and the protection of victims. To be effective, a containment approach to managing sex offenders must include interagency and interdisciplinary teamwork.

These *Standards* are based on the best practices known today for managing and treating sex offenders. To the extent possible, the SOMB has based the *Standards* on current research in the field. Materials from knowledgeable professional organizations also have been used to direct the *Standards*. In the body of the document, standards are denoted by the use of the term “shall”; guidelines are distinguished by the use of the term “should”.

It is not the intention of the legislation, or the SOMB, that these *Standards* be applied to the treatment of sexually abusive children or adolescents. Despite many similarities in the behavior and treatment of sexually abusive youth and adults, important differences exist in their developmental stages, the process of their offending behaviors, and the context for juveniles which must be addressed differently in their diagnosis and treatment. Please see the July 2003 publication of the *Standards and Guidelines for the Evaluation, Assessment, Treatment and Supervision of Juveniles Who Have Committed Sexual Offenses*.

In 1998, the Colorado General Assembly passed legislation directing the SOMB, in collaboration with the Department of Corrections, the Judicial Branch and the Parole Board, to also develop *Standards* for community entities that provide supervision and treatment specifically designed for sex offenders who have developmental disabilities. At a minimum, the Legislature mandates that these *Standards* shall determine whether an entity would provide adequate support and supervision to minimize any threat that the sex offender may pose to the community (Section 18-1.3-1009 (1)(c), C.R.S.).

The *Standards* that are designated with the letters “DD” after the Standard number are not intended to stand alone, but must be used in conjunction with the other *Standards and Guidelines for the Assessment, Evaluation, Treatment and Behavioral Monitoring of Adult Sex Offenders*. The guiding principles of the *Standards* serve as the philosophical foundation for this document.

The *DD Standards* intend to better address the specific needs and risk of sex offenders with developmental disabilities. They are based in best practices known today for managing and treating sex offenders with developmental disabilities. To the extent possible, the SOMB has based these *Standards* on current research in the field. Materials from knowledgeable professional organizations have also been used to direct the *Standards*.

The management and treatment of sex offenders with developmental disabilities is a highly specialized field. Many decisions regarding the *Standards* must be made in the absence of clear research findings. Such decisions will be directed by the governing philosophy of public safety and a common sense interpretation of the Guiding Principles contained in this document.

Sex offender management and treatment is a developing specialized field. The SOMB will remain current on the emerging literature and research and will modify the *Standards* periodically on the basis of new findings. The current revisions of the *Standards* are evidence of this commitment. It is certain, however, that many decisions will have to be made in the absence of clear research findings. Such decisions will therefore be directed by the governing philosophy of public safety and on a common-sense interpretation of the following Guiding Principles which form the foundation of the *Standards*.

GUIDING PRINCIPLES

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

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

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

2. Sex offenders are dangerous.

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

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

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

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

3. Community safety is paramount.

The highest priority of these Standards and Guidelines is community safety.

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

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

In the management and treatment of sex offenders there will be measurable degrees of progress or lack of progress. Because of the cyclical nature of offense patterns and fluctuating life-stresses, sex offenders' levels of risk are constantly in flux. Success in the management and treatment of sex offenders cannot be assumed to be permanent. For these reasons, monitoring of risk must be a continuing process as long as sex offenders are under criminal justice supervision. Moreover, the end of the period of court supervision should not necessarily be seen as the end of dangerousness.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

THE ROLE OF VICTIMS / SURVIVORS IN SEX OFFENDER TREATMENT

The Sex Offender Management Board recognizes that the behavior of sex offenders can be extremely damaging to victims and that their crimes can have a long-term impact on victims' lives. Moreover, the level of violence and coercion involved in the offense does not necessarily determine the degree of trauma experienced by the victim.

- Victims' involvement in the criminal justice process can be either empowering or re-victimizing. These *Standards* are based on the premise that victims should have the option to decide their level of involvement in the process, especially after the offender has been convicted and sentenced.
- Under the provisions of Colorado's Constitutional Amendment for Crime Victims, victims may state whether they wish to be notified about any changes in the offender's status in the criminal justice system. These *Standards* and Guidelines also suggest that, upon request, a victim should be informed about the offender's compliance with treatment and any changes in the offender's treatment status that might pose a risk to the victim (e.g. if the offender has discontinued treatment.) In certain situations, the interagency team described in Guideline 5.100 may communicate with a victim's therapist or a designated victim advocate. Further, if a victim is willing, s/he may be contacted for information during the pre-sentence investigation, in order to include additional victim impact information in the investigation report.
- Professionals in the criminal justice, evaluation, and treatment systems should contact victims through appropriate channels to solicit their input, since victims may possess valuable information that is not available elsewhere. In particular, a victim's information about an offender's offense patterns can assist evaluators, treatment providers and supervisors to develop treatment plans and supervision conditions that may prevent or detect future offenses.

The following *Standards* specifically address the opportunity for victim input: 1.040 (Pre-sentence Investigations); 2.060 (Sex Offense-Specific Evaluations); 3.120 (*Standards* for Treatment Providers); 3.210 (Confidentiality); 3.310 (Provider-Offender Contract); 5700 (Sex Offenders' Contact with Victims and Potential Victims).

DEFINITIONS

- Accountability:** Accurate attributions of responsibility, without distortion, minimization, or denial.
- Adjudication:** The legal review and determination of a case in a court of law. In criminal cases, a juvenile who is convicted of a sexual offense is deemed "adjudicated." An adult convicted of a similar offense is deemed "convicted." An adult can be adjudicated with an Imposition of Legal Disability. "Adjudication" means a determination by the court that it has been proven beyond a reasonable doubt that the juvenile has committed a delinquent act or that a juvenile has pled guilty to committing a delinquent act. In addition, when a previous conviction must be pled and proven as an element of an offense or for purposes of sentence enhancement, "adjudication" means "conviction" (refer to section 19-1-103, C.R.S.).
- Approved Supervisor:** A person who is authorized to supervise the sex offender's contact with a specified child or children per 5.760. This person is an individual who has met the criteria described in 5.771-5.775, has been approved by the community supervision team (CST), and has signed the approved supervisor contract.
- Approved Community Support Person:** A person who provides positive support for the sex offender's efforts to change and who may accompany the sex offender in approved activities that do not involve children. Someone significant to the offender and/or a roommate who attends treatment with the offender, has a positive relationship with the probation officer and treatment provider, and is well versed in the offender's probation and treatment requirements.
- At Risk Adult:** An individual who is less able to protect him/herself based on diminished capacity or position of trust (refer to section 18-6.5-102, C.R.S.).
- Authorized Representative:** An individual designated by the person receiving services, or by the parent or guardian of the person receiving services, if appropriate, to assist the person receiving services in acquiring or utilizing services and support (refer to section 27-10.5-102, C.R.S.).
- Assessment:** The collection of facts to draw conclusions which may suggest the proper course of action. Although the term "assessment" may be used interchangeably with the term "evaluation," in this document assessment generally has the broader usage, implying

the collection of facts by a variety of agencies or individuals (e.g. pre-sentence investigator), while evaluation is generally used to mean the sex offense-specific evaluation conducted by a therapist (see also Evaluation).

Behavioral Monitoring: A variety of methods for checking, regulating and supervising the behavior of sex offenders.

Caregiver: Person whose primary caretaking responsibilities include meeting the various daily needs (e.g. physical, emotional, and financial) of his/her child.

Case Management: The coordination and implementation of the cluster of activities directed toward supervising, treating and managing the behavior of individual sex offenders.

Child Contact Assessment: A comprehensive evaluation conducted by a SOMB approved evaluator to assist the CST in determining the appropriateness of contact between a sex offender and his/her own child. Also known as a CCA.

Clinical Experience: Those activities directly related to providing evaluation and/or treatment to individual sex offenders, e.g. face-to-face therapy, report writing, administration, scoring and interpretation of tests; participation on case management teams of the type described in these *Standards and Guidelines*; and clinical supervision of therapists treating sex offenders.

Community Centered Board (CCB): A private non-profit corporation that provides case management services to persons with developmental disabilities. The CCB determines eligibility of such persons within a specified geographical area, serves as the single point of entry for persons to receive services, determines the needs of eligible persons, prepares and implements long-range plans, and annual updates to those plans. Other responsibilities include: establishing a referral and placement committee, obtaining or providing early intervention services, notifying eligible persons and their families regarding the availability of services and supports, and creating a human rights committee (refer to section 27-10.5-105, C.R.S.).

Community Supervision Team: A team of professionals including a minimum of the supervising officer, the treatment provider, and the polygraph examiner who collaborate to make decisions about the offender. Also known as the CST.

Containment Approach: A method of case management and treatment that seeks to hold offenders accountable through the combined use of both offenders' internal controls and external control measures (such as the use of the polygraph and relapse prevention plans). A

containment approach requires the integration of a collection of attitudes, expectations, laws, policies, procedures and practices that have clearly been designed to work together. This approach is implemented through interagency and interdisciplinary teamwork.

Defense Mechanisms: Normal adaptive self-protective functions which keep human beings from feeling overwhelmed and/or becoming psychotic, but which become dysfunctional when overused or over-generalized.

Denial: In psychological terms denial means a defense mechanism used to protect the ego from anxiety-producing information (see also Defense Mechanisms and Appendix B, Levels and Types of Denial.).

Denier Intervention: Denier Intervention is designed primarily for those in Level 3 Denial (please refer to Standard 3.500). It occurs separately from regular group therapy that is provided for offenders who have, at a minimum, admitted the crime of conviction. Denier Intervention may include a variety of modalities specifically designed to reduce denial, minimization and resistance to treatment and supervision.

Department: The Colorado Department of Public Safety.

Developmental Disability Provider List: The list published by the SOMB, identifying treatment providers, evaluators, and polygraph examiners who meet the criteria set forth in the *Standards* (see section 4.000).

Developmental Disability: A disability that is manifested before the person reaches twenty-two years of age, which constitutes a substantial disability to the affected individual, and is attributable to mental retardation or related conditions which include cerebral palsy, epilepsy, autism, or other neurological conditions when such conditions result in impairment of general intellectual functioning or adaptive behavior similar to that of a person with mental retardation. Unless otherwise specifically stated, the federal definition of "developmental disability" found in 42 U.S.C. sec. 6000 et seq., shall not apply (Section 27-10.5-102 (11) (a), C.R.S.).

This definition is further explicated in the *Colorado Department of Human Services Developmental Disabilities Services Rules and Regulations* as follows:

1.2.10.1 *Impairment of general intellectual functioning* means that the person has been determined to have an intellectual quotient equivalent which is two or more standard deviations below the mean

(70 or less assuming a scale with a mean of 100 and a standard deviation of 15), as measured by an instrument which is standardized, appropriate to the nature of the person's disability, and administered by a qualified professional. The standard error measurement of the instrument should be considered when determining the intellectual quotient equivalent.

1.2.10.2

Adaptive behavior means that the person has overall adaptive behavior which is significantly limited in two or more skill areas (communication, self-care, home living, social skills, community use, self-direction, health and safety, functional academics, leisure, and work), as measured by an instrument which is standardized, appropriate to the person's living environment and administered and clinically determined by a qualified professional.

1.2.10.3

"Similar to that of a person with mental retardation" means that a person's adaptive behavior limitations are a direct result of or are significantly influenced by impairment of the person's general intellectual functioning and may not be attributable to only a physical impairment or mental illness.

Discussion: Some sexual offenders have intellectual and/or functional deficits that indicate a need for revised assessment, evaluation, treatment or behavioral monitoring even though they do not meet the federal definition for developmental disabilities. Evaluators, treatment providers, polygraph examiners, and supervising officers shall provide services appropriate to each sex offender's developmental level.

Direct Clinical Contact:

Includes intake, face-to-face therapy, case/treatment staffing, treatment plan review, and crisis management with adult sex offenders.

Evaluation:

The systematic collection and analysis of psychological, behavioral and social information; the process by which information is gathered, analyzed and documented.

In this document the term "sex offense-specific evaluation" is used to describe the evaluation provided for sex offenders under the jurisdiction of the criminal justice system (see also Assessment).

Evaluator:

An individual who conducts sex offense-specific evaluations of sex offenders according to the *Standards and Guidelines* contained in this document, and according to professional standards.

Guardian:	A person who is appointed by the court to make decisions on behalf of an incapacitated person (refer to Section 15-14-102, C.R.S.).
Guideline:	A principle by which to make a judgment or determine a policy or course of action. Within the context of this document, a guideline should be read as a suggestion of best practice; a standard shall be read as required by Colorado statute.
Imposition of Legal Disability (ILD):	A determination made in a court of law that an individual is required to receive services through a specified service provider. The process, described in Section 27-10.5-110 C.R.S., by which a petition can be filed with the Court and the Court can impose a legal disability on an individual with a developmental disability in order to remove a right or rights from the person. Prior to granting the petition the Court must find that the person has a developmental disability and that the request is necessary and desirable to implement the person's supervised individualized plan. If place of abode is involved, the court must also find based on a recent overt act or omission that the person poses a serious threat to themselves or others or is unable to accomplish self-care safely, and that the imposed residence is the appropriate, least restrictive residential setting for the person (refer to Section, 27-10.5-110, C.R.S.).
Incapacitated Person:	A person who lacks the ability to manage property and business affairs effectively by reason of mental illness, mental deficiency, physical illness or disability, chronic use of drugs, chronic intoxication, confinement, detention by a foreign power, disappearance, minority, or other disabling cause (refer to Section 15-1.5-102 (5), C.R.S.).
Incidental Contact:	Any verbal or physical contact.
Incompetent To Proceed (ITP):	The defendant suffers from a mental disease or defect which renders him or her incapable of understanding the nature and course of the proceedings against him or her, or of participating or assisting in the defense, or cooperating with his or her defense counsel.(refer to Section 16-8-103, C.R.S.)
Informed Assent:¹	Assent is a declaration of willingness to do something in compliance with a request; acquiescence; agreement. The use of the term "assent" rather than "consent" in this document

¹ The purpose of defining "informed assent" and "informed consent" in this section is primarily to highlight the degree of voluntariness in the decisions which will be made by a sex offender. No attempt has been made to include full legal definitions of these terms.

recognizes that sex offenders are not voluntary clients, and that their choices are therefore more limited.

Informed means that a person's assent is based on a full disclosure of the facts needed to make the decision intelligently, e.g. knowledge of risks involved, alternatives.

Informed Consent:

Consent is a voluntary agreement, or approval to do something in compliance with a request.

Informed means that a person's consent is based on a full disclosure of the facts needed to make the decision intelligently, e.g. knowledge of risks involved, alternatives.

Interdisciplinary Team (IDT):

A group of people convened by a community centered board which shall include the person with a developmental disability receiving services, the parent or guardian of a minor, a guardian or an authorized representative, as appropriate, the person who coordinates the provision of services and supports, and others as determined by such person's needs and preferences, who are assembled in a cooperative manner to develop or review the individualized plan (refer to Section 27-10.5-102, C.R.S.).

Low Risk Protocol:

Protocol intended to effectively identify low risk sex offenders (see appendix D).

Minor Child/Children:

A child under the age of 18 years.

Non-deceptive Polygraph Examination Result:

A non-deceptive polygraph examination result must include a deceptive response to control questions and only non-deceptive responses to all relevant questions. Any inconclusive or deceptive response to any relevant question disallows a non-deceptive examination result.

Plethysmography:

In the field of sex offender treatment, plethysmography is the use of an electronic device for determining and registering variations in penile tumescence associated with sexual arousal. Physiological changes associated with sexual arousal in women are also measured through the use of plethysmography. Plethysmography includes the interpretation of the data collected in this manner.

Polygraphy:

The use of an instrument that is capable of recording, but not limited to recording, indicators of a person's respiratory pattern and changes therein, galvanic skin response and cardio-vascular pattern and changes therein. The recording of such instruments must be recorded visually, permanently and simultaneously. Polygraphy includes the interpretation of the data collected in

this manner, for the purpose of measuring physiological changes associated with deception.

- Potential Victim:** Any person at risk of abuse or manipulation by the sex offender.
- Provider List:** The list, published by the SOMB, identifies the treatment providers, evaluators, and polygraph examiners who meet the criteria set forth in these *Standards*. The determination that the providers meet the criteria is made by the SOMB based on an application submitted by the provider, outlining their experience, training and credentials, a criminal history check and background investigation, written references and reference checks and a review of relevant program materials and products. Placement on the list must be renewed every three years.
- Regional Center:** A facility or program operated directly by the Department of Human Services, which provides services and supports to persons with developmental disabilities (refer to Section 27-10.5-102, C.R.S.).
- 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 community supervision team.
- Secondary Victim:** A secondary victim is a relative or other person closely involved with the primary victim who is impacted emotionally or physically by the trauma suffered by the primary victim.
- Sex Offender:** The following definition is based on Section 16-11.7-102, C.R.S. For purposes of this document a sex offender is:
- (1) Any (adult) person convicted of a sex offense (defined below) in Colorado on or after January 1, 1994, or;
 - (2) Any person convicted in Colorado on or after July 1, 2000, of any criminal offense with the underlying factual basis being a sex offense, or;
 - (3) Any person who is adjudicated as a juvenile or who receives a deferred adjudication on or after July 1, 2002, for an offense that would constitute a sex offense if committed by an adult or for any offense, the underlying factual basis of which involves a sex offense, or;
 - (4) Any person who receives a deferred judgment or deferred sentence for the offenses specified in below is deemed convicted, or;
 - (5) Any (adult) person convicted of any criminal offense in Colorado on or after January 1, 1994, and;
 - a) who has previously been convicted of a sex offense in Colorado, or;

- b) who has previously been convicted in any other jurisdiction of any offense which would constitute a sex offense in Colorado, or;
- c) who has a history of any sex offenses as defined in the *Sex Offense* definition below.

The determination of the legal status of a sex offender as either an adult or a juvenile is defined by statute.

A sex offender is also referred to as an "offender" in the body of this document; a sex offender is also referred to as a "client" and an "examinee" in sections relating to treatment and polygraph examinations respectively.

Sex Offense:

The following definition is based on statute.² For the purposes of this document, a sex offense is:

- (1) Sexual Assault;
- (2) Sexual Assault in the first, second and third degree as it existed prior to July 1, 2000;
- (3) Unlawful Sexual Contact;
- (4) Sexual Assault on a child;
- (5) Sexual Assault on a child by one in a position of trust;
- (6) Sexual Assault on a client by a psychotherapist;
- (7) Enticement of a child;
- (8) Incest;
- (9) Aggravated Incest;
- (10) Trafficking in children;
- (11) Sexual Exploitation of children;
- (12) Procurement of a child for sexual exploitation;
- (13) Indecent Exposure;
- (14) Soliciting for child prostitution;
- (15) Pandering of a child;

² Section 16-11.7-102 (3), C.R.S., 2006. It is important to refer to the most current edition of the Colorado Revised Statutes.

- (16) Procurement of a child;
- (17) Keeping a place of child prostitution;
- (18) Pimping of a child;
- (19) Inducement of child prostitution;
- (20) Patronizing a prostituted child;
- (21) Internet luring of a child;
- (22) Internet sexual exploitation of a child, or;
- (23) Criminal attempt, Conspiracy, or Solicitation to commit any of the above offenses.

Sex Offender Polygraph:

A criminal specific-issue polygraph examination of a suspected or convicted sex offender. Refer to section 6.000 for details.

Sex Offense-Specific Treatment:

Consistent with current professional practices, sex offense-specific treatment is a long term comprehensive set of planned therapeutic experiences and interventions to change sexually abusive thoughts and behaviors. Such treatment specifically addresses the occurrence and dynamics of sexually deviant behavior and utilizes specific strategies to promote change. Sex offense-specific programming focuses on the concrete details of the actual sexual behavior, the fantasies, the arousal, the planning, the denial and the rationalizations. Due to the difficulties inherent in treating sex offenders and the potential threat to community safety, sex offense-specific treatment should continue for several years, followed by a lengthy period of aftercare and monitoring. Much more importance is given to the meeting of all treatment goals than the passage of a specific amount of time, since offenders make progress in treatment at different rates. The primary treatment modality for sex offense specific treatment is group therapy for the offenders. Adjunct modalities may include partner or couples therapy, psycho-education, and/or individual therapy. However, such adjunct therapies by themselves do not constitute sex offense-specific treatment. Refer to section 3.000 for details.

**Sexual Paraphilias/
Sexual Deviance:**

A subclass of sexual disorders in which the essential features are "recurrent intense sexually arousing fantasies, sexual urges, or behaviors generally involving (1) nonhuman objects, (2) the suffering or humiliation of oneself or one's partner, or (3) children or other non-consenting persons that occur over a period of at least 6 months. The behavior, sexual urges or fantasies cause clinically significant distress or impairment in social,

occupational, or other important areas of functioning. Paraphiliac imagery may be acted out with a non-consenting partner in a way that may be injurious to the partner. The individual may be subject to arrest and incarceration. Sexual offenses against children constitute a significant proportion of all reported criminal sex acts" (DSM-IV, pages 522-523). This class of disorders is also referred to as "sexual deviations." Examples include pedophilia, exhibitionism, frotteurism, fetishism, voyeurism, sexual sadism, sexual masochism and transvestic fetishism. This classification system includes a category labeled "Paraphilia Not Otherwise Specified" for other paraphilias which are less commonly encountered.

- Shared Living Arrangement:** A separately contained living unit in which more than one adult sex offender in treatment resides for the purpose of increased public safety, increased accountability, intensive containment, and more consistent treatment interventions, provided by treatment providers who are approved by the SOMB. Also known as a SLA. Refer to section 3.170 for details.
- SOMB:** The Colorado Sex Offender Management Board.
- Special Populations:** Persons subject to federally mandated protections and accommodations under the *Americans with Disabilities Act (1990)*, *Section 504 of the Rehabilitation Act (1973)*, or who were subject to the *Education of All Handicapped Act (1975)* and the subsequent *Individuals with Disabilities Education Act (1990)* and *Individuals with Disabilities Education Improvement Act (2004)*, are clearly identified as special populations according to those legislative guidelines.
- Standard:** Criteria set for usage or practices; a rule or basis of comparison in measuring or judging.
- Standards and Guidelines:** The *Standards and Guidelines for the Assessment, Evaluation, Treatment and Behavioral Monitoring of Adult Sex Offenders*.
- Supervising Officer:** The probation or parole officer or community corrections case manager to whom the offender's case is assigned.
- Treatment:** According to Section 16-11.7-102(4), C.R.S. treatment means therapy, monitoring and supervision of any sex offender which conforms to the *Standards* created by the SOMB (see also Sex offense-specific treatment).
- Treatment Provider:** A person who provides sex offense-specific treatment to sex offenders according to the *Standards and Guidelines* contained in this document.

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

**Victim Clarification
Process:**

A process designed for the primary benefit of the victim, by which the offender clarifies that the responsibility for the assault/abuse resides with the offender. The process will clarify that the victim has no responsibility for the offender's behavior. It also addresses the damage done to the victim and the family. This is a lengthy process that occurs over time, including both verbal and written work on the part of the offender. Although victim participation is never required and is sometimes contraindicated, should the process proceed to an actual clarification meeting with the victim, all contact is victim centered and based on victim need. Refer to section 5.000 for details.

1.000

GUIDELINES FOR PRE-SENTENCE INVESTIGATIONS

- 1.010 A pre-sentence report shall be prepared for each person convicted as a sex offender as defined in 16-11.7-102(2), and the court may not dispense with the pre-sentence evaluation, risk assessment, and report unless such a report has been completed within the last six months and there has been no material change that would affect the report in the past six months.

Discussion: The purpose of the pre-sentence investigation is to provide the court with verified and relevant information upon which to base sentencing decisions. Sex offenders pose a high risk to community safety and have special needs. Therefore, pre-sentence investigations on these cases differ from those in other types of cases, primarily by the inclusion of a sex offense-specific evaluation. The evaluation establishes a baseline of information about the offender's risk, type of deviancy, amenability to treatment and treatment needs.

The pre-sentence investigation report, including the results of the sex offense-specific evaluation, should follow the sex offender throughout the time the offender is under criminal justice system jurisdiction, whether on probation, parole, community corrections, or in prison.

- 1.020 In cases in which a defendant is found by the court on the record to be a sex offender as defined by C.R.S. 16-11.7-102(2), the pre-sentence investigation report should be completed by a pre-sentence investigator specially trained in sex offender management.
- 1.030 Probation officers assessing sex offenders during the pre-sentence investigation should have successfully completed required training. (See 5.222 for required training.)
- 1.040 A pre-sentence investigation (PSI) report should address the following:
- Criminal history
 - Education/employment
 - Financial status
 - Residence
 - Leisure/recreation
 - Companions
 - Alcohol/drug problems
 - Victim impact
 - Emotional/personal problems
 - Attitude/orientation
 - Family, marital and relationship issues
 - Offense patterns and victim grooming behaviors
 - Sex offense-specific evaluation report
 - Risk factors, risk level, and amenability to treatment
 - The potential impact of the sentencing recommendation on the victim
 - Sexually Violent Predator (SVP) assessment

Based on the information gathered, the pre-sentence investigation report should make recommendations about an offender's suitability for community supervision. If community supervision is recommended for an offender, special conditions and a supervision period sufficiently lengthy to allow for an extended period of treatment *and* a period of aftercare and behavioral monitoring should be requested.

1.050 When referring an offender for a sex offense-specific evaluation, pre-sentence investigators should send to the evaluator, as part of the referral packet:

- Police reports
- The victim impact statement
- Child protection reports
- A criminal history
- Any available risk assessment materials
- Prior evaluations and treatment reports
- Prior supervision records, if available
- Any other information requested by the evaluator

Evaluations received by the pre-sentence investigator that have been performed prior to an admission of guilt by the offender may not meet the requirements of these *Standards*. It is the responsibility of the PSI writer to ensure all areas of information gathering and testing required by these *Standards* in Section 2.000 have been covered in such a way that the sex offense specific evaluation is comprehensive. The investigating officer must inform the court if an evaluation submitted to the court does not meet the SOMB *Standards*. The officer must then provide recommendations to resolve the outstanding issues so that the evaluation meets the requirements described in these *Standards*.

1.060 At the time of the intake interview, the pre-sentence investigation writer should provide the sex offender with a copy of the required disclosure/advisement form and should have the offender sign for receipt of the form.

Discussion: This disclosure/advisement form notifies an offender and other concerned parties of the requirements the offender will have to meet should probation be granted.

2.000

STANDARDS FOR SEX OFFENSE-SPECIFIC EVALUATIONS

Evaluations are conducted to identify levels of risk and specific risk factors that require attention in treatment and supervision, and to assist the court in determining the most appropriate sentence for offenders. Because of the importance of the information to subsequent sentencing, supervision, treatment, and behavioral monitoring, each sex offender shall receive a thorough assessment and evaluation that examines the interaction of the offender's mental health, social/systemic functioning, family and environmental functioning, and offending behaviors. Sex offense specific evaluations are not intended to supplant more comprehensive psychological or neuropsychological evaluations. Evaluators have an ethical responsibility to conduct evaluations in a comprehensive and factual manner regardless of the offender's status within the criminal justice system.

Evaluators who provide evaluations to sex offenders with developmental disabilities shall be SOMB approved with a specialty in the evaluation of sex offenders with developmental disabilities in accordance with the qualifications required pursuant to *Standards*, Section DD 4.000.

- 2.010 Assessment and evaluation are ongoing processes and should continue through each transition of supervision and treatment. Re-evaluation by community supervision team (CST) members should occur on a regular basis to ensure recognition of changing levels of risk.
 - 2.011 The CST shall utilize the Low Risk Protocol (LRP) for eligible sex offenders over the course of the initial phase of treatment. (See Appendix D)
 - 2.020 In accordance with Section 16-11-102(1) (b) C.R.S., each sex offender shall receive a sex offense-specific evaluation at the time of the pre-sentence investigation.
 - 2.030 The evaluator shall obtain the informed assent of the offender for the evaluation, by advising the offender of the assessment and evaluation methods to be used, the purpose of the evaluation, and to whom the information will be provided. The evaluator shall explain to the offender about the role the evaluator fills with regard to the offender and the court. Results of the evaluation should be shared with the offender and any questions addressed. The evaluation shall explain the limits of confidentiality and the obligations regarding mandatory reporting of child abuse.
- 2.030 DD
- (A) The information shall be provided in a manner that is easily understood, verbally and in writing, or through other modes of communication as may be necessary to enhance understanding.

Discussion: When the evaluator is working with a sex offender with developmental disabilities and obtaining informed assent, the evaluator (see Section 4.000 related to evaluator qualifications and Appendix G related to special populations) should be familiar with characteristics of persons with developmental disabilities such as cognitive functioning, communication style, mental health issues, vocabulary and language skills,

or other significant limitations. If the evaluator feels that informed assent could not be acquired at the time of the evaluation, the evaluator shall obtain assistance from a third party who is not a practitioner from within the same agency. A third party may be an individual or group of individuals who understands the definition of informed assent and who has had significant knowledge of the person's unique characteristics.

- (B) The evaluator shall obtain the assent of the legal guardian, if applicable, and the informed assent of the offender with developmental disabilities for the evaluation and assessments. The legal guardian will be informed of the evaluation methods, how the information may be used and to whom it will be released. The evaluator shall also inform the offender with developmental disabilities and the legal guardian about the nature of the evaluator's relationship with the offender and with the court. The evaluator shall respect the offender's right to be fully informed about the evaluation procedures. Results of the evaluation may be reviewed with the offender and the legal guardian upon request.

The mandatory reporting law (Section 19-3-304, C.R.S.) requires certain professionals to report suspected or known abuse or neglect to the local department of social services or law enforcement. Evaluators are statutorily mandated reporters.

- (C) If informed assent cannot be obtained after consulting with the third party, then the evaluator shall refer the case back to the community supervision team or the court.

2.040 The evaluator shall be sensitive to any cultural, ethnic, developmental, sexual orientation, gender, medical and/or educational issues, or disabilities that become known during the evaluation.

2.050 To ensure the most accurate prediction of risk for sex offenders, the following evaluation modalities are all required in performing a sex offense-specific evaluation:

- Use of instruments that have specific relevance to evaluating sex offenders
- Use of instruments with demonstrated reliability and validity
- *Examination and integration of criminal justice information and other collateral information, including:*
 - *The details of the current offense*
 - *Documents that describe victim trauma, when available*
 - *Scope of offender's sexual behavior other than the current offense that may be of concern*
- Structured clinical and sexual history interview
- Offense-specific psychological testing and standardized assessments/instruments
- Testing of deviant arousal or interest (i.e. Plethysmograph, Abel Screening or other Viewing Response Time (VRT) instruments).
- Use of at least one validated risk assessment instrument that was normed on a population most similar to the offender being evaluated.

Discussion: Evaluation instruments and processes will be subject to change as more is learned in this area. Because measures of risk are imperfect at this time, evaluation and assessment must be done by collecting information through a

variety of methods. Evaluation and assessment therefore currently involve the integration of physiological, psychological, historical, and demographic information to adequately assess a sex offender's level of risk and amenability to treatment. When the evaluator is in doubt, s/he should err on the side of protecting community safety in drawing conclusions and making recommendations.

2.050 DD

(A) Due to the complex issues of evaluating sex offenders with developmental disabilities, methodologies shall be applied individually and their administration shall be guided by the following:

1. When possible, instruments should be used that have relevance and demonstrated reliability and validity which are supported by research in the mental health and sex offender treatment fields as they relate to persons with developmental disabilities.
2. If a required procedure is not appropriate for a specific client, the evaluator shall document in the evaluation why the required procedure was not done.

(B) Evaluators shall carefully consider the appropriateness and utility of using a plethysmograph assessment, or VRT assessment with sex offenders who have developmental disabilities. For these assessments to be effective with this population, evaluators shall assess whether the offender has a sufficient level of cognitive functioning to be able to adequately discriminate between stimulus cues. In addition, consideration shall be given to use of specialized protocols that have been developed for sex offenders who have developmental disabilities, such as the Behavioral Technologies, Inc. stimulus cue package for the plethysmograph and the Abel-Blasingame Assessment System *for Individuals with Intellectual Disabilities*[™] (ABID). In administering the Abel Screening it is critical to use the questionnaire in addition to the VRT procedure. Further, the use of the relapse prediction scores from the Abel Screening are not recommended due to not having been adapted for use with sex offenders who have developmental disabilities and therefore, shall not be used by evaluators. Finally, the evaluator shall interpret the results of plethysmograph and VRT assessments with caution given the limited research and minimal validation of these tools with sex offenders who have developmental disabilities and the evaluator shall seek other evaluative information to confirm diagnostic considerations generated by the plethysmograph and VRT assessment data.

2.060 A sex offense-specific evaluation of a sex offender shall evaluate the following required areas:

- Cognitive Functioning
- Mental Health
- Medical/Psychiatric Health
- Drug/Alcohol Use
- Stability of Functioning
- Developmental History
- Sexual Evaluation

- Risk
- Motivation and Amenability to Treatment
- Impact on Victim
- Sadism

2.060 DD

Evaluators shall also address the level of functioning and neuropsychological concerns for sex offenders with developmental disabilities and make appropriate recommendations regarding treatment modality and any need for additional behavioral interventions or containment and supervision requirements. To address an offender's level of functioning and appropriate treatment interventions, the evaluation areas in section 2.061 DD shall also be addressed.

2.061 SEX OFFENSE-SPECIFIC EVALUATION

Outlined in the following chart are the required areas of a sex offense-specific evaluation. The left hand column identifies the required areas to be evaluated. The right hand column identifies the required and optional evaluation procedures that may be used. All major categories identified in Standard 2.060 shall be addressed.

Instruments utilized in the evaluation shall be commensurate with the specific offender population being evaluated (e.g. female, developmentally disabled, or juvenile offense being evaluated for adult non-sex offense).

<i>Evaluation Areas – Required</i>	<i>Required and Optional Evaluation Procedures</i>
	<ul style="list-style-type: none"> • <i>Closed bullet indicates a required method</i> ○ <i>Open bullet indicates an optional method</i>

COGNITIVE FUNCTIONING	
Intellectual Functioning (Mental Retardation, Learning Disability, and Literacy)	<ul style="list-style-type: none"> • <i>Clinical Interview (D)</i> • <i>History of Functioning and/or standardized tests:</i> • <i>Clinical Mental Status Exam (D)</i> • <i>Observational Assessment (E)</i> • <i>Case File/Document Review (F)</i> • <i>Collateral Information/Contact/Interview (F)</i> ○ <i>WAIS III (C)</i> ○ <i>TONI (Test of Non-Verbal Intelligence) (B)</i> ○ <i>Shipley Institute of Living Scale Revised (B)</i> ○ <i>Kaufman IQ Test for Adults (C)</i> ○ <i>Stanford Binet (C)</i> ○ <i>Slosson Intelligence Test – Revised (B)</i> ○ <i>Slosson Full-Range Intelligence Test (B)</i> ○ <i>Kaufman Brief Intelligence Test (B)</i> ○ <i>Universal Nonverbal Intelligence Test (C)</i>
Neuropsychological Functioning (fluid intelligence)	<ul style="list-style-type: none"> • <i>Clinical Interview (D)</i> • <i>Clinical Mental Status Exam (D)</i> ○ <i>Observational Assessment (E)</i> ○ <i>Case File/Document Review (F)</i> ○ <i>Collateral Information/Contact/Interview (F)</i> ○ <i>Test of Memory and Learning (C)</i> ○ <i>K-SNAP (B)</i> ○ <i>Cognistat – Neurbehavioral Cognitive Status Exam (B)</i> ○ <i>Boston Naming Test (B)</i> ○ <i>Boston Diagnostic Aphasia Test (C)</i> ○ <i>Luria-Nebraska Screening Test (B)</i> ○ <i>Weschler Memory Scale Revised (C)</i> ○ <i>Jacobs Cognitive Screening Test (B)</i> ○ <i>Quick Neurological Screening Test (B)</i> ○ <i>Bilingual Verbal Abilities Test (B)</i> ○ <i>Referral to Neuropsychologist if necessary (S)</i> ○ <i>WAIS III (C)</i> ○ <i>Bender – Gestalt (C)</i>

Academic Achievement	<ul style="list-style-type: none"> • <i>Clinical Interview (D)</i> • <i>Clinical Mental Status Exam (D)</i> ○ <i>Observational Assessment (E)</i> ○ <i>Case File/Document Review (F)</i> ○ <i>Collateral Information/Contact/Interview (F)</i> ○ <i>Woodcock-Johnson Psychoeducational Battery, Revised (C)</i> ○ <i>Wide Range Achievement Test 3 (B)</i> ○ <i>Referral to Educational Diagnostic if necessary (S)</i> ○ <i>Referral to Vocational Specialist if necessary (S)</i>
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MENTAL HEALTH	
Character/Personality Pathology	<ul style="list-style-type: none"> • <i>Clinical Interview (D)</i> • <i>Collateral Information/Contact/Interview (F)</i> • <i>Clinical Mental Status Exam (D)</i> • <i>Observational Assessment (E)</i> • <i>Case File/Document Review (F)</i> ○ <i>Hare Psychopathy Checklist Revised (C)</i> ○ <i>Psychopathy Checklist – Screening Version (B)</i> ○ <i>MCMI-III (C)</i> ○ <i>MMPI 2 (C)</i> ○ <i>Jessnes Inventory (C)</i> ○ <i>Rorschach Test (C)</i> ○ <i>Sentence Completion Series (B)</i> ○ <i>State-Trait Anger Inventory (B)</i> ○ <i>State-Trait Anxiety Inventory (B)</i> ○ <i>Social/Developmental History (D)</i>
Sadism	<ul style="list-style-type: none"> • <i>Clinical Interview (D)</i> • <i>Collateral Information/Contact/Interview (F)</i> <p><i>Evidence of Sadism shall trigger <u>one</u> of the following³:</i></p> <ul style="list-style-type: none"> ○ <i>Specific assessment that measures sexual sadism, such as Marshall and Hucker Sexual Sadism Scale</i> ○ <i>PCL-R and Penile Plethysmograph</i>
Mental Illness	<ul style="list-style-type: none"> • <i>Clinical Interview (D)</i> • <i>Collateral Information/Contact/Interview(F)</i> • <i>Clinical Mental Status Exam (D)</i> • <i>Observational Assessment (E)</i> • <i>Case File/Document Review (F)</i> ○ <i>MCMI-III (C)</i> ○ <i>MMPI 2 (C)</i> ○ <i>Jessnes Inventory (C)</i> ○ <i>Rorschach Test (C)</i> ○ <i>Sentence Completion Series (B)</i> ○ <i>Symptom Checklist 90 (B)</i> ○ <i>Brief Symptom Inventory / Symptom Assessment 45 (B)</i> ○ <i>Trauma Symptom Checklist (C)</i> ○ <i>Beck Depression Inventory (A)</i> ○ <i>Positive and Negative Syndrome Scale (B)</i> ○ <i>Brief Psychiatric Rating Scale (B)</i>

³ Kingston, Seto & Bradford (2009)

Self Concept/Self Esteem	<ul style="list-style-type: none"> • Clinical Interview (D) • Clinical Mental Status Exam (D) • Observational Assessment (E) • Case File/Document Review (F) • Collateral Information/Contact/Interview (F) ○ MPD (Measures of Psychological Development) (B) ○ CAQ (Clinical Analysis Questionnaire) (D) ○ CPI (California Personality Inventory) (C) ○ MCMI-III (C) ○ MMPI 2 (C) ○ Jessnes Inventory (C)
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MEDICAL/PSYCHIATRIC HEALTH	
<ul style="list-style-type: none"> ☐ Pharmacological Needs ☐ Medical Condition Impacting Offending Behavior ☐ History of Medication Use/Abuse 	<ul style="list-style-type: none"> • Clinical Interview (D) • Clinical Mental Status Exam (D) • Observational Assessment (E) • Case File/Document Review (F) • Collateral Information/Contact/Interview (F) ○ Referral to Physician, if indicated (S) ○ Referral to Psychiatrist, if indicated (S) ○ Referral for Medical Tests (S)

DRUG/ALCOHOL USE*	
Use/Abuse	<ul style="list-style-type: none"> • Clinical Interview (D) • Collateral Information/Contact/Interview (F) • Clinical Mental Status Exam (D) • Observational Assessment (E) • Case File/Document Review (F) ○ MCMI-III (C) ○ MMPI 2 (C) ○ Clinical Analysis Questionnaire (D) ○ Personal History Questionnaire (B) ○ SASSI – III (B) ○ Adult Substance Use Survey (B) ○ Substance Use History Matrix (B)
Number of Relapses	<ul style="list-style-type: none"> • Clinical Interview (D) • Collateral Information/Contact/Interview (F) • Treatment History (F) • Clinical Mental Status Exam (D) ○ Observational Assessment (E) ○ Case File/Document Review (F)

STABILITY OF FUNCTIONING

<p>Marital/Family Stability</p> <ul style="list-style-type: none"> ⇒ Past ⇒ Current ⇒ Familial Violence ⇒ Familial Sexual ⇒ Financial ⇒ Housing ⇒ Social Support Systems 	<ul style="list-style-type: none"> • Clinical Interview (D) • Interview Attitudes • Collateral Information/Contact/Interview (F) • Clinical Mental Status Exam (D) • Observational Assessment (E) • Case File/Document Review (F) • History of Functioning (F) ○ Personal History Questionnaire (B) ○ Family Environment Scale (B) ○ Dyadic Adjustment Scale (B) ○ Marital Satisfaction Inventory (B)
<p>Access to Children</p> <ul style="list-style-type: none"> ⇒ Legal Relationship to Child 	<ul style="list-style-type: none"> • Clinical Interview • Collateral Information ○ PRA (Parental Risk Assessment)
<p>Employment/Education</p> <ul style="list-style-type: none"> ⇒ Completion of Major Life Tasks 	<ul style="list-style-type: none"> • Clinical Interview (D) • Collateral Information/Contact/Interview (F) • History of Functioning (F) • Case File/Document Review (F) ○ Clinical Mental Status Exam (D) ○ Observational Assessment (E) ○ Personal History Questionnaire (B)
<p>Social Skills</p> <ul style="list-style-type: none"> ⇒ Ability to Form Relationships ⇒ Ability to Maintain Relationships ⇒ Courtship/Dating Skills ⇒ Ability to Demonstrate Assertive Behavior 	<ul style="list-style-type: none"> • Clinical Interview (D) • Collateral Information/Contact/Interview (F) • Clinical Mental Status Exam (D) • Observational Assessment (E) • Case File/Document Review (F) ○ Interpersonal Behavior Survey (B) ○ Social Avoidance and Distress Scale (B) ○ Miller's Social Intimacy Scale (A)

DEVELOPMENTAL HISTORY

<ul style="list-style-type: none"> ⇒ Disruptions in parent/child relationship ⇒ History of bed wetting, cruelty to animals ⇒ History of behavior problems in elementary school ⇒ History of special education services, learning disabilities, school achievement ⇒ Indicators of disordered attachments 	<ul style="list-style-type: none"> • Clinical Interview (D) • History of Functioning (F) • Collateral Information/Contact/Interview (F) • Clinical Mental Status Exam (D) • Observational Assessment (E) • Case File/Document Review (F)
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SEXUAL EVALUATION

<p>Sexual History (Onset, Intensity, Duration, Pleasure Derived)</p> <ul style="list-style-type: none"> ⇒ Age of Onset of Expected Normal Behaviors ⇒ Quality of First Sexual Experience ⇒ Age of Onset of Deviant Behaviors ⇒ Witnessed or Experienced Victimization (Sexual or Physical) ⇒ Genesis of Sexual Information ⇒ Age/Degree of Use of Pornography, Phone Sex, Cable, Video, or Internet for Sexual Purposes ⇒ Current and Past Range of Sexual Behavior 	<ul style="list-style-type: none"> • Clinical Interview (D) • History of Functioning (F) • Collateral Information/Contact/Interview (F) • Clinical Mental Status Exam (D) • Observational Assessment (E) • Case File/Document Review (F) ○ Personal Sentence Completion Inventory – Miccio-Fonseca (B) ○ Sex Offender Incomplete Sentence Blank (B) ○ Wilson Sexual Fantasy Questionnaire (B) ○ SONE Sexual History Background Form (D) ○ Colorado Sex Offender Risk Scale (Actuarial scale normed on Colorado offenders from probation, parole and prison)
<p>Reinforcement Structure for Deviant Behavior</p> <ul style="list-style-type: none"> ⇒ Culture ⇒ Environment ⇒ Cults 	<ul style="list-style-type: none"> • Clinical Interview (D)
<p>Arousal/Interest Pattern</p> <ul style="list-style-type: none"> ⇒ Sexual Arousal or Sexual Interest 	<ul style="list-style-type: none"> • Clinical Interview (D) • Plethysmograph (S) or Abel Assessment (S)
<p>Specifics of Sexual Crime(s) (Onset, Intensity, Duration, Pleasure Derived)</p> <ul style="list-style-type: none"> ⇒ Detailed Description of Sexual Assault ⇒ Seriousness, Harm to Victim ⇒ Mood During Assault (Anger, Erotic, "Love") ⇒ Progression of Sexual Crimes ⇒ Thoughts Preceding and Following Crimes ⇒ Fantasies Preceding and Following Crimes 	<ul style="list-style-type: none"> • Clinical Interview (D) • History of Crimes (F) • Collateral Information (F) • Review of Criminal Records (F) • Review of Victim Impact Statement, if available (F) ○ Contact with Victim Therapist (F) ○ Polygraph (S)
<p>Sexual Deviance</p>	<ul style="list-style-type: none"> • Clinical Interview (D) ○ SONE Sexual History Background Form (R) ○ Multiphasic Sex Inventory I or II (C) ○ Hanson Sexual Attitudes Questionnaire (B) ○ Wilson Sex Fantasy Questionnaire (B) ○ Abel and Becker Card Sort (B) ○ Sexual Projective Card Sort (B) ○ Sexual Autobiography (R) ○ Attitudes Toward Women Scale (B) ○ Burt Rape Myth Acceptance Scale (B) ○ Abel and Becker Cognition Scale (B)
<p>Dysfunction (Impotence, Priapism, Injuries, Medications Affecting Sexual Functioning, Etc.)</p>	<ul style="list-style-type: none"> • Clinical Interview (D) ○ Multiphasic Sex Inventory I or II (C) ○ SONE Sexual History Background Form (R) ○ Medical tests (S)
<p>Offender's Perception of Sexual Functioning</p>	<ul style="list-style-type: none"> • Clinical Interview (D) • History ○ Bentler Heterosexual Inventory (B) ○ Abel and Becker Card Sort (B) ○ Plethysmograph (S) or Abel Assessment (S) ○ Bentler Sexual Behavior Inventory (R)
<p>Preferences (Male/Female; Age; Masturbation; Use of Tools, Utensils, Food, Clothing; Current Sexual Practices; Deviant as well as Normal Behaviors)</p>	<ul style="list-style-type: none"> • Clinical Interview (D) • Plethysmograph (S) or Abel Assessment (S)

<p>Attitudes/Cognition</p> <ul style="list-style-type: none"> ▣ Motivation to Change/Continue Behavior ▣ Attitudes Toward Women, Children, Sexuality in General ▣ Attitudes About Offense (i.e., Seriousness, Harm to Victim) ▣ Degree of Victim Empathy ▣ Presence/Degree of Minimalization ▣ Presence/Degree of Denial ▣ Ego-syntonic vs. Ego-dystonic Sense of Deviant Behavior 	<ul style="list-style-type: none"> • Clinical Interview (D) ○ Burt Rape Myth Acceptance Scale (B) ○ Multiphasic Sex Inventory I or II (C) ○ Buss/Durkee Hostility Inventory (R) ○ Abel and Becker Cognitions Scale (B) ○ Attitudes Towards Women Scale (B) ○ Socio-Sexual Knowledge and Attitudes Test (For use with sex offenders who have developmental disabilities) (B)
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RISK	
<p>Risk of Re-offense</p>	<ul style="list-style-type: none"> • Criminal History ○ SOMB Checklist (7 Dynamic Indicators, normed on Colorado offenders from probation, parole and community corrections) ○ Colorado Sex Offender Risk Scale (Actuarial scale normed on Colorado offenders from probation, parole and prison) ○ Violence Risk Assessment Guide (Normed on a psychiatric hospital sample) ○ Sex Offense Risk Assessment Guide ○ MnSOST-III (Normed on Minnesota offenders in the Department of Corrections, excludes incest offenders) ○ CARAT ○ Static 99R or 2002R ○ Stable 2007 ○ Acute 2007
<p>Risk of Failure in Treatment and Supervision</p>	<ul style="list-style-type: none"> • Clinical Interview • Criminal History • Colorado Sex Offender Risk Scale (Actuarial scale normed on Colorado offenders from probation, parole and prison) ○ PCLR ○ Stable 2007 ○ Acute 2007

MOTIVATION AND AMENABILITY TO TREATMENT	
	<ul style="list-style-type: none"> • Clinical Interview (D) • Clinical Mental Status Exam (D) • Observational Assessment (E) • Case File/Document Review (F) • History of Functioning (F) • Review of Criminal Records • History of Compliance with Treatment and Supervision ○ DCJ Checklist

IMPACT ON VICTIM

Evaluate impact on victim and the offender's perception of impact on victim

- *Clinical Interview of Offender (D)*
- *Case File/Document Review (F)*
- *Review of Police Reports*
- *Review Victim Impact Statement*
- *Contact Victim Therapist/Advocates, when available*
- *Interview Family Members*

*Discussion: No single test should be seen as absolute or predictive; rather, results should be seen as contributing to the overall evaluation of the sex offender and his or her risk to the community. Offender self-report is an unreliable source of information during the evaluation, and the evaluator shall take steps not to rely solely on self-report information. Evaluators shall incorporate all available information when making a determination regarding risk and not rely solely on risk assessment instruments. Risk assessment instruments will not identify all risk factors. Of particular concern are stand alone risk factors, such as *Psychopathy* and *Sadism*, which are indicative of high risk.⁴*

⁴ Briken et al, (2006); Firestone et al, (2008); Langevin (2003); Kingston, Seto, & Bradford (2009);

**2.061 DD ADDITIONAL EVALUATION AREAS FOR SEX OFFENDERS WITH
DEVELOPMENTAL DISABILITIES**

Evaluation Areas – Required	Required & Optional Evaluation Procedures <ul style="list-style-type: none"> • <i>Closed bullet indicates a required method</i> ○ <i>Open bullet indicates an optional method</i>
Level of planning in crime of conviction and other sexual offending behavior	<ul style="list-style-type: none"> • History of functioning (D) • Structured interview (D) • Collateral information (F)
“Street smarts”	<ul style="list-style-type: none"> • History of functioning (D) • Structured interview (D) • Collateral information (F)
Expressive and receptive language skills	<ul style="list-style-type: none"> • Clinical evaluation (D) ○ Peabody Picture and Vocabulary Test Revised (PPVT-R) (B) • Collateral information (F) ○ Expressive tests, e.g. CELF, TOLD (B)
Social judgment/ability to participate in group settings	<ul style="list-style-type: none"> • History of functioning (D) • Structured interview (D) • Collateral information (F) ○ Young Adult Institute Tools (YAI Tools) (B)
Adaptive behavior	<ul style="list-style-type: none"> • Clinical evaluation (D) ○ Vineland Adaptive Behavioral Scale (B) ○ Adaptive Behavioral Scale of the American Association for Mental Retardation (B)
Support systems	<ul style="list-style-type: none"> • History of functioning (D) ○ Current DD system involvement (F) ○ Current family involvement (F) ○ Current social involvement (F,R)
Executive functioning	<ul style="list-style-type: none"> • History of functioning (D) • Structured interview (D) • Collateral information (F) ○ Wisconsin Card Sort Test (B) ○ Boston Naming Test (B) ○ Trail Making Test (B) ○ Bender-Gestalt (B) ○ Cognistat – Neurbehavioral Cognitive Status Exam (B)

DD Discussion: Many widely used risk assessment tools have not been created specifically for adult sex offenders with developmental disabilities. Therefore, the evaluator shall use caution when choosing to use such instruments and when interpreting the resulting data.

2.070 The evaluator shall make recommendations or findings regarding:

- Level of risk, including an overall or cumulative assessment of the offender's risk
- Amenability for treatment
- Appropriateness for community placement.
- The evaluator shall assess the sex offender's level of denial (see Standard 3.510). The evaluator shall not recommend community based treatment and supervision for a sex offender who is in Level 3: Severe Denial (see Standard 3.520).
- Type of placement (e.g. outpatient, residential)
- Intensity of offense-specific treatment (i.e. frequency of treatment contact)
- Multi axial diagnoses
- Treatment of co-existing conditions and further assessments needed to address areas of concern
- The need for medical/pharmacological treatment, if indicated
- Expectations for involvement in treatment of the offender's family
- Specific risk factors that require management and potential interventions
- Access to, contact with and/or restrictions against contact with children and victims

Upon request, the evaluator (if different from the treatment provider) shall also provide information to the case management team or prison treatment provider at the beginning of an offender's term of supervision or incarceration.

2.070 DD

If the sex offender with developmental disabilities meets the statutory requirements for completion of the Sexually Violent Predator Risk Assessment, the instrument shall be completed using the existing instruments as required pursuant to Section 18-3-414.5, C.R.S. The evaluator shall document any concerns regarding this instrument's validity for the client.

2.080 In the evaluation process, physiological testing through the use of polygraph examinations can be useful in understanding an offender's level of deception and denial and is recommended in the evaluation process. The polygraph should not be used to determine guilt or innocence or as the primary finder of facts for legal purposes. (See Sections 6.000 for standards on the use of the polygraph.)

2.090 Evaluators have an ethical responsibility to conduct evaluation procedures in a manner that ensures the integrity of testing data, the humane and ethical treatment of the offender, and compliance with the mental health statutes. Evaluators should use testing instruments in accordance with their qualifications and experience. Un-interpreted raw data from any type of testing should never be released to those not qualified to interpret.

2.010 Any required evaluation areas that have not been addressed, or any required evaluation procedures that have not been performed, shall be specifically noted. In addition, the evaluator must state the limitations of the absence of any required evaluation areas or procedures on the evaluation results, conclusions or recommendations. When there is insufficient information to evaluate one of the required areas, then no conclusions shall be drawn nor recommendations made concerning that required area.

2.011 Evaluators shall not represent or imply that an evaluation meets the criteria for a sex offense specific evaluation if it does not comply with the SOMB *Standards*. Evaluators shall include a

statement in each completed evaluation as to whether the evaluation is fully compliant with the SOMB *Standards* or not.

3.000

STANDARDS OF PRACTICE FOR TREATMENT PROVIDERS

3.100 ♦ Sex Offense Specific Treatment

3.110 Sex offense specific treatment must be provided by a treatment provider listed at the full operating level or the associate level under these Standards.

3.110 DD

In a situation where a client's developmental disability interferes with the provider's ability to meet the requirements of any section of 3.000, the Community Supervision Team must come to consensus about any modification to the Standards that is implemented. The modification must be documented in writing and signed by each CST member.

3.120 A provider who treats sex offenders under the jurisdiction of the criminal justice system must use sex offense-specific treatment (see Definition Section). This does not preclude participation in adjunctive treatment as clinically indicated and approved by the Community Supervision Team.

Discussion: A provider who chooses to begin treating an offender during the pre-conviction stage should provide treatment in compliance with these Standards.

3.120 DD

When providing treatment to individuals with developmental disabilities who may exhibit sexually inappropriate behaviors but who have not been convicted of a sex offense, it is recommended that the Standards be used as guidelines. The treatment of non-convicted individuals does not fall under the purview of the Sex Offender Management Board.

3.130 Upon an offender entering treatment, a provider shall develop a written treatment plan based on the needs and risks identified in current and past assessments/evaluations of the offender. Treatment plans should evolve over the course of treatment as new information is discovered.

The treatment plan shall:

- Provide for the protection of victims and potential victims and not cause the victim(s) to have unsafe and unwanted contact with the offender
- Address the issue of ongoing victim input (will the victim be involved, in what manner, at what stage of treatment, etc.)
- Be individualized to meet the unique needs and risks of the offender
- Identify the issues to be addressed, the planned intervention strategies, and the goals of treatment
- Define expectations of the offender, his/her family (when possible), and support systems

- 3.140 Providers shall maintain clients' files in accordance with the professional standards of their individual disciplines and with Colorado state law and federal statutes on health care records. Client files shall:
- Document the goals of treatment, the methods used, the client's observed progress, or lack thereof, toward reaching the goals in the treatment plans
 - Record specific achievements, failed assignments, rule violations and consequences
 - Accurately reflect the client's treatment progress, sessions attended, and changes in treatment

3.150 Approved providers shall participate in, and cooperate with, Board research projects related to evaluation or implementation of the Standards or sex offender management in Colorado in accordance with Section 16-11.7-103 (4) (d), C.R.S.

3.160 A provider shall employ treatment methods that are supported by current professional research and practice:

- A. The provider shall employ treatment methods that give priority to the safety of an offender's victim(s) and the safety of potential victims and the community.
- B. Group therapy (with the group comprised only of sex offenders) is the preferred method of sex offense-specific treatment. At a minimum, any method of psychological treatment used must conform to the Standards for content of treatment (see F., below) and must contribute to the management of sex offenders. The sole use of individual therapy is not recommended with sex offenders, and should be avoided except when geographical—specifically rural—or disability limitations dictate its use.

Discussion: Group therapy may be supplemented by additional treatment modalities.

- C. The use of male and female co-therapists in group therapy is highly recommended.

Discussion: Many sex offenders have polarized views of men and women. As a result, it is beneficial to have male and female co-therapists conduct therapy groups. Therapists can model equal non-sexual relationships, assertive communication, and the value of multiple perspectives. Based on the offender's preexisting stereotypes, he/she may tend to discount information from a therapist of a specific gender. The gender of the therapist that the offender is most willing to listen to varies from offender to offender. Therapeutic feedback generally becomes more powerful and less likely to be discounted when it is expressed by both a male and female therapist. Use of male and female co-therapists also provides a catalyst for a diversity of issues to emerge, which can then be addressed in treatment.

- D. The ratio of therapists to sex offenders in a treatment group shall not exceed 1:8. Treatment group size shall not exceed 14 sex offenders.

D. DD

It is likely that a group populated by sex offenders with developmental disabilities will require an even smaller client to therapist ratio. Ratios shall be determined based upon the needs of the group.

Discussion: It is understood that the occasional illness or absence of a co-therapist may occur, which may cause the treatment group to exceed this ratio. It is also understood that a particular treatment program may be structured in such a way that specific didactic modules of psycho-educational information are presented to larger groups of sex offenders at one time. Such psycho-educational information is a component of, but not a substitute for sex offense-specific treatment. These circumstances constitute occasional exceptions to the standard described in c. above. The test for compliance with this standard will be the regularity with which the ratio of therapists to sex offenders is congruent with c. above.

The Sex Offender Management Board believes that the treatment of sex offenders is sufficiently complex and the likelihood of re-offense sufficiently high that the client to therapist ratio and group size should be fairly small.

E. Genders shall not be mixed in a sex offense specific treatment group.

Discussion: It is understood that psycho-educational groups, informed supervision sessions, victim clarifications sessions and other modalities that do not require the same level of therapeutic work as a treatment group, may successfully contain, and sometimes require, a mix of genders to participate together.

It is also understood that in the event a treatment group cannot be found for an individual because of their gender, individual therapy may be warranted. In this situation, case notes should carefully document why individual therapy was chosen for the specific offenders.

F. The provider shall employ treatment methods that are based on recognition of the need for long-term, comprehensive, offense-specific treatment for sex offenders. The provider shall use an evidence-based approach. Self-help or time-limited treatments shall be used only as adjuncts to long-term, comprehensive treatment.

F. DD

Treatment planning and content shall take the needs of sex offenders who have developmental disabilities into consideration.

DD Discussion: Progress in treatment and the ability to integrate material is generally slower for sex offenders with developmental disabilities than for the non-disabled population. The presence of concrete thinking, difficulty with concepts and abstraction and the need for frequent repetition and simple, direct instruction is common. For example, sex offenders who have developmental disabilities may not be able to conceptualize the sequential cycle portion of the traditional relapse prevention plan. In this case, the ability to identify risk situations or behaviors and appropriate interventions is a reasonable alternative.

G. The provider, in consultation with the Community Supervision Team (CST), shall determine treatment intensity including frequency and duration of contact based on offender's needs and risk. The treatment provider shall consult with the CST regarding the need for referral to a program of different intensity if not offered in his/her program.

Discussion: The intensity of treatment (number of hours of treatment per week) should be based on the offender's evaluated risk and treatment needs. The majority of sex offenders have significant long-standing problems that have contributed to their sexual offending behavior. Therefore, most sex offenders will need intensive treatment for a long period of time in order to decrease their risk of re-offense. Research has suggested that treatment intensity and duration are significant factors in the effectiveness of treatment for sex offenders and substance abusers. Programs that cannot provide the level of intensity necessary to manage the offender's risk should refer the offender to a treatment team that can provide the necessary level of intensity. At a minimum, offenders should participate in weekly group session; many offenders may benefit from more than one treatment session per week.

G. DD

Managing the client's risk to the community remains the primary goal of treatment. The fact that clients with DD may progress more slowly in treatment shall never be used as a reason for reducing monitoring and containment when risk continues to be present, or for accepting reduced compliance from the client.

H. A treatment provider shall employ treatment methods that integrate the results of a polygraph; plethysmographs, visual reaction time assessments or other physiological testing, as indicated.

Discussion: Providers who utilize this data shall be aware of the limitations of these technologies shall recognize that this data is only meaningful within the context of a comprehensive evaluation and treatment process.

H. DD

Use of some of these assessments and testing instruments with sex offenders with developmental disabilities is relatively new; employing these results for the purposes of assessing risk and planning for treatment should be done cautiously. Please see Section DD2.000 for additional Standards pertaining to evaluations. Wherever possible, materials appropriate for use with sex offenders with developmental disabilities shall be utilized instead of materials developed for a non-developmentally disabled population.

I. Offense-specific treatment for sex offenders shall:

1. Hold offenders accountable for their behavior and assist them in maintaining their accountability;
2. Require offenders to complete a full sex history disclosure and to disclose all current sex offending behaviors;
3. Reduce offenders' denial and defensiveness;
4. Decrease and/or manage offenders' deviant sexual urges and recurrent deviant fantasies;
5. Educate offenders and individuals who are identified as the offenders' support systems about the potential for re-offending and an offender's specific risk factors, in addition to requiring an offender to disclose critical issues and current risk factors;

6. Teach offenders self-management methods to avoid a sexual re-offense;
7. Identify and treat the offenders' thoughts, emotions, and behaviors that facilitate sexual re-offenses or other victimizing or assaultive behaviors;
8. Identify and treat offenders' cognitive distortions;
9. Educate offenders about non-abusive, adaptive, legal, and pro-social sexual functioning;
10. Educate offenders about the impact of sexual offending upon victims, their families, and the community;
11. Provide offenders with training in the development of skills needed to achieve sensitivity and empathy with victims;
12. Provide offenders with guidance to prepare, when applicable, written explanation or clarification for the victim(s) that meets the goals of: establishing full perpetrator responsibility, empowering the victim, and promoting emotional and financial restitution for the victim(s);
13. Identify and treat offenders' personality traits and deficits that are related to their potential for re-offending;
14. Identify and treat the effects of trauma and past victimization of offenders as factors in their potential for re-offending (It is essential that offenders be prevented from assuming a victim stance in order to diminish responsibility for their actions);
15. Identify deficits and strengthen offenders' social and relationship skills, where applicable;
16. Require offenders to develop a written plan for preventing a re-offense; the plan should identify antecedent thoughts, feelings, circumstances, and behaviors associated with sexual offenses;

Discussion: This plan shall be shared with the offender's identified support system.

17. Provide treatment or referrals for offenders with co-existing treatment needs such as medical, pharmacological, psychiatric needs, substance abuse, domestic violence issues, or disabilities;
18. Maintain communication with other significant persons in offenders' support systems to the extent possible to assist in meeting treatment goals;
19. Evaluate existing treatment needs based on developmental or physical disabilities, cultural, language, sexual orientation, and gender identity that may require different treatment arrangements;

20. If clinically indicated, every effort should be made to provide services in the client's primary language using professional interpretive and translation resources as needed;

Discussion: Individuals who have an existing relationship with the offender, such as family members, shall not be used as interpreters in order to avoid dual relationships and conflict of interest.

21. Identify and address issues of gender role socialization; and,
22. Identify and treat issues of anger, power, and control.

I. DD

Achieving success in the above listed content areas for the sex offender with developmental disabilities may require modifications based on the needs of the individual such as using pictures instead of written assignments, or using a data collection system by the treatment provider to document skills learned by the client.

- J. A treatment provider shall model empathy and respect to the offender.

Discussion: Disrespectful behavior includes, but is not limited to, labeling the person not the behavior, unnecessary volume when speaking to the offender, and name calling.

- K. In cooperation with the supervising officer, the provider shall address the results of polygraph examinations. The treatment provider shall collaborate with the Community Supervision Team to schedule polygraph examinations and review the results and admissions in accordance with Section 6.000. Results and admissions of the polygraph shall be used to identify treatment and behavioral monitoring needs.
- L. Recognizing the importance that the continuum of treatment intensity is dependant on offender progress, providers shall offer phases of reduced treatment intensity following an offender successfully addressing all applicable issues and concepts contained in Standards 3.160 (I) 1. - 22. This phase of treatment shall include regular polygraph examinations. The main focus of this reduced intensity "maintenance treatment" shall be to:
- Enhance application of the concepts learned in Standards 3.160 (I) 1. - 22. in the client's current lifestyle, including internalizing, integrating and consolidating these concepts.
 - Refine re-offense prevention skills. As offenders apply concepts it is possible that they will have lapses, which shall be addressed during the maintenance treatment.
 - Return offenders to a more intensive phase of treatment if clinically indicated.
- M. An offender can be moved to a maintenance phase of treatment when the community supervision team reaches consensus that the sex offender has:
- Satisfactorily addressed all applicable issues listed in Standards 3.160 (I) 1. - 22;

- Completed the non-deceptive sexual history disclosure polygraph process;
- Yielded non-deceptive results on the two most recent and consecutive maintenance polygraphs and they are absent any information not previously disclosed to the containment team;
- Produced an objective sexual arousal or interest measure demonstrating management of deviance;
- Demonstrated consistent compliance with treatment and supervision conditions;
- Modified his/her lifestyle to actively manage his/her risk and consistently applies the concepts learned in treatment. In addition, he/she discloses and addresses ongoing risk factors in treatment;
- Accepted s/he needs ongoing treatment and external support irrespective of required supervision conditions.

In assessing offender progress, teams shall look for external, objective and behaviorally measurable evidence.

M. DD

In assessing progress of the offender with developmental disabilities, teams should remain mindful that not all sex offenders with developmental disabilities are appropriate for polygraph and/or for some sexual arousal or interest measurements. Please see DD.2.000 for further discussion.

N. In collaboration with the CST, the treatment provider shall utilize the Low Risk Protocol (LRP) for eligible sex offenders (see Appendix D).

3.170 Shared Living Arrangements (SLAs)

SLAs are a modality of treatment and supervision designed to provide a higher level of accountability for sex offenders. Please see the Definitions section for details.

When a SLA is being used, the following shall occur:

- The offender is subject to increased offender accountability/therapeutic supervision;
- The SLA location is approved in advance by the CST;
- The SLA location is within a jurisdiction that legally permits two unrelated sex offenders to reside in the same household;
- The CST notifies the landlord/property management that the residence is a SLA;
- The CST notifies local law enforcement of SLA location;
- Visitors of the SLA are approved in advance by the CST;
- Non-SLA members are prohibited from residing within the residence unless approved by the CST;
- The provider matches offenders in the same residence based on individual risk/needs;
- Offenders are expected to report violations regarding his/her roommate to provider and supervising officer;
- When multiple treatment programs are involved in a SLA, communication among all involved providers occurs consistently;

- Treatment progress in a SLA is identified through the use of an individualized treatment plan which meets specific goals and objectives, and may incorporate specific time frames.

3.171 Providers utilizing a SLA modality of treatment should consider the following:

- “Two-man accountability”⁵ may be beneficial to the milieu;
- Maintaining a specific vacancy and discharge policy/contract;
- Monitoring of offender’s/SLA member’s whereabouts for accountability purposes;
- Providers are prohibited from renting to an offender due to ethical and dual relationship issues.

3.172 Placement of offenders in a SLA shall include consideration of the following:

- Offender risk level
- Offender amenability to treatment
- Offender’s level of personal accountability (e.g. denial issues)
- Offender’s stage in the legal process (post-conviction vs. pre-plea)
- Offender self-sufficiency (e.g., employment, mental health, disability, etc.)
- Offender’s prior history with treatment and supervision
- Offender’s victim preference

Discussion: According to the study conducted by the SOMB in 2004, SLAs are a viable treatment/supervision option for moderate to high risk sex offenders. In fact, the SLA provides a higher level of containment than the home environment of most sex offenders in this risk classification.⁶ However, the SLA should be used in a similar manner as any other treatment option and be matched using risk, need, and responsivity measures. With economic and housing concerns, a SLA can be an appealing solution. Research has yet to be conducted to confirm if SLAs are beneficial for offenders in other risk levels.

3.200 ♦ Successful Completion of Legally Mandated Treatment

3.210 In certain cases it may be appropriate to end legally mandated, offense-specific treatment. However, most offenders will need ongoing treatment at some level. Completion of treatment is not the end of offenders’ rehabilitative needs or the elimination of all risk to the community. Successful completion of legally mandated treatment prior to an offender’s supervision termination date shall only be considered upon the unanimous agreement of the Community Supervision Team.

The decision to end treatment shall be based on:

- A determination by the team that the offender would not pose an undue risk to victim and community safety without treatment;
- A reexamination of the offender’s progress over an extended period of time in the maintenance phase of treatment;
- A determination that the offender is low risk on criminogenic factors as defined by all information gained over the course of treatment and supervision.

⁵ Two adult sex offenders approved by the CST to accompany one another to approved locations.

⁶ Colorado Department of Public Safety, Division of Criminal Justice, SOMB. (2004). Report on Safety Issues Raised by Living Arrangements for and Location of Sex Offenders in the Community.

DD Discussion: Because some sex offenders with developmental disabilities have difficulty learning to generalize behaviors and/or memorize information without subsequent behavioral change, the Community Supervision Team should, in these cases, also base its decision to end treatment on the client's actual demonstration of new skills.

- 3.220** Prior to discontinuing offense-specific treatment, a provider shall, in cooperation with the Community Supervision Team, make recommendations for an aftercare plan that may include a variety of self-management skills/techniques and support systems.
- 3.230** For offenders who meet the designation of low risk per the Low Risk Protocol (LRP) by unanimous decision of the CST, the provider shall make a recommendation for discharge from sex offense specific treatment. The provider may make recommendations for further treatment based on individual offender needs.

3.300 ♦ Confidentiality

- 3.310** When enrolling an offender in treatment, a provider shall obtain signed waivers of confidentiality based on the informed assent of the offender. This waiver shall explain that written and verbal information will be shared between all team members. The waiver of confidentiality shall, if applicable, extend to the Department of Human Services, other individuals or agencies responsible for the supervision of the offender, and the Board for the purpose of research related to evaluation or implementation of the Standards or sex offender management in Colorado.

Discussion: Waivers of confidentiality should be required of the sex offender by the conditions of probation, parole, and community corrections and shall be part of the treatment provider-client contract.

3.310 DD

The information shall be provided in a manner that is easily understood, verbally and in writing, in the native language of the person, or through other modes of communication as may be necessary to enhance understanding.

- (A) The provider shall obtain the informed assent of the legal guardian, if applicable, and the informed assent of the offender with developmental disabilities for treatment. The guardian will be informed of the treatment methods, how the information may be used and to whom it will be released. The provider shall also inform the offender with developmental disabilities and the guardian about the nature of the provider's relationship with the offender and with the court. The provider shall respect the offender's right to be fully informed about treatment procedures.
- (B) If informed assent cannot be obtained after consulting with the third party, then the provider shall refer the case back to the Community Supervision Team or the court.

- 3.320** Waivers of confidentiality shall extend to the victim, the victim advocate/therapist, the guardian ad litem of a child victim, the caseworker, the approved supervisor(s), the offender's current partner, the guardian, or other individuals involved in the case. This is especially important with regard to, but not limited to, offender non-compliance with

treatment, information about risk, threats, and possible escalation of violence, and decisions regarding clarification or reunification of the family, and an offender's contact with past or potential child victims.

3.330 The provider shall notify all clients in writing of the limits of confidentiality imposed on therapists by the mandatory reporting law, Section 19-3-304, C.R.S.

3.340 The provider shall ensure that an offender understands the scope and limits of confidentiality in the context of his/her particular situation, including the collection of collateral information, which may or may not be confidential.

3.350 The provider shall ensure that as a condition of residing in a SLA the offender is required to hold other offenders living in the SLA accountable. The offender is required to discuss and share information about other offenders in the SLA to the treatment provider and supervising officer for accountability purposes.

3.360 The provider shall obtain signed waivers from offenders living in a SLA for their roommate's CST members.

3.400 ♦ Treatment Provider-Client Contract

3.410 A provider shall develop and utilize a written contract with each sex offender (hereafter called "client" in this section of the Standards) prior to the commencement of treatment. The contract shall define the specific responsibilities of both the provider and the client.

A. The contract shall explain the responsibility of a provider to:

1. Define and provide timely statements of the costs of assessment, evaluation, and treatment, including all medical and psychological tests, physiological tests, and consultations;
2. Describe the waivers of confidentiality and the limits of confidentiality pursuant to Standards, Section 3.300, which will be required for a provider to treat the client for his/her sexual offending behavior and describe the procedures necessary for the client to revoke the waiver;
3. Describe the right of the client to refuse treatment and to refuse to waive confidentiality, and describe the risks and potential outcomes of that decision;
4. Describe the limits of confidentiality imposed on therapists by the mandatory reporting law, Section 19-3-304, C.R.S;
5. Describe the type, frequency, and requirements of the treatment and outline how the duration of treatment will be determined;
6. Describe the expectations and requirements for a Shared Living Arrangement (SLA), when applicable.

B. The contract shall explain any responsibilities of a client (as applicable) to:

1. Pay for the cost of assessment and treatment for him or herself, and his or her family;
 2. Comply with all requirements to pay for the cost of assessment and treatment for the victim(s) and their family(ies), including all medical and psychological tests, and consultation;
 3. Inform the client's family and support system of details of past offenses, which are relevant to ensuring help and protection for past victims and relevant to the re-offense plan. Clinical judgment should be exercised in determining information provided to children;
 4. Actively involve relevant family and support system;
 5. Notify the treatment provider of any changes or events in the lives of the client and members of the client's family or support system;
 6. Participate in polygraph testing and sexual arousal/interest testing as prescribed in the Standards and Guidelines (including DD3.160.K);
 7. Comply with the limitations and restrictions placed on the behavior of the client, as described in the terms and conditions of probation, parole, or community corrections and in the contract between the provider and the client.
- C. Failure to comply with the terms of the contract may result in termination from treatment. The contract shall also, (as applicable):
- Provide instructions and describe limitations regarding the client's contact with victims, secondary victims, and children;
 - Describe limitations or prohibitions on the use or viewing of sexually stimulating, violent material and material related to deviant sexual interest;
 - Describe the responsibility of the client to protect community safety by avoiding risky, aggressive, or re-offending behavior, avoiding high risk situations, and reporting any such forbidden behavior to the provider and the supervising officer as soon as possible;
 - Describe limitations or prohibitions on the use of alcohol or drugs not specifically prescribed by medical staff;
 - Describe limitations or prohibitions on employment and recreation.

3.500 ♦ Managing Sex Offenders in Denial

3.510 Levels of Denial

The following is a description of different levels of denial as it relates to the conviction. This classification is similar to those proposed by Salter (1988)⁷, Leflen and Sturm (1993)⁸, Winn

⁷ Salter, A. (1988). *Treating Child Sex Offenders & Victims*, Newbury Park, CA: Sage Publications.

⁸ Leflen, B., & Sturm, W.R. (1994). Understanding and Working with Denial in Sexual Offenders. *Journal of Child Sexual Abuse*, 3. Pp. 19-36. Discussion article conceptualizing denial in adult sexual offenders as stages through which the offender will cyclically progress during treatment.

(1993)⁹, and Brake and Shannon (1995)¹⁰. These levels should be used in conjunction with the rest of 3.500.

Level 1: Low Denial

This level consists of attitudes that reflect low or occasional avoidance of responsibility. Most offenders present with Level 1 denial at one time or another. Offenders presenting with Level 1 denial are considered to be “admitters of fact”.

Level 2: Moderate to High Denial

This level consists of offenders who a) admit to some of the behavior involved in the offense, but justify its occurrence or minimize its importance, b) offenders who admit the facts of the offense, but deny the sexually abusive aspect of the offense, and/or c) offenders who do not admit committing the current sexual offense, but admit to engaging in less harmful sexual behaviors.

Level 3: Severe Denial

This level consists of offenders who deny committing the current offense and refuse to acknowledge responsibility for even remotely similar behaviors. Offenders may also appear excessively hostile or defensive. These types of denial are most resistant to change.

3.520 Sex offenders who are in Level 3 Denial shall not be recommended for community based treatment and supervision.

Discussion: Secrecy, denial, and defensiveness are part of sex offenders' pathology. Almost all offenders fluctuate in their level of accountability or minimization of the offenses. Although most are able to admit responsibility for the sexual offense relatively soon after conviction, some offenders do not. As denial impedes treatment engagement and progress¹¹, an offender's continued denial of the sexual offense after conviction threatens community safety. Offender denial is highly distressing and emotionally damaging to victims.

3.530 When a sex offender in severe denial is placed in the community, despite the requirements of 3.520, (e.g. on mandatory parole), a Denier Intervention shall specifically address the sex offender's denial and defensiveness as it relates to preventing the sex offender from successfully participating in sex offender treatment. Denier Intervention shall not exceed three months and shall be regarded as preparatory for offense-specific treatment.

Discussion: Although all offense-specific treatment programs usually begin by addressing minimization and defensiveness, Denier Intervention for those in Level 3 Denial, typically occurs separately from regular group therapy that is provided for offenders who have, at a minimum, admitted the crime of conviction. Level 3 deniers are

⁹ Winn, M.E. (1996). The Strategic and Systematic Management of Denial in the Cognitive/Behavioral Treatment of Sexual Offenders. *Sexual Abuse: A Journal of Research and Treatment*. 8. Pp. 25-36. Presents a rationale for working with denial as a component of pre-treatment, identifies types of denial, and offers several interventions to address the function and maintenance of denial in the offender and his family.

¹⁰ Brake, S. C. & Shannon, D. (1997). *Using PreTreatment to Increase Admission in Sex Offenders*. In *The Sex Offender: New Insights, Treatment Innovations and Legal Developments*, BK Schwartz and HR Cellini (Eds.), Civic Research Institute: Kingston, N.J.

¹¹ Denial was found to be inversely associated with treatment engagement and progress (Levenson & MacGowan, 2004). Further, the Division of Criminal Justice, Office of Research and Statistics, found that denial measured early in treatment using the SOMB Checklist significantly correlated with treatment failure/revocation (see English, Kleinsasser and Retzlaff, 2002, “The Colorado Sex Offender Risk Scale” in the *Journal of Child Sexual Abuse*, Vol. 11, No. 2).

not considered amenable to offense specific treatment. They do not admit sex offenses and therefore do not acknowledge a need to work on issues that contribute to their offending behavior or re-offense plans. Since severe denial prevents therapists from obtaining critical information from the offender, they are unable to develop effective interventions to address the offending behavior. Further, including deniers in regular groups may disrupt the group's focus on treatment tasks and encourage other offenders to deny their crimes and can increase their level of denial. Denier Intervention for Level 3 Denial may include a variety of modalities specifically designed to reduce denial and resistance to treatment and supervision.

During the time an offender is attending Denier Intervention, the CST should work closely together to ensure maximum containment, supervision and accountability measures are enforced for the offender. Intermediate sanctions should also be used during the course of Denier Intervention to reduce denial and encourage disclosure. In addition to requiring the offender to undergo an instant offense polygraph regarding the offense of conviction, the CST shall also require the offender to undergo Maintenance polygraph testing to monitor current behavior and enable the CST to respond to concerns quickly.

- 3.540 Use of the polygraph is important in reducing an offender's denial. Deniers shall be referred for an instant offense polygraph examination. Documentation is imperative for future revocation proceedings, in the event that an offender fails to make sufficient progress and is therefore terminated from Denier Intervention.
- 3.550 Offenders who are still in Level 3 Denial and are strongly resistant after this three (3) month phase of Denier Intervention shall be terminated from treatment and revocation proceedings should be initiated. Other sanctions and increased levels and types of supervision, such as home detention, electronic monitoring, etc., should be pursued if a revocation does not occur. In no case should a sex offender in continuing denial of the sexual offense remain indefinitely in Denier Intervention.

Discussion: It is important to support victim recovery and community safety by proceeding with revocations for those sex offenders whose continued denial /or resistance make treatment ineffective.

3.550 DD

An exception may be made for sex offenders with developmental disabilities who are in Level 3 Denial and are strongly resistant after this three (3) month phase. If revocation and termination from treatment are not clearly indicated for a specific client, then a Community Supervision Team review shall occur at this 3 month mark to determine whether an extension of this pre-treatment phase following by a second case review shall occur. Other options may be explored at this time and shall always consider the client's current risk of sexual re-offending and availability of community supervision.

- 3.560 Denier Intervention shall only be provided by treatment providers who also meet the requirements to provide sex offense-specific treatment, as defined in this document.
- 3.570 Progress in Denier Intervention is reflected by the offender's decreased resistance to treatment, decreased defensiveness and denial, and increased accountability for offense behavior.

3.580 Treatment providers and community supervision teams must establish specific and measurable goals and tasks for offenders in denial. These measurable goals will establish whether offenders have reached the threshold of eligibility for referral to offense-specific treatment at the end of three months or earlier. It is especially important to document offenders' accountability for their offenses.

3.600 ♦ Treatment of Sex Offenders Within the Department of Corrections

3.610 During incarceration and parole a continuum of treatment services shall be available to sex offenders.

3.620 Unless otherwise noted in this section, treatment for sex offenders in prison shall conform to these Standards for sex offense specific treatment described in Section 3.000 and shall be provided by therapists who meet the qualifications for treatment providers described in Section 4.000.

The prison treatment provider shall employ treatment methods that are based on recognition of the need for long-term, comprehensive, sex offense specific treatment. Self-help or time-limited treatments shall be used only as adjuncts to long-term, comprehensive treatment. Offenders who have been removed from the community are presumed to have a higher risk level and longer-term intensive treatment is warranted. The duration of treatment in prison will be based on the assessment by the clinical team. This shall be followed by community based sex offense specific treatment upon the offender's release.

A sex offender who has been sentenced to the Department of Corrections (DOC), and who is participating in the treatment program, and who did not receive a sex offense-specific evaluation at the time of the pre-sentence investigation shall receive a sex offense-specific evaluation.

3.630 It is highly recommended that Treatment in prison should be provided by male/female co-therapy teams.

3.640 Prison treatment providers shall utilize a modified team approach similar to that described in Section 5.000. Specifically, the polygraph examiner and treatment provider shall work closely together, and other professionals should be included in the team as indicated.

3.650 Treatment providers shall:

- a. Prepare a summary of offenders' progress and participation in sex offender treatment and their institutional behavior. This summary shall be provided to the parole board prior to a hearing;
- b. Prepare a summary for pre-parole investigation with recommendations regarding ongoing treatment needs, living arrangements and conditions of supervision related to the offender's rehabilitative needs, and;
- c. Forward pertinent documents including any pre-sentence investigation reports to outpatient treatment providers upon request and with a valid release.

4.000

QUALIFICATIONS OF TREATMENT PROVIDERS, EVALUATORS, AND POLYGRAPH EXAMINERS WORKING WITH ADULT SEX OFFENDERS

Pursuant to 16-11.7-106, C.R.S., the Department of Corrections, the Judicial Department, the Division of Criminal Justice of the Department of Public Safety, or the Department of Human Services shall not employ or contract with, and shall not allow a sex offender to employ or contract with any individual to provide sex offender evaluation or treatment services unless the sex offender evaluation or treatment services to be provided by such individual conform with these *Standards*.

It is incumbent upon the provider (treatment, evaluator, or polygraph examiner), regardless of his/her listing status (Intent, Associate, or Full Operating Level), to practice within the scope of his/her qualifications and expertise. While there are a limited amount of specialty areas recognized by the SOMB with regard to approval and listing status (adult, juvenile, developmental disability), the SOMB also recognizes that the sex offender population is diverse and certain portions of the population may require additional clinical experience and training (e.g. female offenders, chronically mentally ill, etc). The SOMB expects providers to practice responsibly and ethically.

4.100 Intent to Apply: Individuals who have not applied to the SOMB Approved Provider List, but who are working towards meeting the provider qualifications for an evaluator, treatment provider, or any other SOMB listing status, shall submit an Intent to Apply, including a supervision agreement co-signed by a SOMB Full Operating Level provider (clinical supervisor), and fingerprint card (pursuant to Section 16-11.7-106 (2), C.R.S) within thirty (30) days from the time the supervision began.

The supervision agreement shall include:

- The frequency of face-to-face supervision hours specific to sex offender treatment and/or evaluation calculated as follows.

Direct Clinical Contact Hours per Month	Minimum Supervision Hours per Month
0-59	2
60-79	3
80 or more	4

Discussion: Upon written request to the SOMB, reasonable accommodations to the face-to-face requirement of this Standard may be approved in order to allow for extraordinary circumstances.

- The length of the supervision agreement.
- The type of supervision (i.e. individual or group supervision, or both).
- The nature of the supervision (focus on treatment, evaluation, or both).

For applicants working towards listing as Associate Level Treatment Providers, their Clinical Supervisor shall conduct one hundred (100) hours of co-facilitated treatment in the same room with the applicant, or shall ensure that another Full Operating or Associate Operating Level treatment provider is conducting co-facilitated treatment in the same room. It is incumbent upon the supervisor to determine the appropriate time to move the applicant from exclusively co-facilitated clinical contact to non-co-facilitated clinical contact based upon that individual's progress in attaining competency to perform such treatment.

The Full Operating Level supervisor shall review and co-sign all treatment plans, evaluations and reports by the applicants. The Full Operating Level supervisor is responsible for all clinical work performed by the applicant.

4.200 All Applicants Begin at the Associate Level: With the possible exception of some out-of-state applicants, all applicants shall apply for, and be approved at the Associate Level treatment provider, evaluator, or polygraph examiner status prior to applying for Full Operating Level.

4.210 Professional Supervision of Associate Level Treatment Providers and Evaluators:

- Supervision of Associate Level treatment providers shall be done by Full Operating Level treatment providers in good standing.
- Supervision of Associate Level evaluators shall be done by Full Operating Level evaluators in good standing.
- The supervisor shall provide clinical supervision as stated in the Intent to Apply Section (4.100). Supervision hours for treatment and evaluation clinical work may be combined.
- The supervisor shall review and co-sign all treatment plans, evaluations, and reports generated by Associate Level treatment provider or an Associate Level evaluator.
- Full Operating Level adult treatment providers and evaluators shall supervise applicants applying to the Adult Provider List.

4.210 DD

Associate Level and Full Operating Level treatment providers and evaluators who want to provide evaluation and/or treatment services to adult sex offenders with developmental disabilities shall demonstrate compliance with and submit an application attesting to having met all requirements identified as Developmentally Disabled (DD) Standards in this section.

4.220 Out-of-State Applicants: Individuals who hold professional licensure and reside outside Colorado may seek Full Operating Level or Associate Level status if they meet all the qualifications listed in these *Standards*. Required supervision hours must have been provided by an individual whose qualifications substantially match those of a Full Operating Level provider as defined in these *Standards*. Out-of-state applications will be reviewed on a case-by-case basis.

4.230 Movement between Adult and Juvenile Listing Status: Providers who are Full Operating or Associate Level treatment providers, evaluators, or polygraph examiners for juveniles who have committed sexual offenses may apply to be listed as an Associate Level treatment provider, evaluator, or polygraph examiner for adult sex offenders.

- The Full Operating Level or Associate Level treatment provider, evaluator, or polygraph examiner for juveniles who have committed sexual offenses shall submit an application outlining the level of compliance with the application criteria as identified in these *Standards*, and identify any experience or training that may be considered for equivalency to these criteria. The Application Review Committee (ARC) shall determine if the submitted documentation substantially meets the application criteria or not, and will provide written notification of any additional needed experience or training.

4.300 TREATMENT PROVIDER: Adult Associate Level: An Associate Level treatment provider may treat adult sex offenders under the supervision of a Full Operating Level treatment provider under these *Standards*. To qualify to provide sex offender treatment at the Associate Level under Section 16-11.7-106 C.R.S. an applicant shall meet all the following criteria:

- A. The applicant shall have a baccalaureate degree or above in a behavioral science with training or professional experience in counseling or therapy;
- B. The applicant shall hold a professional mental health license or be listed with the Department of Regulatory Agencies as a registered psychotherapist, and not be under current disciplinary action;
- C. The applicant shall have completed, within the past five (5) years, and in not less than one (1) year, a minimum of one hundred (100) direct face-to-face clinical contact co-therapy hours with adult sex offenders, in the same room, with a Full Operating or Associate Level treatment provider;

C.DD

Of the one hundred (100) hours of direct face-to-face clinical co-therapy with adult sex offenders, the provider shall have completed twenty-five (25) hours with adult sex offenders with developmental disabilities while a Full Operating or Associate Level treatment provider with developmental disability specialty listing status is in the same room.

- D. The applicant shall have completed face-to-face supervision hours specific to sex offender treatment and/or evaluation calculated as follows:

Direct Clinical Contact Hours per Month	Minimum Supervision Hours per Month
0-59	2
60-79	3
80 or more	4

Discussion: Upon written request to the SOMB, reasonable accommodations to the face-to-face requirement of this Standard may be approved in order to allow for extraordinary circumstances.

D.DD

The provider shall have completed 25% of their required supervision hours with a Full Operating Level treatment provider with developmentally disability specialty listing status.

E. Within the past five (5) years, the applicant shall have a total of fifty (50) hours of training with a minimum of the following hours in each category:

- Twenty-eight (28) hours of sex offense specific training;
- Eight (8) hours of victim issues training;
- Ten (10) hours of training specific to the treatment of adult sex offenders, and;
- Four (4) hours of training specific to female sex offenders.

These fifty (50) training hours may be utilized to meet the qualifications for both adult and juvenile treatment providers. The applicant must demonstrate a balanced training history. Please see the list of training categories in section 4.900;

E.DD

Of the fifty (50) training hours, the provider shall have completed ten (10) training hours specific to the treatment of adult sex offenders with developmental disabilities.

F. The applicant shall demonstrate competency according to the individual's respective professional standards and ethics consistent with the accepted standards of practice of sex offense specific treatment;

G. The applicant shall provide satisfactory references as requested by the SOMB. The SOMB may also solicit such additional references as necessary to determine compliance with the *Standards*. The references shall relate to the work the applicant is currently providing;

H. The applicant shall not have a conviction of, or a deferred judgment for, a municipal ordinance violation, misdemeanor, felony, or have accepted by a court a plea of guilty or nolo contendere to a municipal ordinance violation, misdemeanor, or felony if the municipal ordinance violation, misdemeanor, or felony is related to the ability of the approved applicant to practice under these *Standards* as reviewed and determined by the Application Review Committee. A certified copy of the judgment from a court of competent jurisdiction of such conviction or plea shall be conclusive evidence of such conviction or plea;

I. The applicant shall submit to a current background investigation (Section 16-11.7-106 (2), C.R.S.);

J. The applicant shall demonstrate compliance with the *Standards*;

- K. The provider shall comply with all other requirements outlined in the SOMB Administrative Policies.

4.310 Continued Placement of Associate Level Treatment Providers on the Provider List: Using a current re-application form, Associate Level treatment providers shall apply for continued placement on the list every three (3) years by the date provided by the SOMB. Requirements are as follows:

- A. The provider shall accumulate a minimum of six hundred (600) hours of clinical experience every three (3) years, three hundred (300) hours of which shall be direct face-to-face clinical contact with adult sex offenders;

A.DD

Of the six hundred (600) hours of clinical experience, the provider shall accumulate one hundred fifty (150) hours with adult sex offenders with developmental disabilities, and of the one hundred (150) hours, seventy five (75) hours shall be direct face-to-face clinical contact with adult sex offenders with developmental disabilities.

- B. The provider shall have completed face-to-face supervision hours specific to sex offender treatment and/or evaluation calculated as follows:

Direct Clinical Contact Hours per Month	Minimum Supervision Hours per Month
0-59	2
60-79	3
80 or more	4

Discussion: Upon written request to the SOMB, reasonable accommodations to the face-to-face requirement of this Standard may be approved in order to allow for extraordinary circumstances.

B.DD

The provider shall have completed 25% of the required supervision hours with a Full Operating Level treatment provider with developmentally disability listing status.

- C. The provider shall complete a minimum of forty (40) hours of continuing education every three (3) years in order to maintain proficiency in the field of sex offender treatment and to remain current on any developments in the assessment, treatment, and monitoring of sexual offenders. Eight (8) of the hours shall come from the area of victimology, and ten (10) of the hours shall be specific to the treatment of adult sex offenders.

These training hours may be utilized to meet the qualifications for both adult and juvenile treatment providers. The provider shall demonstrate a balanced training history. Please see the list of training categories in section 4.900;

C.DD

Of the forty (40) training hours the providers shall have completed ten (10) training hours specific to the treatment of adult sex offenders with developmental disabilities.

- D. The provider shall submit satisfactory references as requested by the SOMB. The SOMB may also solicit such additional references as necessary to determine compliance with the *Standards*. The references shall relate to the work the applicant is currently providing;
- E. The applicant shall not have a conviction of, or a deferred judgment for, a municipal ordinance violation, misdemeanor, felony, or have accepted by a court a plea of guilty or nolo contendere to a municipal ordinance violation, misdemeanor, or felony if the municipal ordinance violation, misdemeanor, or felony is related to the ability of the approved applicant to practice under these *Standards* as reviewed and determined by the Application Review Committee. A certified copy of the judgment from a court of competent jurisdiction of such conviction or plea shall be conclusive evidence of such conviction or plea;
- F. The provider shall submit to a current background investigation (Section 16-11.7-106 (2), C.R.S.);
- G. The provider shall report any practice that is in significant conflict with the *Standards*;
- H. The provider shall demonstrate compliance with the *Standards*;
- I. The provider shall comply with all other requirements outlined in the SOMB Administrative Policies.

4.320 Movement to Full Operating Level: Associate Level treatment providers wanting to move to Full Operating Level status shall complete and submit documentation of all of the requirements listed in Standard 4.400 as well as a letter from the provider's supervisor providing an explanation and description of the provider's readiness to move to Full Operating Level status:

4.400 TREATMENT PROVIDER: Adult - Full Operating Level: A Full Operating Level treatment provider may treat adult sex offenders without supervision and may supervise Associate Level treatment providers. To qualify to provide sex offender treatment at the Full Operating Level under Section 16-11.7-106 C.R.S., a provider shall meet all the following criteria:

- A. The provider shall have been approved on the provider list in good standing at the Associate Level or shall have met the requirements at the Associate Level as outlined in 4.300;
- B. The provider shall have attained the underlying credential of licensure or certification and not be under current disciplinary action as a Psychiatrist, Psychologist, Clinical Social Worker, Professional Counselor, Marriage and Family Therapist, Clinical Psychiatric Nurse Specialist or Licensed Addiction Counselor;
- C. The provider shall have completed within the past five (5) years, and in no less than one (1) year, one thousand (1000) hours of clinical experience specifically in the areas of sex offense specific evaluation and treatment, at least half (500) of

which shall have been direct face-to-face clinical contact with adult sex offenders;

Discussion: Clinical experience and direct face-to-face clinical contact hours may include hours previously utilized to achieve Associate Level treatment provider status.

C.DD

Of the one thousand (1000) hours of clinical experience, the provider shall have completed two hundred fifty (250) hours with adult sex offenders with developmental disabilities, at least half, one hundred twenty-five (125) of which have been in direct face-to-face clinical contact with adult sex offenders with developmental disabilities.

- D. The provider shall have received an additional sixty (60) direct face-to-face clinical contact co-therapy hours with convicted adult sex offenders, in the same room, with a Full Operating Level treatment provider;

Discussion: These sixty (60) hours of direct face-to-face clinical contact co-therapy hours are in addition to the one hundred (100 hours) that have previously been completed to achieve Associate Level treatment provider status.

D.DD

Of the additional sixty (60) hours of direct face-to-face clinical contact co-therapy hours with adult sex offenders, in the same room, the provider shall have completed fifteen (15) hours with a Full Operating Level treatment provider with developmentally disability specialty listing status.

- E. The provider shall have completed face-to-face supervision hours specific to sex offender treatment and/or evaluation calculated as follows:

Direct Clinical Contact Hours per Month	Minimum Supervision Hours per Month
0-59	2
60-79	3
80 or more	4

Discussion: Upon written request to the SOMB, reasonable accommodations to the face-to-face requirement of this standard may be approved in order to allow for extraordinary circumstances.

Providers should know the limits of their expertise and seek consultation and supervision as needed (i.e. clinical, medical, psychiatric). Adjunct resources should be arranged to meet these needs.

E.DD

The provider shall have completed 25% of the supervision hours with a Full Operating Level treatment provider with developmentally disability specialty listing status.

- F. Within the past five (5) years, the provider shall have a total of one hundred (100) hours of training with a minimum of the following hours in each category:
- sixty-five (65) hours of sex offense specific training,
 - fifteen (15) hours victim issues training, and
 - twenty (20) hours of training specific to the treatment of adult sex offenders

These training hours may be utilized to meet the qualifications for both adult and juvenile treatment providers. The provider shall demonstrate a balanced training history. Please see the list of training categories with examples in section 4.900;

Discussion: Training hours may include hours previously utilized to achieve Associate Level treatment provider status.

F.DD

Of the one hundred (100) training hours, the provider shall have completed twenty (20) training hours specific to the treatment of adult sex offenders with developmental disabilities.

- G. The provider shall demonstrate competency according to the individual's respective professional standards and ethics consistent with the accepted standards of practice of sex offense specific treatment;
- H. The provider shall submit satisfactory references as requested by the SOMB. The SOMB may also solicit such additional references as necessary to determine compliance with the *Standards*. The references shall include other members of the community supervision team;
- I. The applicant shall not have a conviction of, or a deferred judgment for, a municipal ordinance violation, misdemeanor, felony, or have accepted by a court a plea of guilty or nolo contendere to a municipal ordinance violation, misdemeanor, or felony if the municipal ordinance violation, misdemeanor, or felony is related to the ability of the approved applicant to practice under these *Standards* as reviewed and determined by the Application Review Committee. A certified copy of the judgment from a court of competent jurisdiction of such conviction or plea shall be conclusive evidence of such conviction or plea;
- J. The provider shall submit to a current background investigation (Section 16-11.7-106 (2), C.R.S.);
- K. The provider shall demonstrate compliance with the *Standards*;
- L. The provider shall comply with all other requirements outlined in the SOMB Administrative Policies.

4.410 FIRST RE-APPLICATION. Continued Placement of Full Operating Level Treatment Provider on the Provider List: Using a current re-application form, treatment providers shall re-apply for continued placement on the list every three (3) years by the date provided by the SOMB. Requirements are as follows:

- A. The provider shall have the underlying credential of licensure or certification and not be under current disciplinary action as a Psychiatrist, Psychologist, Clinical Social Worker, Professional Counselor, Marriage and Family Therapist, Clinical Psychiatric Nurse Specialist or Licensed Addiction Counselor;
- B. The provider shall accumulate a minimum of six hundred (600) hours of clinical experience every three (3) years, three hundred (300) hours of which shall be direct face-to-face clinical contact with convicted adult sex offenders;

B.DD

Of the six hundred (600) hours of clinical experience, the provider shall accumulate one hundred fifty (150) hours with adult sex offenders with developmental disabilities, and of the one hundred fifty (150) hours, seventy-five (75) hours shall be direct face-to-face clinical contact with adult sex offenders with developmental disabilities.

- C. The provider shall complete a minimum of forty (40) hours of continuing education every three (3) years in order to maintain proficiency in the field of sex offender treatment and to remain current on any developments in the assessment, treatment, and monitoring of sexual offenders. Eight (8) of the hours shall come from the area of victimology, and ten (10) of the hours shall be related to the treatment of adult sex offenders.

These training hours may be utilized to meet the qualifications for both adult and juvenile treatment providers. Please see the list of training categories in section 4.900;

C.DD

Of the forty (40) training hours, the provider shall have completed ten (10) training hours specific to the treatment of adult sex offenders with developmental disabilities.

- D. The provider shall submit satisfactory references as requested by the SOMB. The SOMB may also solicit such additional references as necessary to determine compliance with the *Standards*. The references shall relate to the work the applicant is currently providing;
- E. The applicant shall not have a conviction of, or a deferred judgment for, a municipal ordinance violation, misdemeanor, felony, or have accepted by a court a plea of guilty or nolo contendere to a municipal ordinance violation, misdemeanor, or felony if the municipal ordinance violation, misdemeanor, or felony is related to the ability of the approved applicant to practice under these *Standards* as reviewed and determined by the Application Review Committee. A certified copy of the judgment from a court of competent jurisdiction of such conviction or plea shall be conclusive evidence of such conviction or plea;
- F. The provider shall submit to a current background investigation. (Section 16-11.7-106 (2), C.R.S.);
- G. The provider shall report any practice that is in significant conflict with the *Standards*;

- H. The provider shall demonstrate compliance with the *Standards*;
- I. The provider shall comply with all other requirements outlined in the SOMB Administrative Policies.

4.420 SECOND AND SUBSEQUENT RE-APPLICATIONS. Continued Placement of Full Operating Level Treatment Providers on the Provider List: Using a current re-application form, the treatment provider shall re-apply for continued placement on the List every three (3) years by the date provided by the SOMB. Requirements are as follows:

- A. The provider shall have the underlying credential of licensure or certification and not be under current disciplinary action as a Psychiatrist, Psychologist, Clinical Social Worker, Professional Counselor, Marriage and Family Therapist, Clinical Psychiatric Nurse Specialist or Licensed Addiction Counselor;
- B. The provider shall stay active in the field through clinical experience, supervision, administration, research, training, teaching, consultation and/or policy development;
- C. The provider shall complete a minimum of forty (40) hours of continuing education every three (3) years in order to maintain proficiency in the field of sex offender treatment and to remain current on any developments in the assessment, treatment, and monitoring of sexual offenders. Eight (8) of the hours shall come from the area of victimology, and ten (10) of the hours shall be related to the treatment of adult sex offenders.

These training hours may be utilized to meet the qualifications for both adult and juvenile treatment providers. Please see the list of training categories in section 4.900. Treatment providers may substitute a combination of consulting, research, teaching, training or other equivalent activities that further their proficiency in the field of sex offender treatment;

C,DD

Of the forty (40) hours of continuing education, the provider shall have completed ten (10) continuing education hours specific to the treatment of adult sex offenders with developmental disabilities.

- D. The provider shall submit satisfactory references as requested by the SOMB. The SOMB may also solicit such additional references as necessary to determine compliance with the *Standards*. The references shall relate to the work the applicant is currently providing;
- E. The applicant shall not have a conviction of, or a deferred judgment for, a municipal ordinance violation, misdemeanor, felony, or have accepted by a court a plea of guilty or nolo contendere to a municipal ordinance violation, misdemeanor, or felony if the municipal ordinance violation, misdemeanor, or felony is related to the ability of the approved applicant to practice under these *Standards* as reviewed and determined by the Application Review Committee. A

certified copy of the judgment from a court of competent jurisdiction of such conviction or plea shall be conclusive evidence of such conviction or plea;

- F. The provider shall submit to a current background investigation. (Section 16-11.7-106 (2), C.R.S.);
- G. The provider shall report any practice that is in significant conflict with the *Standards*;
- H. The provider shall demonstrate compliance with the *Standards*;
- I. The provider shall comply with all other requirements outlined in the SOMB Administrative Policies.

4.500 EVALUATOR: Associate Level: An Associate Level evaluator may evaluate adult sex offenders and conduct Child Contact Assessments (CCAs) under the supervision of an evaluator approved at the Full Operating Level. To qualify to provide sex offender evaluation at the Associate Level under Section 16-11.7-106 C.R.S. an applicant shall meet all the following criteria:

- A. The applicant shall have completed ten (10) adult sex-offense specific evaluations in the last five (5) years;

A.DD

Of the ten (10) required adult sex offense specific evaluations, two (2) sex offense specific evaluations shall be completed on adult sex offenders with developmental disabilities.

- B. The applicant shall be listed as an Associate Level or Full Operating Level treatment provider for adult sex offenders;
- C. The applicant shall have completed face-to-face supervision hours specific to sex offender treatment and/or evaluation calculated as follows:

Direct Clinical Contact Hours per Month	Minimum Supervision Hours per Month
0-59	2
60-79	3
80 or more	4

Discussion: Upon written request to the SOMB, reasonable accommodations to the face-to-face requirement of this Standard may be approved in order to allow for extraordinary circumstances.

C.DD

The evaluator shall have completed 25% of the supervision hours with a Full Operating Level treatment provider with a developmentally disability specialty listing.

- D. Within the past five (5) years, the applicant shall have at least: Ten (10) hours of the fifty (50) specialized training hours required for Associate Level treatment

providers specifically related to the sex offense specific evaluations of adult sex offenders.

If the applicant intends to conduct Child Contact Assessments, the applicant shall have a minimum of eight (8) hours of training in this area of evaluation.

All of the evaluation training hours may be utilized to meet the qualifications for both adult and juvenile evaluators. Please see the list of training categories with examples in section 4.900;

D.DD

Of the fifty (50) training hours, the evaluator shall have completed ten (10) hours specifically addressing the sex offenses specific evaluation of adult sex offenders with developmental disabilities.

- E. The applicant shall demonstrate competency according to the individual's respective professional standards and ethics consistent with the accepted standards of practice of sex offense specific treatment;
- F. The applicant shall provide satisfactory references as requested by the SOMB. The SOMB may also solicit such additional references as necessary to determine compliance with the *Standards*. These references shall relate to the work the applicant is currently providing;
- G. The applicant shall not have a conviction of, or a deferred judgment for, a municipal ordinance violation, misdemeanor, felony, or have accepted by a court a plea of guilty or nolo contendere to a municipal ordinance violation, misdemeanor, or felony if the municipal ordinance violation, misdemeanor, or felony is related to the ability of the approved applicant to practice under these *Standards* as reviewed and determined by the Application Review Committee. A certified copy of the judgment from a court of competent jurisdiction of such conviction or plea shall be conclusive evidence of such conviction or plea;
- H. The applicant shall submit to a current background investigation (Section 16-11.7-106 (2) C.R.S.);
- I. The applicant shall demonstrate continued compliance with the *Standards*, particularly 2.000;
- J. The provider shall comply with all other requirements outlined in the SOMB Administrative Policies.

4.510 Continued Placement of Associate Level Evaluators on the Provider List: Associate Level evaluators shall apply for continued placement on the list every three (3) years by the date provided by the SOMB. Requirements are as follows:

- A. The evaluator at the Associate Level shall complete a minimum of ten (10) adult sex-offense specific evaluations in the three (3) year period;

A.DD

Of the ten (10) required sex offense specific evaluations, two (2) sex offense specific evaluations shall be completed on adult sex offenders with developmental disabilities.

- B. The evaluator shall complete a minimum of forty (40) hours of continuing education every three (3) years in order to maintain proficiency in the field of sex offender treatment and evaluation and to remain current on any developments in the assessment, treatment, and monitoring of sexual offenders. Eight (8) of the hours shall come from the area of victimology, and ten (10) of the hours shall be specific to the sex offense specific evaluation of adult sex offenders.

These training hours may be utilized to meet the qualifications for both adult and juvenile treatment providers. Please see the list of training categories in section 4.900;

B.DD

Of the forty (40) hours of continuing education, the evaluator shall have completed ten (10) hours specific to sex offense specific evaluation of adult sex offenders with developmental disabilities.

- C. The evaluator shall have completed face-to-face supervision hours specific to sex offender treatment and/or evaluation calculated as follows:

Direct Clinical Contact Hours per Month	Minimum Supervision Hours per Month
0-59	2
60-79	3
80 or more	4

Discussion: Upon written request to the SOMB, reasonable accommodations to the face-to-face requirement of this Standard may be approved in order to allow for extraordinary circumstances.

C.DD

The evaluator shall have completed 25% of the supervision hours with a Full Operating Level treatment provider with a developmentally disability specialty listing status.

- D. The evaluator shall provide satisfactory references as requested by the SOMB. The SOMB may also solicit such additional references as necessary to determine compliance with the *Standards*. These references shall relate to the work the applicant is currently providing;
- E. The evaluator shall not have a conviction of, or a deferred judgment for, a municipal ordinance violation, misdemeanor, felony, or have accepted by a court a plea of guilty or nolo contendere to a municipal ordinance violation, misdemeanor, or felony if the municipal ordinance violation, misdemeanor, or felony is related to the ability of the approved applicant to practice under these *Standards* as reviewed and determined by the Application Review Committee. A

certified copy of the judgment from a court of competent jurisdiction of such conviction or plea shall be conclusive evidence of such conviction or plea;

- F. The evaluator shall submit to a current background investigation (Section 16-11.7-106 (2), C.R.S.);
- G. The evaluator shall report any practice that is in significant conflict with the *Standards*;
- H. The evaluator shall demonstrate continued compliance with the *Standards*, particularly 2.000;
- I. The evaluator shall comply with all other requirements outlined in the SOMB Administrative Policies.

4.520 Movement to Full Operating Level: Associate Level evaluators wanting to move to Full Operating Level status shall complete and submit documentation of all of the requirements listed in Standard 4.600, as well as a letter from the evaluator's supervisor indicating the evaluator's readiness to move to Full Operating Level status.

4.600 EVALUATOR: Adult Full Operating Level: A Full Operating Level evaluator may evaluate adult sex offenders and/or conduct Child Contact Assessments (CCAs) without supervision and may supervise an evaluator operating at the Associate Level. To qualify to provide sex offender evaluations at the Full Operating Level under Section 16-11.7-106 C.R.S., an evaluator must meet all the following criteria:

- A. The evaluator shall have attained the underlying credential of licensure or certification and not be under current disciplinary action as a physician, psychologist, clinical social worker, professional counselor, marriage and family therapist, or clinical psychiatric nurse specialist;
- B. The evaluator shall be simultaneously applying for, or currently listed as, a Full Operating Level treatment provider;
- C. Within the last five (5) years, the evaluator shall have completed a minimum of thirty (30) adult sex-offense specific evaluations as defined in section 2.000 of these *Standards*;

C.DD

Of the required thirty (30) sex offense specific evaluations, the evaluator shall have completed seven (7) sex offense specific evaluations on adult sex offenders with developmental disabilities.

Discussion: Evaluations accumulated for approval as an Associate Level evaluator status may be included for Full Operating evaluator approval.

- D. Within the past five (5) years, the evaluator shall have at least: Twenty (20) hours of the one hundred (100) specialized training hours required for Full Operating Level treatment providers related to the sex offense specific evaluation of adult sex offenders.

If the applicant intends to conduct Child Contact Assessments, the applicant shall have a minimum of eight (8) hours of training in this area of evaluation.

All of the evaluation training hours may be utilized to meet the qualifications for both adult and juvenile treatment providers. Please see the list of training categories in section 4.900;

D.DD

Of the required one hundred (100) training hours, the evaluator shall have completed twenty (20) hours related to the sex offense specific evaluation of adult sex offenders with developmental disabilities.

- E. The evaluator shall have completed face-to-face supervision hours specific to sex offender treatment and/or evaluation calculated as follows:

Direct Clinical Contact Hours per Month	Minimum Supervision Hours per Month
0-59	2
60-79	3
80 or more	4

Discussion: Upon written request to the SOMB, reasonable accommodations to the face-to-face requirement of this Standard may be approved in order to allow for extraordinary circumstances.

E.DD

The evaluator shall have completed 25% of the supervision hours with a Full Operating Level evaluator with a developmentally disability specialty listing status.

- F. The evaluator shall demonstrate competency according to the individual's respective professional standards and ethics consistent with the accepted standards of practice of sex offense specific treatment;
- G. The evaluator shall provide satisfactory references as requested by the SOMB. The SOMB may also solicit such additional references as necessary to determine compliance with the *Standards*. The references shall relate to the work the applicant is currently providing;
- H. The evaluator shall not have a conviction of, or a deferred judgment for, a municipal ordinance violation, misdemeanor, felony, or have accepted by a court a plea of guilty or nolo contendere to a municipal ordinance violation, misdemeanor, or felony if the municipal ordinance violation, misdemeanor, or felony is related to the ability of the approved applicant to practice under these *Standards* as reviewed and determined by the Application Review Committee. A certified copy of the judgment from a court of competent jurisdiction of such conviction or plea shall be conclusive evidence of such conviction or plea;
- I. The evaluator shall submit to a current background check (Section 16-11.7-106 (2) C.R.S.);

- J. The evaluator shall demonstrate compliance with the *Standards*, particularly 2.00;
- K. The provider shall comply with all other requirements outlined in the SOMB Administrative Policies.

4.610 FIRST RE-APPLICATION. Continued Placement of Full Operating Level on the Provider List: Using a current re-application form, evaluators shall apply for continued placement on the list every three (3) years by the date provided by the SOMB. Requirements are as follows:

- A. The evaluator shall have the underlying credential of licensure or certification and not be under current disciplinary action as a Psychiatrist, Psychologist, Clinical Social Worker, Professional Counselor, Marriage and Family Therapist, Clinical Psychiatric Nurse Specialist or Licensed Addiction Counselor;
- B. The evaluator may re-apply for listing as a Full Operating Level Adult treatment provider and evaluator. In this case, the evaluator shall accumulate a minimum of six hundred (600) hours of clinical experience every three (3) years, three hundred (300) hours or which shall be direct face-to-face clinical contact including consultation, evaluation or therapy with adult sex offenders. The evaluator shall complete a minimum of twenty (20) adult sex-offense specific evaluations in the three (3) year period;

OR

The evaluator shall discontinue their listing as a Full Operating Level adult treatment provider and be placed on the Provider List as an evaluator only. Evaluators re- applying as evaluators only shall complete a minimum of twenty (20) adult sex offense-specific evaluations in the three (3) year period;

B.DD

Of the six hundred (600) hours of clinical experience, the evaluator shall accumulate one hundred fifty (150) hours with adult sex offenders with developmental disabilities, and of the one hundred fifty (150) hours, seventy-five (75) hours shall be direct face-to-face clinical contact with adult sex offenders with developmental disabilities.

Of the required twenty (20) adult sex offense specific evaluations, the evaluator shall have completed five (5) sex offense specific evaluations on adult sex offenders with developmental disabilities.

- C. The evaluator shall complete a minimum of forty (40) hours of continuing education every three (3) years in order to maintain proficiency in the field of sex offender treatment and evaluation and to remain current on any developments in the assessment, treatment, and monitoring of sexual offenders. Eight (8) of the hours shall come from the area of victimology, and ten (10) of the hours shall be specific to sex offense specific evaluation of adult sex offenders.

These training hours may be utilized to meet the qualifications for both adult and juvenile treatment providers. Please see the list of training categories in section 4.900;

C.DD

Of the forty (40) hours of continuing education the evaluator shall have completed ten (10) hours specific to the sex offense specific evaluation of adult sex offenders with developmental disabilities.

- D. The evaluator shall provide satisfactory references as requested by the SOMB. The SOMB may also solicit such additional references as necessary to determine compliance with the *Standards*. These references shall relate to the work the applicant is currently providing;
- E. The evaluator shall not have a conviction of, or a deferred judgment for, a municipal ordinance violation, misdemeanor, felony, or have accepted by a court a plea of guilty or nolo contendere to a municipal ordinance violation, misdemeanor, or felony if the municipal ordinance violation, misdemeanor, or felony is related to the ability of the approved applicant to practice under these *Standards* as reviewed and determined by the Application Review Committee. A certified copy of the judgment from a court of competent jurisdiction of such conviction or plea shall be conclusive evidence of such conviction or plea;
- F. The evaluator shall submit to a current background investigation (Section 16-11.7-106 (2), C.R.S.);
- G. The evaluator shall report any practice that is in conflict with the *Standards*;
- H. The evaluator shall demonstrate continued compliance with the *Standards*, particularly 2.000;
- I. The evaluator shall comply with all other requirements outlined in the SOMB Administrative Policies.

4.620 SECOND AND SUBSEQUENT RE-APPLICATION. Continued Placement of Full Operating Level Evaluators on the Provider List: Using a current re-application form, evaluators shall apply for continued placement on the List every three (3) years by the date provided by the SOMB. Requirements are as follows:

- A. The evaluator shall have the underlying credential of licensure or certification and not be under current disciplinary action as a Psychiatrist, Psychologist, Clinical Social Worker, Professional Counselor, Marriage and Family Therapist, Clinical Psychiatric Nurse Specialist or Licensed Addiction Counselor;
- B. The evaluator may re-apply for listing as a Full Operating Level adult treatment provider and evaluator OR the evaluator may discontinue their listing as a Full Operating Level treatment provider and be placed on the Provider List as an evaluator only. In either case, the evaluator shall stay active in the field through clinical experience, supervision, administrations, research, training, teaching, consultation or policy development;

- C. The evaluator shall complete a minimum of forty (40) hours of continuing education every three (3) years in order to maintain proficiency in the field of sex offender treatment and evaluation and to remain current on any developments in the assessment, treatment, and monitoring of sexual offenders. Eight (8) of the hours shall come from the area of victimology, and ten (10) of the hours shall be specific to the sex offense specific evaluation of adult sex offenders.

Please see the list of training categories in section 4.900. These training hours may be utilized to meet the qualifications for both adult and juvenile evaluators. The evaluator may substitute a combination of consulting, research, teaching, training or other equivalent activities that further their proficiency in the field of sex offender evaluation;

C.DD

Of the forty (40) hours of continuing education the evaluator shall have completed ten (10) hours specific to the sex offense specific evaluation of adult sex offenders with developmental disabilities.

- D. The evaluator shall provide satisfactory references as requested by the SOMB. The SOMB may also solicit such additional references as necessary to determine compliance with the *Standards*. These references shall relate to the work the applicant is currently providing;
- E. The evaluator shall not have a conviction of, or a deferred judgment for, a municipal ordinance violation, misdemeanor, felony, or have accepted by a court a plea of guilty or nolo contendere to a municipal ordinance violation, misdemeanor, or felony if the municipal ordinance violation, misdemeanor, or felony is related to the ability of the approved applicant to practice under these *Standards* as reviewed and determined by the Application Review Committee. A certified copy of the judgment from a court of competent jurisdiction of such conviction or plea shall be conclusive evidence of such conviction or plea;
- F. The evaluator shall submit to a current background check (Section 16-11.7-106 (2), C.R.S.);
- G. The evaluator shall report any practice that is in conflict with the *Standards*;
- H. The evaluator shall demonstrate continued compliance with the *Standards*, particularly 2.000;
- I. The evaluator shall comply with all other requirements outlined in the SOMB Administrative Policies.

4.630 Period of Compliance: A listed treatment provider or evaluator, who is applying for reapplication, may receive up to one (1) year to come into compliance with any *Standards* revisions, if they are unable to fully comply with the *Standards* at the time of reapplication. It is incumbent upon the treatment provider or evaluator to submit in writing a plan to come into compliance with the *Standards* within a specified time period.

Any new applicants must be in compliance with the *Standards* of practice when they apply.

4.640 The original Adult *Standards*, published in January 1996, allowed for a one-time waiver of the *Standards* regarding the requirement of licensure and/or an academic degree above a baccalaureate for treatment providers and evaluators who could meet the waiver requirements by December 31, 1996. No waivers have been granted since December 31, 1996. The waiver process was not intended to be available at any time after December 31, 1996. The original intent of the waiver was to recognize the work of a small number of treatment providers and evaluators, as identified in the January 1996 *Standards*, on a one-time basis only. Waivers will be recognized for the life of the individual. There is currently no provision for a waiver of the Adult *Standards* for treatment providers or evaluators for any reason.

4.700 **POLYGRAPH EXAMINER: Associate Level:** An Associate Level polygraph examiner may administer post-conviction sex offender polygraph tests under the supervision of a Full Operating Level polygraph examiner under the *Standards*. To qualify to administer post-conviction sex offender polygraph tests at the Associate Level, an applicant shall meet all of the following requirements:

A. The applicant shall complete a minimum of fifty (50) polygraph tests while operating under the Intent to Apply status.

B. The applicant shall have completed all training as outlined in Standard 4.800 of these *Standards*.

If an applicant wishes to substitute any training not listed here, it is incumbent on the applicant to write a justification demonstrating the relevance of the training to this standard;

C. The applicant shall demonstrate competency according to the individual's respective professional standards and conduct all examinations in a manner that is consistent with the reasonably accepted standard of practice in the polygraph examiner community;

D. The applicant shall provide satisfactory references as requested by the SOMB. The SOMB may also solicit such additional references as necessary to determine compliance with the *Standards*. These references shall include, but not be limited to other members of the community supervision team;

E. The applicant shall submit quality assurance protocol forms from three (3) separate examinations submitted to three Full Operating Level polygraph examiners from outside the examiner's agency. Peer review must be conducted annually at a minimum;

F. The applicant shall not have a conviction of, or a deferred judgment for, a municipal ordinance violation, misdemeanor, felony, or have accepted by a court a plea of guilty or nolo contendere to a municipal ordinance violation, misdemeanor, or felony if the municipal ordinance violation, misdemeanor, or felony is related to the ability of the approved applicant to practice under these *Standards* as reviewed and determined by the Application Review Committee. A certified copy of the judgment from a court of competent jurisdiction of such conviction or plea shall be conclusive evidence of such conviction or plea;

- G. The applicant shall submit to a current background investigation (Section 16-11.7-106 (2) C.R.S.);
- H. The applicant shall demonstrate compliance with the *Standards*;
- I. The applicant shall comply with all other requirements outlined in the SOMB Administrative Policies.

4.710 Professional Supervision of Associate Level Polygraph Examiners: A supervision agreement shall be signed by both the polygraph examiner and his/her supervisor. The supervision agreement shall specify supervision occurring at a minimum of four (4) hours of one-to-one direct supervision monthly, and that the supervisor is ultimately responsible for the test results.

The applicant shall have an application on file with the SOMB that includes the supervision agreement. Supervision must continue for the entire time an examiner remains at the Associate Level. The supervision agreement must be in writing.

- A. The supervisor of a polygraph applicant shall review samples of the audio/video recordings of polygraphs and/or otherwise observe the examiner; and provide supervision and consultation on question formulation for polygraph exams, report writing, and other issues related to the provision of polygraph testing of adult sexual offenders.
- B. The supervisor shall review and co-sign all polygraph examination reports completed by an Associate Level polygraph examiner under their supervision.

The components of supervision include, but are not limited to:

- Preparation for a polygraph examination
- Review/live observation of an examination
- Review of video and/or audio tapes of an examination
- Review of other data collected during an examination

4.710 DD

Professional Supervision of Associate Level Polygraph Examiners with Developmental Disability Specialty: The applicant must have a Full Operating Level Polygraph Examiner who has the Developmental Disability Specialty providing supervision of these exams. All of the information indicated in 4.710 pertains to 4.710 DD.

4.720 Continued Placement on the Provider List: ASSOCIATE LEVEL: Polygraph examiners at the Associate Level shall apply for continued placement on the list every three (3) years by the date provided by the SOMB. Requirements are as follows:

- A. The examiner shall complete a minimum of forty (40) hours of continuing education every three (3) years in order to maintain proficiency in the field of polygraph testing and to remain current on any developments in the assessment, treatment, and monitoring of adult sex offenders. Up to ten (10) hours of this training may be indirectly related to sex offender

assessment/treatment/management. It is incumbent on the trainee to demonstrate relevance to sex offender issues if the training is indirectly related to sex offender assessment/treatment/management. The remaining thirty (30) hours shall be directly related to sex offender assessment/treatment/ management and ten (10) of these hours shall be specific to adult sex offenders (see 4.900 for further details). These training hours may be utilized to meet the qualifications for both adult and juvenile polygraph examiners;

A.DD

Of the required forty (40) hours of continuing education, the examiner shall have completed ten (10) hours of continuing education specially related to polygraph testing of adult sex offenders with developmental disabilities.

- B. The examiner shall conduct a minimum of seventy-five (75) polygraph examinations in the three (3) year listing period with adult sex offenders;

B.DD

Of the required seventy-five (75) polygraph examinations, ten (10) shall have been completed with adult sex offenders with developmental disabilities.

- C. The examiner shall provide satisfactory references as requested by the SOMB. The SOMB may also solicit such additional references as necessary to determine compliance with the *Standards*, including, but not limited to other members of the community supervision team;
- D. The examiner shall submit quality assurance protocol forms from three (3) separate examinations submitted to three Full Operating Level polygraph examiners from outside the examiner's agency. Peer review must be conducted annually at a minimum;
- E. The examiner shall not have a conviction of, or a deferred judgment for, a municipal ordinance violation, misdemeanor, felony, or have accepted by a court a plea of guilty or nolo contendere to a municipal ordinance violation, misdemeanor, or felony if the municipal ordinance violation, misdemeanor, or felony is related to the ability of the approved applicant to practice under these *Standards* as reviewed and determined by the Application Review Committee. A certified copy of the judgment from a court of competent jurisdiction of such conviction or plea shall be conclusive evidence of such conviction or plea;
- F. The examiner shall submit to a current background investigation (Section 16-11.7-106 (2) C.R.S.);
- G. The examiner shall report any practice that is in significant conflict with the *Standards*;
- H. The examiner shall demonstrate compliance with the *Standards*;
- I. The examiner shall comply with all other requirements outlined in the SOMB Administrative Policies.

4.730 Movement to Full Operating Level: Associate Level polygraph examiners wanting to move to Full Operating Level status shall complete and submit documentation of:

- A. The examiner shall have conducted at least two hundred (200) post-conviction sex offender polygraph tests on adult sex offenders and juveniles who have committed sexual offenses, as indicated in Standard 4.800;
- B. The examiner shall submit a letter from his/her supervisor indicating the examiner's readiness to move to Full Operating Level status, including documentation of having completed the professional supervision components.

4.800 POLYGRAPH EXAMINER - Full Operating Level: Polygraph examiners who administer post-conviction sex offender polygraph tests shall meet the minimum standards as indicated by the American Polygraph Association as well as the requirements throughout these *Standards*.

Polygraph examiners who conduct post-conviction sex offender polygraph tests on adult sex offenders shall adhere to best practices as recommended within the polygraph profession.

To qualify at the Full Operating Level to perform examinations of adult sex offenders, an examiner must meet all the following criteria:

- A. The examiner shall have graduated from an accredited American Polygraph Association (APA) school and shall have a baccalaureate degree from a four (4) year college or university;
- B. The examiner shall have conducted at least two hundred (200) post-conviction sex offender polygraph tests on adult sex offenders within five (5) years of application.

B.DD

Of the required two hundred (200) post-conviction sex offender polygraph tests, twenty-five (25) shall have been completed on adult sex offenders with developmental disabilities within five (5) years of application.

- C. Following completion of the curriculum (APA school) cited in these *Standards*, the applicant shall have completed an APA approved forty (40) hours of training within five (5) years of application specific to post-conviction sexual offending which focuses on the areas of evaluation, assessment, treatment and behavioral monitoring and includes, but is not limited to the following:

- Pre-test interview procedures and formats
- Valid and reliable examination formats
- Post-test interview procedures and formats
- Reporting format (i.e., to whom, disclosure content, forms)
- Recognized and standardized polygraph procedures
- Administration of examinations in a manner consistent with these *Standards*
- Participation in sex offender community supervision teams
- Use of polygraph results in the treatment and supervision process

- Professional standards and conduct
- Expert witness qualifications and courtroom testimony
- Interrogation techniques
- Maintenance/monitoring examinations
- Periodic/compliance examinations

The successful completion of an APA approved forty (40) hour training specific to post-conviction sexual offending (PSOT) as referenced above will meet the qualifications for both adult and juvenile polygraph examiners.

Ten (10) of the forty (40) hours shall be specific to the treatment of adult sex offenders. These training hours may be utilized to meet the qualifications for both adult and juvenile polygraph examiners.

If an examiner wishes to substitute any training not listed here, it is incumbent on the examiner to write a justification demonstrating the relevance of the training to this standard;

C.DD

Of these forty (40) hours of training, the examiner shall have completed ten (10) hours specific to adult sex offenders with developmental disabilities.

- D. The examiner shall demonstrate competency according to the individual's respective professional standards and conduct all examinations in a manner that is consistent with the reasonably accepted standard of practice in the clinical polygraph examiner community;
- E. The examiner shall provide satisfactory references as requested by the SOMB. The SOMB may also solicit such additional references as necessary to determine compliance with the *Standards*. These references shall include, but not be limited to, other members of the community supervision team;
- F. The examiner shall not have a conviction of, or a deferred judgment for, a municipal ordinance violation, misdemeanor, felony, or have accepted by a court a plea of guilty or nolo contendere to a municipal ordinance violation, misdemeanor, or felony if the municipal ordinance violation, misdemeanor, or felony is related to the ability of the approved applicant to practice under these *Standards* as reviewed and determined by the Application Review Committee. A certified copy of the judgment from a court of competent jurisdiction of such conviction or plea shall be conclusive evidence of such conviction or plea;
- G. The examiner shall submit to a current background investigation (Section 16-11,7-106 (2) C.R.S.);
- H. The examiner shall demonstrate compliance with the *Standards*;
- I. The examiner shall comply with all other requirements outlined in the SOMB Administrative Policies.

4.810 Continued Placement on the Provider List: FULL OPERATING LEVEL:
Polygraph examiners at the Full Operating Level shall apply for continued placement on

the list every three (3) years by the date provided by the SOMB. Requirements are as follows:

- A. Full Operating Level polygraph examiners shall complete a minimum of forty (40) hours of continuing education every three (3) years in order to maintain proficiency in the field of polygraph testing and to remain current on any developments in the assessment, treatment, and monitoring of adult sex offenders. Up to ten (10) hours of this training may be indirectly related to sex offender assessment/treatment/management. It is incumbent on the trainee to demonstrate relevance to sex offender issues if the training is indirectly related to sex offender assessment/treatment/management. The remaining thirty (30) hours shall be directly related to sex offender assessment/ treatment/ management and ten (10) of these hours shall be specific to adult sex offenders (see 4.900 for further details). These training hours may be utilized to meet the qualifications for both adult and juvenile polygraph examiners;

A.DD

Of these forty (40) hours of continuing education, the examiners shall have completed ten (10) hours specifically related to adult sex offenders with developmental disabilities.

- B. The examiner shall conduct a minimum of one hundred (100) post-conviction sex offense polygraph examinations in the three (3) year listing period on adult sex offenders;

B.DD

Of the required one hundred (100) post-conviction sex offense polygraph examinations, the provider shall have completed fifteen (15) with adult sex offenders with developmental disabilities.

- C. The examiner shall provide satisfactory references as requested by the SOMB. The SOMB may also solicit such additional references as necessary to determine compliance with the *Standards*, including, but not limited to other members of the community supervision team;

- D. The examiner shall submit quality assurance protocol forms from three (3) separate examinations submitted to three Full Operating Level polygraph examiners from outside the examiner's agency each year. Three different types of reports should be reviewed (e.g. specific issue, maintenance/monitoring, sex history/disclosure);

- E. The examiner shall not have a conviction of, or a deferred judgment for, a municipal ordinance violation, misdemeanor, felony, or have accepted by a court a plea of guilty or nolo contendere to a municipal ordinance violation, misdemeanor, or felony if the municipal ordinance violation, misdemeanor, or felony is related to the ability of the approved applicant to practice under these *Standards* as reviewed and determined by the Application Review Committee. A certified copy of the judgment from a court of competent jurisdiction of such conviction or plea shall be conclusive evidence of such conviction or plea;

- F. The examiner shall submit to a current background investigation (Section 16-11.7-106 (2) C.R.S.);
- G. The examiner shall report any practice that is in significant conflict with the *Standards*;
- H. The examiner shall demonstrate compliance with the *Standards*;
- I. The examiner shall comply with all other requirements outlined in the SOMB Administrative Policies.

4.820 Period of Compliance: A listed polygraph examiner, who is applying for reapplication, may receive up to one (1) year to come into compliance with any *Standards* revisions, if they are unable to fully comply with the *Standards* at the time of reapplication. It is incumbent upon the polygraph examiner to submit in writing a plan to come into compliance with the *Standards* within a specified time period.

Any new applicants must be in compliance with the *Standards* of practice when they apply.

4.900 LIST OF SPECIALIZED TRAINING CATEGORIES

<p><u>Sex offense specific training</u> <u>may include but is not limited to training from these areas:</u></p>	<p><u>Victim specific training</u> <u>may include but are not limited to training from these areas:</u></p>	<p><u>Adult specific training</u> <u>may include but are not limited to training from these areas:</u></p>	<p><u>Juvenile specific training</u> <u>may include but are not limited to trainings from these areas:</u></p>	<p><u>Developmental Disabilities specific training</u> <u>may include but are not limited to trainings from these areas:</u></p>
<ul style="list-style-type: none"> ▪ Sex offender evaluation and assessment ▪ Sex offender treatment planning and assessing treatment outcomes ▪ Community supervision techniques including approved supervisor training ▪ Treatment modalities: <ul style="list-style-type: none"> • Group • Individual • Family • Psycho-education • Self-help ▪ Sex offender treatment techniques including: <ul style="list-style-type: none"> ○ Evaluating and reducing denial ○ Behavioral treatment techniques ○ Cognitive behavioral techniques ○ Relapse prevention ○ Offense cycle 	<ul style="list-style-type: none"> ▪ Victim impact ▪ Victim treatment ▪ Victims role in the legal system ▪ Secondary and vicarious trauma ▪ Impact of clarification and reunification on victims ▪ Elements of harm, restorative and reparative actions ▪ Secondary victims 	<ul style="list-style-type: none"> ▪ Prevalence of sexual offending by adults/victimization rates ▪ Typologies of adult sex offenders ▪ Continuing research in the field of adult sexual offending ▪ Anger management ▪ Healthy sexuality and sex education ▪ Learning theory ▪ Multicultural sensitivity ▪ Understanding transference and counter-transference ▪ Family dynamics and dysfunction ▪ Co-morbid conditions, differential diagnosis ▪ Investigations ▪ Addictions and substance abuse ▪ Domestic Violence 	<ul style="list-style-type: none"> ▪ Prevalence of sexual offending by juveniles/victimization rates ▪ Typologies of juveniles who commit sexual offenses ▪ Continuing research in the field of sexual offending by juveniles ▪ Difference between juveniles and adults ▪ Philosophy of treatment adult vs. juvenile ▪ Clarification and reunification between juveniles who offend on family members ▪ Healthy sexuality and sex education ▪ Multicultural sensitivity ▪ Developmental stages ▪ Understanding transference and 	<ul style="list-style-type: none"> ▪ Treatment, evaluation and monitoring considerations for the sex offender with developmental disabilities ▪ Impact of disability on the individual ▪ Healthy sexuality and sex education for the sex offender with developmental disabilities ▪ Statutes, rules and regulations pertaining to individuals with developmental disabilities ▪ Co-occurring mental health issues

<u>Sex offense specific training</u> <u>may include but is not limited to training from these areas:</u>	<u>Victim specific training</u> <u>may include but are not limited to training from these areas:</u>	<u>Adult specific training</u> <u>may include but are not limited to training from these areas:</u>	<u>Juvenile specific training</u> <u>may include but are not limited to trainings from these areas:</u>	<u>Developmental Disabilities specific training</u> <u>may include but are not limited to trainings from these areas:</u>
<ul style="list-style-type: none"> ○ Empathy training ○ Confrontation techniques ○ Safety and containment planning ▪ Sex offender risk assessment ▪ Child Contact Assessment ▪ Crossover ▪ Objective measures including: <ul style="list-style-type: none"> ○ Polygraph ○ Plethysmograph ○ VRT ▪ Psychological testing ▪ Special sex offender populations including: <ul style="list-style-type: none"> • Sadists • Psychopaths • Developmentally disabled • Compulsives • Juveniles • Females ▪ Family clarification/visitation/reunification 		<ul style="list-style-type: none"> ▪ Knowledge of criminal justice and/or district court systems, legal parameters and the relationship between the provider and the courts ▪ Any of the topics in the above sex offense specific category that is also specific to Adult sex offenders ▪ Philosophy of treatment adult vs. juvenile 	<ul style="list-style-type: none"> counter-transference ▪ Family dynamics and dysfunction ▪ Co-morbid conditions, differential diagnosis ▪ Investigations ▪ Addictions and substance abuse ▪ Partner Violence ▪ Any of the topics in the above sex offense specific category that is also specific to juveniles who sexually offend 	

<u>Sex offense specific training</u> may include but is not limited to training from these areas:	<u>Victim specific training</u> may include but are not limited to training from these areas:	<u>Adult specific training</u> may include but are not limited to training from these areas:	<u>Juvenile specific training</u> may include but are not limited to trainings from these areas:	<u>Developmental Disabilities specific training</u> may include but are not limited to trainings from these areas:
<ul style="list-style-type: none"> ▪ Pharmacotherapy with sex offenders ▪ Impact of sex offenses ▪ Assessing treatment progress ▪ Supervision techniques with sex offenders ▪ Offender's family stability, support systems and parenting skills ▪ Sex offender attachment styles ▪ Knowledge of laws, policies and ethical concerns relating to confidentiality, mandatory reporting, risk management and offender participation in treatment ▪ Ethics ▪ Philosophy and principles of the SOMB 				

5.000

STANDARDS AND GUIDELINES FOR MANAGEMENT OF SEX OFFENDERS ON PROBATION, PAROLE AND COMMUNITY CORRECTIONS

5.100 ♦ Establishment of an Interagency Community Supervision Team (CST)

5.110 As soon as possible after the conviction and referral of a sex offender to probation, parole, or community corrections, the supervising officer should convene a (CST) to manage the offender during his/her term of supervision.¹² When offenders are placed in institutions, “community” refers to the institutional setting and there is a modified CST. See 5.120 for details.

- A. Community and victim safety, and risk management are paramount when making decisions about the management and/or treatment of offenders.
- B. The purpose of the team is to staff cases, share information, ensure consistency, and make informed decisions related to risk assessment, treatment, behavioral monitoring, and management of each offender. The team should use the sex offense-specific evaluation and pre-sentence investigation as a starting point for determining the best treatment match.
- C. Supervision and behavioral monitoring is a joint, cooperative responsibility of the supervising officer, the treatment provider, and the polygraph examiner.¹³

¹² Petersilia, J., & Turner, S. (1993). Intensive Probation and Parole. In M.H. Tonry, ed., *Crime and Justice: A Review of Research*. Chicago: University of Chicago Press.; Gendreau, P., Goggin, C., & Fulton, B. (2000). Intensive probation in probation and parole settings. In C. R. Hollin (Ed.), *Handbook of Offender Assessment and Treatment*. 195-204. Chichester, UK: John Wiley & Sons Ltd.; Cumming, G., & Buell, M. (1997). *Supervision of the Sex Offender*. Brandon, VT: Safer Society Press.; Kercher, G., & Long, L. (1991). *Supervision and Treatment of Sex Offenders*. Huntsville, TX.: Sam Houston Press.; O’Connell, M., Leberg, E., & Donaldson, C. (1990). *Working with Sex Offenders: Guidelines for Therapist Selection*. Thousand Oaks, CA: Sage Publications, Inc.; English, K., Pullen S., and Jones, L. (eds.). (1996). *Managing Adult Sex Offenders: A Containment Approach*. American Probation and Parole Association.; Center for Sex Offender Management (CSOM). (January 2000). *Community Supervision of the Sex Offender: An Overview of Current and Promising Practices*. Retrieved from: <http://www.csom.org/pubs/supervision2.pdf>; CSOM. (October 2000). *The Collaborative Approach to Sex Offender Management*. Retrieved from: <http://www.csom.org/pubs/collaboration.pdf>; Baker, D.K., Skolnick, J., Doucette, G., Levitt, G., & O’Connor, C. (2005). Intensive Parole Supervision of the Sex Offender—Putting the Containment Approach Into Practice. In B. Schwartz, ed. *The Sex Offender: Issues in Assessment, Treatment, & Supervision of Adult and Juvenile Populations, Volume V*. Kingston, NJ: Civic Research Institute.

¹³ McGrath, R. J., Hoke, S. E., & Vojtisek, J. E. (1998). Cognitive-behavioral treatment of sex offenders: A treatment comparison and long-term follow-up study. *Criminal Justice and Behavior*. 25. 203-225.; Abrams, S., & Abrams, J. (1993). Polygraph Testing of the Pedophile. Ryan Gwinner Press. ; Scott, L.K. (1997). Community Management of Sex Offenders. In B. Schwartz, ed. *The Sex Offender: New Insights, Treatment Innovations and Legal Developments, Volume II*. Kingston, NJ: Civic Research Institute.; English, K., Pullen S., and Jones, L. (eds.) (January 1996) *Managing Adult Sex Offenders: A Containment Approach*. American Probation and Parole Association.; Center for Sex Offender Management (CSOM). (January 2000). *Community Supervision of the Sex Offender: An Overview of Current and Promising Practices*. Retrieved from: <http://www.csom.org/pubs/supervision2.pdf>; CSOM. (October 2000). *The Collaborative Approach to Sex Offender*

- D. After the CST has convened, a meeting (face-to-face or non-face-to-face) with the offender should be held as soon as possible to explain the operation of the CST, the expectations and responsibilities of supervision to the offender, and answer any questions the offender may have related to supervision, in order to facilitate the successful supervision of the offender.
- E. The CST may make exceptions to any of the following supervision standards if there is consensus among the CST members to do so and community and victim safety is not compromised. The rationale for any exception should be documented.
- F. The CST should be aware of offenders that meet the Low Risk Protocol (LRP) criteria and act accordingly (see Appendix D).

5.120 The CST is convened and coordinated by the supervising officer with input from other team members. Team members should participate in regular meetings to address pertinent issues and should communicate frequently enough to manage and treat sexual offenders effectively with community safety as the highest priority.

Institutional treatment programs utilize a modified Community Supervision Team (CST) approach similar to that described in Section 5.000. Specifically, the polygraph examiner and SOMB approved treatment provider should work closely together, and other professionals should be included in the CST as indicated. The SOMB approved treatment provider shall function as the head of the CST for purposes of convening the team. Sexual Treatment and Evaluation liaisons will be educated in sex offense specific risk monitoring factors on living units where sexual offenders are housed to enhance unit based behavioral reporting. Liaisons will provide feedback to the CST and participate as necessary.

Discussion: Some offenders may have multiple supervising officers (e.g. a probation officer and parole officer, or a probation officer and community corrections case manager). In such cases, the supervising officers should determine the role each will serve in supervising the offender. As issues arise, agency representatives are encouraged to staff the matters and develop a coordinated response.

5.130 Each CST shall consist of the following core members:¹⁴

Management. Retrieved from: <http://www.csom.org/pubs/collaboration.pdf>; Baker, D.K., Skolnick, J., Doucette, G., Levitt, G., & O'Connor, C. (2005). Intensive Parole Supervision of the Sex Offender—Putting the Containment Approach Into Practice. In B. Schwartz, ed. *The Sex Offender: Issues in Assessment, Treatment, & Supervision of Adult and Juvenile Populations*, Volume V. Kingston, NJ: Civic Research Institute.

¹⁴ Lowden, K., Hetz, N., Patrick, D., Pasini-Hill, D., English, K., & Harrison, L. (2003). *Evaluation of Colorado's prison therapeutic community for sex offenders: A report of findings*. Office of Research and Statistics, Colorado Division of Criminal Justice, Denver, CO.; Stalans, L. (2004). Adult Sex Offenders on community supervision: A review of recent assessment strategies and treatment. *Criminal Justice and Behavior* 31 (5), 564-608.; Boone, D.L., O'Boyle, E., Stone, A., & Schnabel, D. (2006, March). *Preliminary evaluation of Virginian's sex offender containment programs*. Richmond, VA: Research, Evaluation and Forecasting Unit, Virginia Department of Corrections.; Hepburn, J., & Griffin, M. (2002). *An analysis of risk factors contributing to the recidivism of sex offenders on probation*. Report submitted to the Maricopa Adult Probation Department and the National Institute of Justice.; England, K. A., Olsen, S., Zakrajsek, T. Murray, P. & Ireson, R. (2001). Cognitive/behavioral treatment for sexual offenders: An examination of recidivism. *Sexual Abuse: A Journal of Treatment and Practice*, Vol. 13, No. 4, 223-231.; Walsh, M. (2005). *Overview of the IPSO program intensive parole for sex offenders in Framingham, Massachusetts. Presentation by the Parole Board Chair to the National Governor's Association policy meeting on*

- The supervising officer (except in the case of institutional settings, see 5.110 and 5.120)
- The offender's treatment provider and
- The polygraph examiner¹⁵

Adjunct members of the CST, beyond the required membership, may include, but are not limited to:

- Victim representatives (see SOMB document "Resources for Victim Representation")
- Guardians
- Social services
- Family members
- Authorized representatives
- Law enforcement

Additionally, other team members may need to be included on the CST (i.e. human services worker, adjunct therapist, interpreter, etc.).

Each CST is formed around a particular offender and is flexible enough to include any individuals necessary to ensure the best approach to managing and treating the offender. CST membership may therefore change over time.

5.130.DD

In addition to the supervising officers from probation, parole or community corrections who serve as the team leader, the treatment provider and the polygraph examiner, any of the following team members, when involved, shall be added to teams supervising sex offenders who have developmental disabilities:

- Community Centered Board Case Manager
- Residential Providers
- Supported Living Coordinator
- Day Program Provider
- Vocational or Educational Provider
- Guardians
- Social Services
- Family Members
- Authorized Representatives
- Other Applicable Providers

5.131.DD

Responsibilities of Additional Team Members For Sex Offenders Who Have Developmental Disabilities

- A. Team members shall have specialized training or knowledge regarding sexual offending behavior, the management and containment of sex offenders and the impact of sex offenses

sexual offenders. November 15, 2005. San Francisco, CA.; English, K., Pullen, S., & Jones, L. (Eds.) (1996). *Managing adult sex offenders: A containment approach*. Lexington, KY: American Probation and Parole Association.

¹⁵ Please see section 5.430 regarding attendance of polygraph examiners at CST meetings.

on victims.

- C. Team members shall be familiar with the conditions of the offender's supervision and the treatment contract.
- D. Team members shall immediately report to the supervising officer and the treatment provider any failure to comply with the conditions of supervision or the treatment contract or any high-risk behavior.
- E. Team members shall limit the offender's contact with victims and potential victims. Residential, supported living, day, vocational and educational providers of services to other clients with developmental disabilities shall recognize the risk to their clients and shall limit the sex offender's access to possible victims in their programs. Clients who are lower functioning or who are non-verbal are at particularly high risk because of their inability to effectively set limits or report inappropriate behavior or sexual assaults.

5.140 The CST should follow these behavioral norms:

- There is an ongoing, completely open flow of information among all members of the CST;
- The CST member participates in the management of the offender;
- CST members settle among themselves conflicts and differences of opinion that might make them less effective in presenting a unified response. The CST shall work collaboratively to achieve consensus as its goal. The final team decision regarding community safety and supervision rests with the supervising officer.

Discussion: CST members shall be committed to the team approach and settle among themselves conflicts and differences of opinion that might make them less effective in presenting a unified response. CST members may seek assistance from supervisors regarding conflicts or alignment issues that occur.

5.200 ♦ Responsibilities of the Supervising Officer for Team Management

5.201 The supervising officer shall refer sex offenders for evaluation and treatment only to treatment providers who meet these Standards (Section 16-11.7-106, C.R.S.). When making referrals for evaluation and treatment, the supervising officer should consider the provider who will best meet the offender's treatment/evaluation needs and the need for community safety.

The following factors are some that should be taken into account:

- Intensity of treatment need
- Specialized offender needs such as mental illness, developmental disability, and cultural differences
- Treatment provider location

- Continuity of care
- Offender stability factors (i.e. work, family situation, etc.)

If an offender has already begun treatment prior to supervision, the supervising officer may nonetheless require a change of provider if, in consideration of the above factors, a change is warranted.

5.202 The Supervising officer should ensure that sex offenders sign reciprocal releases to allow for the free-flow of information when relevant between the following:

- Supervising officers
- Treatment providers/evaluators
- Polygraph examiners
- Human service workers
- Adjunct therapists
- Victim therapists/representatives
- Guardian(s) ad litem
- Medical professionals
- Other involved parties as specified by the CST

5.203 The supervising officer, in collaboration with the treatment provider and polygraph examiner, should utilize the results of periodic polygraph examinations for treatment and behavioral monitoring. Core CST members should provide input and information to the polygraph examiner regarding examination questions. The information provided by the CST should include date and results of last polygraph examination.

Discussion: It is the supervising officer's responsibility to refer to polygraph examiners who will best meet the sex offender's treatment and evaluation needs and the need for community safety.

If pursuant to Standard 6.210, the CST or the polygraph examiner determines the offender is currently unsuitable for polygraph examination, the requirement for polygraph examination may be waived.

Discussion: Although deceptive findings on a polygraph test are not in and of themselves a violation of probation or parole, they can be considered in determining the intensity and conditions of supervision. Pre-and post-test admissions, however, may be used in a revocation or regression hearing. An offender's refusal to take a polygraph as directed or purposeful non-cooperation should be considered a violation of probation, parole, or community corrections.

5.204 The supervising officer should immediately report the following to the treatment provider:

- Violations of Supervision Conditions including those related to specific conditions of probation, parole, or community corrections
- Change in supervision level
- Change in case plan
- Change in offender status
- Any significant occurrence(s) in the offender's circumstances

- 5.205 The supervising officer should ensure maximum behavioral monitoring and supervision when supervising an offender who displays a high to severe level of denial per 3.510. The officer should use supervision tools that place limitations on an offender's use of free time and mobility and emphasize community and victim safety and containment of offenders.¹⁶
- 5.206 The supervising officer should review the treatment provider's monthly written updates on the sex offender's status and progress in treatment.
- 5.207 The supervising officer should assess and periodically review the level of supervision based on:
- Risk assessment of each sex offender to include the agency's standardized risk assessment instruments;
 - The sex offender's offending pattern;
 - Physiological monitoring results;
 - The offender's progress in treatment and supervision;
 - The adult sex offender LRP when applicable
- 5.208 The supervising officer should generally not request early termination of sex offenders from supervision. For sex offenders subject to lifetime sentencing, please refer to the criteria in Appendix LS3.00.¹⁷

Discussion: In rare and extraordinary circumstances, a sex offender may be appropriate for early termination from supervision. This decision should only be considered in cases when the offender has successfully completed treatment and has an established pattern of supervision compliance and ongoing low risk as verified through polygraph testing and monitoring. As indicated throughout the Standards and Guidelines, the majority of sex offenders will require ongoing offense specific treatment in order to be effectively managed in the community. Thus, the decision to recommend early termination from supervision shall be unanimous by all members of the CST.

- 5.209 If necessary and statutorily permissible, the supervising officer should request an extension of supervision to allow an offender to successfully complete treatment.
- 5.210 The supervising officer should discuss and review treatment issues, progress, and written work with offenders.
- 5.211 The supervising officer should impose intermediate sanctions or petition for a revocation of probation or parole, or regression from Community Corrections, after considering the following:

¹⁶ See Section 3.510; Hanson, R. K., & Morton-Bourgon, K. (2004). *Predictors of sexual recidivism: An updated meta-analysis*. Public Works and Government Services Canada, 2004-02.; Levenson, J. & Macgowan, M. (2004). Engagement, denial, and treatment progress among sex offenders in group therapy. *Sexual Abuse: A Journal of Research and Treatment*. 16, (1), 49-63.

¹⁷ Lowden, K., Hetz, N., Harrison, L., Patrick, D., English, K., & Pasini-Hill, D. (2003). *Evaluation of Colorado's prison Therapeutic Community for sex offenders: A report of findings*; McGrath, R. J., Hoke, S. E., & Vojtisek, J. E. (1998). Cognitive-behavioral treatment of sex offenders: A treatment comparison and long-term follow-up study. *Criminal Justice and Behavior*. 25. 203-225.

- Nature and severity of violation(s) of the treatment contract
 - Nature and severity of violation(s) of supervision conditions
 - Offender's current risk level
 - Pattern of violation behavior and past interventions utilized
- 5.212 The supervising officer should require sex offenders who are transferred from other states through an Interstate Compact Agreement to participate in offense-specific treatment and specialized conditions of supervision contained in these Standards.
- 5.213 The supervising officer should not allow a sex offender who has been unsuccessfully terminated from a treatment program to enter another program unless the new treatment program and case management arrangement will provide greater behavioral monitoring and increased treatment in the areas the sex offender "failed" in the previous program. The use of a SLA may be an appropriate option in this scenario.
- 5.214 If an offender successfully completes treatment and subsequently engages in high risk behavior or otherwise regresses in attitude/behavior, the supervising officer should consider returning the offender to treatment. This decision should be based on the offender's concerning behavior and a current assessment which may include an updated psychosexual evaluation.
- 5.215 Supervising officers assessing or supervising sex offenders should successfully complete training programs, including annual continuing education, specific to sex offenders. Such training shall include information on:
- Prevalence of sexual assault
 - Offender characteristics
 - Assessment/evaluation of sex offenders
 - Current research
 - Community management of sex offenders
 - Interviewing skills
 - Victim issues
 - Sex offender treatment
 - Sexual Arousal/Interest Assessments (Plethysmograph and VRT)
 - Determining progress
 - Offender denial
 - Special populations of sex offenders
 - Cultural and ethnic awareness
 - Use of polygraph
 - Computer search and monitoring

It is also desirable for agency supervisors of officers managing sex offenders to complete such training.

Discussion: Treatment providers should encourage supervising officers to periodically attend group or individual treatment sessions to monitor sex offenders under their supervision. The visiting supervising officer shall be bound by the same confidentiality rules as the treatment provider and should sign a statement to that effect. It is understood that the treatment team may set reasonable limits on the number and timing of visits in order to minimize any disruption to the group process. The successful completion of the above training is necessary prior to the

supervising officer attending any individual or group treatment sessions of sex offenders under his/her supervision.

5.215.DD

Supervising officers should have specialized training specific to sex offenders who have developmental disabilities.

5.300 ♦ Responsibilities of the Treatment Provider within the Team

5.310 A treatment provider shall:

- A. Work collaboratively with the supervising officer of each offender, the polygraph examiner, and with other relevant professionals;
- B. Immediately report to the supervising officer any significant occurrence(s) in the offender's circumstances and all violations of the provider/client contract, including those related to specific conditions of probation, parole, or community corrections;
- C. Immediately report to the supervising officer evidence or likelihood of an offender's increased risk of re-offending;
- D. Report to the supervising officer any reduction in frequency or duration of contacts or any alteration in treatment modality that constitutes a change in an offender's treatment plan. Any permanent reduction in duration or frequency of contacts or permanent alteration in treatment modality shall be determined on an individual case basis by the CST;
- E. Provide to the supervising officer on a monthly basis progress reports documenting an offender's attendance, financial status in treatment, participation in treatment, change in risk factors, changes in the treatment plan, and treatment progress;
- F. Provide the following information regarding the offender's treatment progress pursuant to Colorado State Statute if a revocation of probation or parole, or regression of community corrections is filed by the supervising officer:
 - Changes in the treatment plan
 - Attendance record
 - Treatment activities
 - The offender's compliance in treatment
 - Treatment recommendations including level
 - Offenders' threat to the community
 - Any other material relevant to the court at the hearing
- G. Be prepared to testify in court if necessary;
- H. Coordinate with the (CST) all recommendations regarding child and victim contact in compliance with all pertinent aspects of Section 5.700 of the Standards;

- I. Require the offender to complete comprehensive safety plans for a variety of activities in the community. The safety plan shall include the following information:
- Activity
 - Who is participating in the activity
 - Date and time of activity
 - Location of activity
 - Pertinent risk factors
 - Coping skills
 - Signatures and date of approval by CST members
- J. Assess and periodically review treatment needs based on the adult LRP when applicable;

5.400 ♦ Responsibilities of the Polygraph Examiner within the Team

- 5.410 The polygraph examiner shall work collaboratively and participate as a member of the CST established for each sex offender.
- 5.420 The polygraph examiner shall submit written reports to each member of the (CST) for each polygraph exam as required in section 6.190.
- 5.430 Participation in CST meetings shall be on an as needed basis.

5.500 ♦ Responsibilities of the Victim Representative within the Team

- 5.510 As an adjunct member of the (CST), the primary responsibility of the victim representative is to provide an avenue for victims and their families to be informed and heard. Involving a victim representative on the CST has many benefits, including improving supervision of the offender, increasing offender accountability, building empathy for the victim, decreasing offender secrecy, preventing an unbalanced alignment with the offender, and ensuring a safer community. The exchange of information between the victim, or the victim representative, and CST is crucial for the treatment of the offender and is often beneficial for the healing of the victim.

The victim may choose not to provide or receive information. In that circumstance, or if a victim does not exist on the case (e.g., an internet case), the victim representative will contribute general input regarding the perspective of victims to the CST. Bringing the victim perspective is important in protecting potential victims and the community.

Upon convening, the CST should identify the best person to be the victim representative for each individual case, such as the victim therapist, a victim advocate, or other (refer to the document titled "Resources for Victim Representation"). Due to the importance of victim contribution to the CST for the reasons stated above, reasonable attempts should be made to contact the victim and provide the victim with accurate information regarding offender treatment and containment. The CST shall orient the victim representative on the function of the team and their role as a member.

- 5.520 Responsibilities of the Victim Representative:

- A. The primary responsibility of the victim representative is to assure that the CST is emphasizing victim safety, both physically and psychologically, throughout the supervision and management of the offender.
- B. The representative should share information received from the victim and concerns of the victim to the CST when available. Such information could include safety concerns, grooming behaviors, specifics of the offense, and offending behaviors.
- C. The representative should convey information to the victim from the CST such as, but not limited to, terms and conditions of probation, general treatment contract, treatment and supervision timelines, offender placement, offender progress in treatment, victim clarification and family reunification planning, and any other pertinent information as determined by the CST. Team members should determine what information to share based on what is in the best interest clinically for the victim and the offender. Victim and community safety is paramount when determining what information will be shared (Guidelines on confidentiality are outlined in Section 3.300 of these Standards).
- D. The representative should provide input on how CST decisions may affect victims, secondary victims, or potential victims.
- E. The representative should assist the CST in ensuring that victim needs and perspectives are considered and responded to by the CST to the best of their ability.
- F. The representative may provide support, referrals, and resource information to the victim.
- G. The representative should participate in CST meetings.
- H. The representative should contribute to the treatment content by providing the following types of information to the treatment team:
 - 1. Awareness of victim impact.
 - 2. Recognition of harm done to the victim(s).
 - 3. Impact of sexual offending on victim(s), families, community and self.
 - 4. Restitution/reparation to victims (including victim clarification) and others impacted by the offense including the community.
- I. The representative may submit questions from the victim to the CST for review and share the responses to these questions with the victim if appropriate. The representative can also explain to the victim why certain types of information may not be shared.
- J. The representative may function as a liaison between and/or resource for the victim(s), victim therapist, and CST as needed.
- K. If appropriate to the case, the representative should assist with planning for victim clarification sessions or family reunification.
- L. The representative should advocate on behalf of the victim for the non-offending parent and family members to support the victim, prioritize the victim's safety, physical and emotional well being, and address the needs of the victim. This parental and family support is critical for the healing of the victim.

M. The representative may assist with issues related to newly identified victims.

5.600 ♦ Behavioral Monitoring

The purpose of behavioral monitoring of offender compliance with treatment and supervision is to enhance offender accountability, and community safety, and to support offenders' efforts to change. Behavior monitoring is the responsibility of all CST members.

5.610 For purposes of compliance with this Standard, behavioral monitoring activities should include, but are not limited to the following: (For some activities, monitoring and treatment overlap.)

1. Reports and observations from collateral sources;
2. The use of disclosure and maintenance polygraphs;
3. Incorporation of the results of arousal and interest assessments into the supervision plan;
4. The use and support of targeted limitations on an offender's behavior based on the offender's current risk factors, in addition to those conditions set forth in section 5.510;
5. The verification by means of observation and/or collateral sources of information, or self report of offender's:
 - (a) Compliance with sentencing requirements, supervision conditions and treatment contract and directives;
 - (b) Cessation of sexually deviant behavior;
 - (c) Reduction of behaviors related to a sexual re-offense;
 - (d) Living, work and social environments, to reduce offender's potential to re-offend and support positive changes;
 - (e) Utilization of treatment tools and interventions;
6. Promotion of active support of individuals significant in the offenders' life in monitoring offenders' compliance and fostering positive changes. Those individuals must be approved by the CST.¹⁸
7. Similarly, when the CST has identified a person of concern, effort should be made to minimize the offender's exposure and contact with that individual.
8. Behavioral monitoring may be increased during times of an offender's increased risk to re-offend, including, but not limited to, such circumstances as the following:¹⁹

¹⁸ Dowden, C., Antonowicz, D., & Andrews, D.A., (2003). Effectiveness of relapse prevention with offenders: A meta analysis. *International Journal of Offender Therapy and Comp Criminology*, (4), 5, 516-528.

¹⁹ Hanson, R.K., Harris, A.J.R., Scott, T.-L. & Helmus, L.. (2007). *Assessing the Risk of Sexual Offenders on Community Supervision: The Dynamic Supervision Project*. Public Safety Canada. Retrieved from: <http://www.publicsafety.gc.ca/res/cor/rep/fl/crp2007-05-en.pdf>

- The offender demonstrates noncompliance or resistance with treatment or supervision;
 - The offender has approved victim contact and is reporting or demonstrating difficulties;
 - The collapse of the offender's social support;
 - The offender demonstrates emotional collapse;
 - The offender's sexual deviance increases;
 - The offender demonstrates hostility;
 - The offender is sexually preoccupied.
9. Offender access to populations identified by the CST as being vulnerable should be restricted.

Discussion: In rare cases when the sentencing Court orders treatment conditions that do not meet the Standards and Guidelines and the treatment provider believes a variance is clinically indicated, it shall be sought by the treatment provider through application to the SOMB. For these offenders, the supervising officer should maximize the use of surveillance, monitoring and containment methods including more frequent use of polygraphs.

5.620 In addition to general conditions imposed on all offenders under supervision, the supervising agency should impose the following special conditions on sex offenders under supervision.

- A.** Pursuant to §16-22-106(1)(a), C.R.S. and §16-22-108, C.R.S., offenders must register as a sex offender with the local law enforcement agency within **5 business days** after being given notice to register. If they move, they must re-register within **5 business days** following their move. They must also fill out an address change form with the law enforcement office they last registered. Regardless of whether or not the offender moves, they must register annually on their birth date or per statute.
- B.** If convicted of any Felony, or Misdemeanor offense involving unlawful sexual behavior or if granted a deferred sentence for an offense involving unlawful sexual behavior, offenders shall be required to submit to and pay for a test of their biological substance to determine genetic markers (DNA) in accordance with §16-11-102.4, C.R.S.
- C.** Offenders shall have no contact with any children under the age of 18, including their own children, nor attempt contact except under circumstances approved in advance and in writing by the supervising officer in consultation with the CST. Contact includes correspondence, written or verbal, telephone contact, or any communication through a third party.
 - 1. The offender shall not engage in any activities to purposefully entice

children.

- D. If an offender has incidental contact with children, they will be civil and courteous to the children and immediately remove themselves from the situation. The offender will discuss the contact at their next treatment session and their next supervision appointment.
- E. Offenders shall not reside or be in a residence with any children under the age of 18, including their own children, unless ordered by the Court.
- F. Offenders shall have no contact with any victim (the victim of the current offense or a victim from any other offense) including correspondence, telephone contact, or communication through a third party except under circumstances approved in advance and in writing by the supervising officer in consultation with the CST. They shall not enter onto the premises, travel past or loiter near where the victim resides.
- G. Offenders shall not go to or loiter near schoolyards, parks, playgrounds, swimming pools, arcades or other places primarily used by children under the age of 18.
- H. Offenders must inform their supervising officer of all their significant relationships and they may be required by the supervising officer to inform certain people of their present offense and restrictions. Offenders shall not date or marry anyone who has children under the age of 18, unless approved in advance and in writing by the supervising officer in consultation with the CST.
- I. Offenders shall not be employed or participate in any volunteer activity where they have contact with children under the age of 18 except under circumstances approved in advance and in writing by the supervising officer in consultation with the CST.
- J. Offenders shall not access, possess, utilize, or subscribe to any sexually oriented material or material related to their offending behavior to include, but not limited to, mail, computer, television, or telephone, nor patronize any place where such material or entertainment is available.
 - 1. The offender may not place or respond to any personal ads in any media (e.g. newspapers, magazines, telephonic, Internet). The offender shall not solicit any escort service.
- K. Any change of residence must receive prior approval by the supervising officer and those with whom the offender resides must know that they are a sex offender.
 - 1. The offender must secure advanced approval from the supervising officer if anyone moves into their residence or stays at their residence. This includes people staying on a permanent or temporary basis (including overnight visitors). Offenders must notify their supervising officer immediately if someone moves out of their residence. The offender shall disclose to anyone staying in their residence that they are a sex offender.
- L. Offenders shall abide by any curfew imposed by the supervising officer.
- M. Offenders shall not hitchhike or pick up hitchhikers.

- N. Offenders shall attend and actively participate in a sex offender evaluation and treatment program approved by the supervising officer. They will abide by the rules of the treatment program, and the treatment contract and will successfully complete the program to the satisfaction of the supervising officer and the treatment provider.
- O. Offenders will be financially responsible for all evaluations and treatment unless other arrangements have been made through their supervising officer or treatment provider.
- P. Offenders shall not change treatment programs without prior approval of the supervising officer.
- Q. Offenders shall submit, at their own expense, to any program of psychological or physiological assessment and monitoring at the direction of the supervising officer or treatment provider. This includes but is not limited to the polygraph, plethysmograph and/or visual reaction time measuring instruments to assist in treatment, planning and case monitoring.
- R. Offenders shall sign Releases of Information to allow the supervising officer to communicate with members of the CST. This will include a release of information to the therapist of the victim of their offense.
- S. Offenders shall not purchase, possess or consume alcoholic beverages nor shall they frequent or patronize any establishment where the primary source of income is through the sale of alcoholic beverages without permission from their supervising officer and the CST.
- T. Offenders shall not purchase, possess or utilize any mind altering or consciousness altering substance without a written lawful prescription.
- U. Offenders shall not be allowed to subscribe to any internet service provider, by modem, LAN, DSL or any other avenue (to include, but not limited to, satellite dishes, PDAs, electronic games, web televisions, internet appliances and cellar/digital telephones) and shall not be allowed to use another person's internet or use the internet through any venue until approved by the CST. When access has been approved, they agree to sign, and comply with, the conditions of the "Computer Use Agreement". Additionally, offenders will allow their supervising officer, or other person trained to conduct searches of computers or other electronic devices used by the offender. The person conducting the search may include a non-judicial employee and the offender may be required to pay for such a search (See Appendix G).
- V. The offender will not be allowed to possess or view any discovery materials, to include photos or videos, or souvenirs of their victim(s).
- W. The offender shall not use or possess distance vision enhancing or tunnel focusing devices, any cameras or video recording devices except under circumstances approved in advance and in writing by the supervising officer in consultation with the CST.
- X. The offender may be required to submit safety plans for approval by the CST in order to manage their risk to the community.

- Y. The offender shall allow their supervising officer to search their personal residence or vehicle. Offender's personal property is subject to seizure if it violates any of the terms and conditions of their supervision.
- Z. Offenders may be subject to location monitoring using Electronic Home Monitoring (EHM), Global Position Satellite (GPS), or other forms of electronic monitoring.
- AA. Offenders shall not utilize, by any means, any social networking forums offering an interactive, user-submitted network of friends, personal profiles, blogs, chat rooms, or other environment which allows for real-time interaction with others without permission from the supervising officer and the CST.

5.621 These conditions are subject to modification/waiver when an offender is identified as low risk via the adult sex offender LRP by a unanimous decision from the CST.

5.700 ♦ Sex Offenders' Contact with Victims, Minor Children, and At Risk Adults

Contact is restricted until more is known about an offender's risk for recidivism, and even when an offense specific evaluation and CCA have been completed accurate risk prediction is limited. The offense for which the offender was charged and convicted likewise is not the only indicator of risk to offend against minor children.²⁰ Additional information may be discovered at anytime and should be incorporated into assessments and team decisions regarding offender management. An important aspect of ongoing risk assessment is measuring an offender's ability to comply with the requirements of treatment and supervision.²¹

A growing body of research indicates most sex offenders supervised by the criminal justice system have more extensive sex offending histories, including multiple victim and offense types, than is generally identified in their criminal justice records²². Some of this research has been conducted with convicted sex offenders in Colorado.²³ Minor children are particularly vulnerable and unlikely to report abuse. Research suggests that adult and minor child victims are also unlikely to report or re-report abuse.²⁴

²⁰ Knopp, F.H. (1984); Freeman-Longo, R., Blanchard, G. (1998); Ahlmeyer, S., Heil, P., McKee, B., and English, K. (2000); English, K. (1998); Heil, P., Ahlmeyer, S., Simons, D. (2003); Ahlmeyer, S. (1999); Becker, J., and Coleman, E. (1987); Abel, G., Rouleau, J. (1990); Office of Research and Statistics, Division of Criminal Justice, Colorado Department of Public Safety (2000); Tanner, J. (1999); Hanson, R., Harris, A. (1998); Hindman, J. (1989).

²¹ Hanson, R.K., Harris, A. (1998).

²² Knopp, F.H. (1984); Freeman-Longo, R., Blanchard, G. (1998); Ahlmeyer, S., Heil, P., McKee, B., and English, K. (2000); English, K. (1998); Heil, P., Ahlmeyer, S., Simons, D. (2003); Ahlmeyer, S. (1999); Becker, J., and Coleman, E. (1987); Abel, G., Rouleau, J. (1990); Office of Research and Statistics, Division of Criminal Justice, Colorado Department of Public Safety (2000); Weinrott, M. & Saylor, M. (1991).

²³ Heil, P. & Simons, D. (2008). Multiple paraphilias: Prevalence, etiology, assessment and treatment. In R. Laws & Donohue, W. (Eds), *Sexual deviance* (2nd ed.). New Yor.: Guilford Publications, Inc.; Heil, P., Simons, D., & Burton, D. (2010). Using the polygraph with female sexual offenders. In T. Gannon & F. Cortoni (Eds), *Female sexual offenders: Theory, assessment, and treatment*. Chichester, UK: John Wiley & Sons, Ltd.

²⁴ Marshall, W. (1998); Hanson, R.F., et al. (1999); (1992). *Rape in America: A Report to the Nation*; Underwood, R., Patch, P., Cappelletty, G., Wolfe, R. (1999); Hindman, J. (1989); Colorado Coalition Against Sexual Assault (1998); Cardarelli, A. (1998).

Research indicates that sex offenders often engage in physical and sexual abuse of their intimate partners.²⁵ It is critical that the CST investigate and assess a sex offender's history of physical and sexual abuse and stalking behaviors of partners and/or family members. It is also critical to assess for the potential of violence in the offender's current relationship. Domestic violence is difficult to detect and it is incumbent upon the CST to rule out its occurrence prior to allowing any contact with minors or approving of an Approved Supervisor as it is unlikely a victim of domestic violence would report issues of concern to the CST.

This section addresses the restrictions and methods to approve supervised contact with minor children, victims, and at risk adults (pursuant to 5.740 – 5.757). Before an offender can have contact with any minor child(ren), he/she must meet the criteria stated in 5.740. An offender who wants contact with his/her own minor child(ren) prior to meeting the criteria in 5.740 may submit to a CCA to determine if contact is appropriate. An offender who has ever victimized any of his/her own minor children, regardless of the victim's age, is ineligible for the CCA. This assessment will result in a recommendation regarding the level and type of contact, if any, with the offender's own child(ren). The CST shall utilize the CCA to inform decisions regarding contact with an offender's own child(ren). Standard 5.750 and 5.756 address criteria for contact with victims and at risk adults.

Offenders residing in a SLA shall not have contact with their child(ren) at the SLA location or with their SLA roommate present.

5.710 Definitions

- **Own Minor Child** is a minor child with whom the offender has a parental role, including but not limited to, biological, adoptive, and step-child(ren).
- **Approved Supervisor** is a person who can supervise the offender's contact with a specified minor child or children per 5.760. This person is an individual who has met the criteria described in 5.771-5.775, has been approved by the CST, and has signed the contract.
- **Approved Community Support Person** provides positive support for change efforts and may accompany the offender in approved activities that do not involve minor children. Someone significant to the offender and/or a roommate who attends treatment with the offender, has a positive relationship with the supervising officer and treatment provider, and is well versed in and supportive of the offender's supervision and treatment requirements.²⁶
- **At Risk Adult** is an individual who is less able to protect him/her self based on diminished capacity or position of trust pursuant to Section 18-6.5-102, C.R.S.

5.720 No Contact with Minor Children

Sex offenders shall have no contact with any minor child under the age of 18 or any victim until the CST unanimously agrees that the offender has either met the corresponding criteria listed in Standard 5.740 or with regard to an offender's own child(ren) under the age of 18, the offender

²⁵ Simons, D. A., & Davies, A. M. (2009, October). Intimate partner rape: Prevalence and characteristics among domestic violence and sexual offenders. Paper presented at the 28th Annual Association for the Treatment of Sexual Abusers Research and Treatment Conference in Dallas, TX.

²⁶ Colorado Department of Public Safety, Division of Criminal Justice, (2004). *Report on safety issues raised by living arrangements for and location of sex offenders in the community.*

has been approved for contact based on a CCA, if eligible (see Standard 5.730). Any offender who is identified as low risk via the LRP may be allowed to have contact with non-victim minor children only by unanimous decision of the CST.

Additionally, in order for contact to occur, the CST shall ensure the offender does not meet any of the Exclusionary Criteria listed in Standard 5.725 and 5.732.

Discussion: There may be situations where the CST deems it appropriate for young adult offenders, ages 18 to 20, per 5.110 (E), to have contact with teenage siblings or peers that are close in age when there is not a significant power differential or when it does not pose an undue risk.

Discussion: The SOMB recognizes the significance of the relationship between a parent and his/her minor child and the risk that a sex offender can pose to his/her own minor children. When contact is prohibited with the offender's immediate family members that are under the age of 18, treatment providers should consider the impact on the minor children and facilitate resolution of the separation per Appendix E as appropriate.

5.721 Contact is intended to refer to any form of interaction including:

- Physical contact, face to face, or any verbal or non-verbal contact;
- Being in a residence with a minor child or victim;
- Being in a vehicle with a minor child or victim;
- Visitation of any kind;
- Correspondence including written, electronic, telephone contact, messages left on a voice mail or answering machines, text messaging, computer communications, Twitter, Facebook and other social networking sites, gifts, or communication through third parties;
- Entering the premises, traveling past or loitering near any of the offender's victims' residences, schools, day cares, or places of employment;
- Going to or loitering near places used primarily by minor children, as defined by the CST;
- Giving birth to or attending the birth of a child.

5.722 When contact is being considered based on the CCA or the offender's achievement of the criteria, the treatment provider, in conjunction with the CST, shall:

1. Ensure that contact does not conflict with any existing court order or parole board directives;
2. Consider the child's best interest;
3. Ensure consultation with, and, consider the views of the custodial parent or guardians of the minor child prior to authorizing contact. If the minor child has a therapist, he/she shall be consulted;
4. Arrange contact in a manner that places the child's safety first. When assessing safety, both psychological and physical well-being shall be considered.
5. Ensure all contact occurs in the presence of a Approved Supervisor, (see Standard 5.770) or professional member of the CST.
6. Specify what is approved for the offender with each child. Contact possibilities occur on a continuum including written, telephone, and in-person and from non-physical to physical.
7. Closely supervise or monitor the contact process, including requiring that any concerns or rule violations be reported to the CST.

8. Ensure the ongoing assessment of the child's emotional and physical safety and immediate termination of contact if any aspect of safety is in jeopardy.

Discussion: In the event of a pregnancy the CST may consider parent-minor child attachment and bonding when making a decision about minor child contact.

5.723 In rare instances, the supervising agency may be required to request treatment while allowing minor child contact based on a court order in conflict with the Standards. It is important to recognize that treatment under unsafe conditions is not beneficial to the offender or others in the treatment program and undermines treatment program integrity.²⁷ While the Court has authority and discretion in sentencing matters, the treatment provider is an independent entity who is responsible to maintain best clinical practices in compliance with the Standards.

5.724 Treatment providers shall refuse to accept or continue to treat offenders who do not agree to comply with the requirements in the Standards and Guidelines regarding restricted contact with minor children or victims. The supervising agency should be informed in writing of the reasons for the refusal and of the possible risk to the involved minor children or victims.

5.725 Exclusionary Criteria for Any Form of Minor Child Contact

Due to extreme risk, when any of the following are present, the offender is not eligible for a CCA and the CST shall ensure that the offender is **NEVER** considered for any type of contact with minor children and/or a CCA.

A clinical diagnosis by an approved evaluator or treatment provider of:

- Pedophilia – Exclusive type per the most current version of the Diagnostic and Statistical Manual (DSM); OR
- Psychopathy or Mental Abnormality per the Psychopathy Check List Revised (PCL-R) or per the (Millon Clinical Multi-phasic Inventory) MCMI III (85 or more on each of the following scales: Narcissistic, Antisocial and Paranoid); OR
- Sexual sadism, as defined in the most current version of the DSM and/or via any standardized Sadism assessment instrument.

Discussion: When there is a diagnosis of pedophilia or a diagnosis of a history of pedophilia, the evaluator should refer to the current version of the DSM to ensure that the diagnosis is accurate prior to excluding the offender from a CCA.

5.726 Contact with minor children shall be in the presence of a trained and Approved Supervisor. The exception is offenders who have met the criteria for unsupervised contact with their own minor children (Refer to Standard 5.760, 5.761) or via decision by the CST following a Child Contact Assessment (CCA).

Discussion: CST members should not abdicate any part of their authority or responsibility regarding an offender to an Approved Supervisor. CSTs should evaluate and assess the performance of the Approved Supervisor on an ongoing basis and revoke Approved Supervisor status if necessary.

²⁷ Quinsey, V.L., Harris, G.T., Rice, M.E., Cormier, C.A. (1998).

5.730 Child Contact Assessment (CCA with own minor child)

When the following circumstances exist, a CCA may be initiated to assess the appropriateness of an offender's contact with his/her own minor child (see definition):

- The offender does not meet any of the exclusionary criteria in 5.725 and 5.732;
- The offender does not have two or more pre-screen factors;
- The offender wants contact with his/her own minor child as defined in 5.710, under the age of eighteen (18);
- The offender does not have a history of victimizing any of his/her own minor child(ren), regardless of the victim's age, as substantiated by criminal or civil court history or by self-report.

When a CCA is being conducted it may occur after a plea has been entered, after conviction, during incarceration, or upon acceptance of an Interstate Compact case and shall be completed by an approved Sex Offender Management Board Evaluator. Contact with an offender's minor child(ren) shall be prohibited prior to, and during, the offense specific evaluation. The CST should evaluate any pre-plea CCA to determine if it is adequate and current to inform the CST's decision regarding minor child contact and meets the requirements of the Standards. A recommendation regarding an offender's appropriateness for contact with his/her own minor children cannot be made until a CCA has been completed and a CST has been convened. If the offender qualifies for a CCA after the pre-screen is completed, the evaluator shall complete all components of the CCA. The completed CCA shall contain recommendations for the level and type of contact, if any. Contact is ultimately determined by the CST. It is important to acknowledge that risk levels can change and that the plan must be continually assessed and revised as necessary throughout the period of criminal justice supervision.

If the CCA is not conducted during the offense specific evaluation, it may be completed at a later time; however, the offender should not have contact with his/her own minor children until the CCA has been completed and the CST determines that contact is appropriate or the offender has met the criteria in 5.740.

When conducting a CCA, evaluators shall:

- Ensure that subjects sign appropriate release of information forms to allow the mandatory scoring protocol to be sent to the Division of Criminal Justice (DCJ)/SOMB for research purposes
- Send all CCA scoring forms conducted on completed CCAs to DCJ/SOMB

Discussion: Though offenders often desire to undergo a CCA as soon as possible, the SOMB recognizes that the accuracy of assessing an offender's appropriateness for contact with his/her minor child(ren) increases with the duration that an offender is involved in treatment and supervision.

Discussion: The SOMB recognizes that in cases involving DHS, where a criminal case has not been filed, it may be useful to conduct an evaluation similar to a CCA in conjunction with an offense specific evaluation in order to make informed decisions regarding minor child contact. This standard is not intended to preclude that from occurring.

Discussion: Ideally, the sex offender should not have contact with his/her own minor children until a CCA is completed and finds contact is appropriate. However, if a court has allowed contact absent the completion of a CCA, it should not preclude a CCA from being completed.

5.731 Evaluators conducting CCAs shall:

- Be a current SOMB approved evaluator (See section 4.500, 4.600)
- Have CCA specific training (See section 4.500 D, 4.600 D)
- Submit sample reports for review to the ARC (Application Review Committee) as required on the SOMB application.

5.732 Disqualifiers for CCA:

- Pedophilia – Non-Exclusive Type (per current version of the DSM)
- SVP – Per finding in Colorado court, parole board, or via equivalency pursuant to C.R.S.
- Ever committed a sexual offense against own child

If an offender is disqualified from undergoing the CCA evaluation, he/she **must** meet 5.740 criteria to be approved for minor child contact

5.733 CCA Pre-Screen

CCA Pre-Screen Chart (If no Exclusionary criteria)	
PRE-SCREEN FACTORS	PRE-SCREEN DATA SOURCES
If <i>2 or more factors</i> indicated, ineligible for CCA and must meet criteria in 5.7 to have minor child contact	Evaluation Procedures or Documentation
Adult ²⁸ history of illegal sexual behavior with child(ren) age 12 or younger ²⁹	Self report ³⁰ Criminal history Substantiated civil court history
Three or more unlawful sexual behaviors	Self report Criminal history (Conviction, factual basis, or plea agreement) Substantiated civil court history
Sexual interest or arousal to prepubescent children	Valid baseline or initial PPG or VRT ³¹ Self report Criminal history of child pornography ³²
Unresolved CCA polygraph	CCA polygraph
Level III denial	SOMB Standards, Section 3.510 ³³

²⁸ Adult is defined as 18 years old or older

²⁹ 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.

³⁰ Admission made during polygraph assessments are considered self-report

³¹ Tests that are inconclusive or show no response (flat line) are not valid and must be repeated or tested with the other procedures

³² Conviction or documentation of history of seeking child pornography

5.733 – CCA Instrument

CHILD CONTACT ASSESSMENT		
Required Areas of Evaluation	Risk Factors	Evaluation Procedures Key: • Required ○ Optional
<i>Interpersonal Relatedness</i>		
Offender's Attachment Style	Insecure attachment, specifically Disorganized or Unclassified and Anxious	<ul style="list-style-type: none"> • History of Relationship Attachment • Clinical Interviews • Collateral Sources ○ Instruments: <ul style="list-style-type: none"> ○ The Attachment Style Questionnaire (ASQ: Feeney, Nollar & Hanrahan, 1994) ○ Batholomew Attachment Inventory ○ Adult Attachment Interview (George, C., Kaplan, N., & Main) ○ The Adult Attachment Projective (AAP: George) ○ Hazan & Shaver Adult Attachment Scale
Offender's Empathy	Lack of empathy for minor children in abusive situations	<ul style="list-style-type: none"> • History of Empathy with Minor Children • Clinical Interviews • Collateral Sources ○ Instruments: <ul style="list-style-type: none"> ○ Hansons's Empathy for Children Test ○ Empat, McGrath
Offender's Ability for Family Stability	History of relationship instability and prior absences from the home; Childhood history of: -Witnessing sexual abuse	<ul style="list-style-type: none"> • Relationship history • Clinical Interviews including adult relationships and family of origin (parental models, family environment, stability, abuse, adult

³³ If one other factor is present, a complete CCA polygraph must be completed. A CCA polygraph is not necessary if 2 or more prescreen factors are present. If no other factors are present, the CCA polygraph can be delayed until the full CCA assessment.

CHILD CONTACT ASSESSMENT		
Required Areas of Evaluation	Risk Factors	Evaluation Procedures Key: • Required ○ Optional
	-Witnessing domestic violence -Sexual abuse victimization; Any history of domestic Violence (DV): -Use and/or threatened use of weapons in current or past offense or access to firearms ³⁴ -Obsession with the victim (i.e. stalking or monitoring, obsessive jealousy) ³⁵ -Victim safety concerns (i.e. offender controls most of victim's daily activities) -Offender tried to strangle victim -Physical violence increasing in severity -Victim forced to have sex -Victim pregnant at time of offense and offender aware -Victim is pregnant and offender previously abused her during pregnancy ³⁶ -Violence and/or threatened violence toward family members, including child	relationships) • Collateral Sources • Substantiated civil court history • DV restraining orders • DV arrests/criminal history <u>Minimum of one of the following</u> , if history of arrests or restraining orders Instruments Specific to DV ⁴¹ : ○ VRAG ○ DVRAG ○ SARA ○ DVRNA ○ ODARA ○ Or any other instruments standardized for the assessment of violence potential

³⁴ Kropp, R.P. & Hart, S.D. (2008). *Manual for the spousal assault risk assessment guide* (2nd ed.). Vancouver, BC: ProActive Resolutions, Inc.

³⁵ Campbell, J.C., Koziol-McLain, J., Webster, D., Block, C.R., Campbell, D., Curry, M.A., Gary, F., McFarlane, J., Sachs, C., Sharps, P., Ulrich, Y., Wilt, S., & Manganello, J. (2004). *Research results from a national study of intimate partner homicide: The Danger Assessment Instrument* (NCJ 199710). Washington, DC: U.S. Department of Justice, National Institute of Justice.

³⁶ Gazmararian, J.A., Lazorick, S., Spitz, A.M., Ballard, T.J., Saltzman, L.E., & Marks, J.S. (1996). Prevalence of violence against pregnant women. *JAMA*, 275(24), 1915-1920.

CHILD CONTACT ASSESSMENT		
Required Areas of Evaluation	Risk Factors	Evaluation Procedures Key: <ul style="list-style-type: none"> • Required ○ Optional
	abuse ³⁷ -Attitude support/condone DV ³⁸ -Victim initiated separation within past 6 months related to DV ³⁹ -Prior attempted or completed DV - treated ⁴⁰	
Offender's Parenting Involvement/Skills	History of non-payment of child support; No prior access to minor children in a home environment ⁴² ; Poor parenting ability and disciplinary practices; Minimal knowledge of child(ren)'s life; Minimal knowledge of parenting skills; Any history of social services involvement; Minimal knowledge of child(ren)'s developmental stages & needs; Poor parental boundaries; History and risk of child abuse & neglect	<ul style="list-style-type: none"> • Parenting history • Clinical Interview • Collateral Sources (e.g., Social Services Records) <p>If history of abuse, <u>MUST</u> conduct one of the following:</p> <p>Instruments:</p> <ul style="list-style-type: none"> ○ Child Abuse Potential Inventory (Milner, 1986) ○ SIPA (Stress Index for Parents of Adolescents) ○ ASPECT (Ackerman-Schoendorf Scales for Parent Evaluation of Custody)

⁴¹ Instruments should be used pursuant to relevance to normative population.

³⁷ Kropp, R.P. & Hart, S.D. (2008). *Manual for the spousal assault risk assessment guide* (2nd ed.). Vancouver, BC: ProActive Resolutions, Inc.

³⁸ Kropp, R.P. & Hart, S.D. (2008). *Manual for the spousal assault risk assessment guide* (2nd ed.). Vancouver, BC: ProActive Resolutions, Inc.

³⁹ Campbell, J.C., Koziol-McLain, J., Webster, D., Block, C.R., Campbell, D., Curry, M.A., Gary, F., McFarlane, J., Sachs, C., Sharps, P., Ulrich, Y., Wilt, S., & Manganello, J. (2004). *Research results from a national study of intimate partner homicide: The Danger Assessment Instrument* (NCJ 199710). Washington, DC: U.S. Department of Justice, National Institute of Justice.

⁴⁰ Stalans, L.J. et al. (2004). Identifying three types of violent offenders and predicting violent recidivism while on probation: A classification tree analysis. *Law and Human Behavior*, 28(3), 253-271.

⁴² If the offender has not lived with children, an absence of problematic parenting should be considered unknown risk rather than lack of risk.

CHILD CONTACT ASSESSMENT		
Required Areas of Evaluation	Risk Factors	Evaluation Procedures Key: • Required ○ Optional
<i>Offender Stability</i>		
Offender's General Stability	History of poor compliance with supervision & treatment; History of supervision & treatment ⁴³ ; History of unstable Employment; History of frequent moves ⁴⁴ ; History of financial instability ⁴⁵ ; Substance abuse history ⁴⁶ ; Poor spousal conflict resolution skills	<ul style="list-style-type: none"> • History of General Stability <ul style="list-style-type: none"> • Clinical Interview • Collateral Sources • Criminal History ○ Instruments: <ul style="list-style-type: none"> ○ LSI (Level of Supervision Inventory) ○ PSI Report ○ DVRAG
Offender's Non-Sexual Criminal Risk – Risk for Future Criminal Behavior	Past behavior from criminal record	<ul style="list-style-type: none"> • History of Criminal Behavior <ul style="list-style-type: none"> • Clinical Interview • Collateral Sources including criminal justice record ○ Instruments: <ul style="list-style-type: none"> ○ LSI (Level of Supervision Inventory)
Offender's Mental/Emotional Health	History of mental health diagnosis; Personality disorder; Poor compliance with medication recommendations; Other mental health concerns	<ul style="list-style-type: none"> • History of Mental/Emotional Health <ul style="list-style-type: none"> • Clinical Interview • Collateral Sources • Instrument/Assessment/Source (Minimum of <u>one</u> below <u>must</u> be conducted): <ul style="list-style-type: none"> ○ MMPI 2 ○ MCMI III

⁴³ If the offender has no prior history of supervision and treatment, an absence of noncompliance should be considered unknown risk rather than lack of risk.

⁴⁴ Division of Criminal Justice Office of Research and Statistics, Colorado Department of Public Safety. (2010). Handbook: Sexually Violent Predator Assessment Screening Instrument. Retrieved from: <http://dcj.state.co.us/ors/pdf/docs/Risk%20Assessment/merged%20SVP%20handbook.pdf>

⁴⁵ Contact Probation Collections Investigator to obtain bankruptcy or low credit score information

⁴⁶ Within the last 6 months

CHILD CONTACT ASSESSMENT		
Required Areas of Evaluation	Risk Factors	Evaluation Procedures Key: <ul style="list-style-type: none"> • Required ○ Optional
		<ul style="list-style-type: none"> ○ PAI ○ DSM diagnosis from clinical interview
<i>Sexual Risk</i>		
Offender's Arousal to/Sexual Interest in Minor Children	Arousal to or interest in minor children, animals or sadism	<ul style="list-style-type: none"> • History of Deviant Arousal or Interest <ul style="list-style-type: none"> ○ Clinical Interview ○ Collateral Sources <p>Minimum of <u>one</u> below <u>must</u> be conducted</p> <ul style="list-style-type: none"> • Instruments: <ul style="list-style-type: none"> ○ VRT ○ Plethysmograph
Offender's Historical Sexual Behaviors	Review of index offense - Assess sexual compulsivity, particularly: - Affairs - Extent of pornography use - Early onset of sex with Peers; Paraphilias, particularly: - Coprophilia - Indecent Exposure - Voyeurism - Transvestism - Frottage; Any history of sexual contact with animals; Any history of sadistic behavior/fantasy; Any history of intimate partner sexual assault;	<ul style="list-style-type: none"> • History of Sexual Offense Risk Behaviors • Clinical Interview including the Offense Specific Evaluation <ul style="list-style-type: none"> • Collateral Sources/ official records • Self report • Instruments: <ul style="list-style-type: none"> • CCA Polygraph • Risk Assessment, pursuant to Standard 2.060
Offender's Cognitive Distortions	Boundary distortions; Distortions regarding: - Sexuality with minor child(ren) - Gender roles - Age, sex, and consent - Hostile masculinity	<ul style="list-style-type: none"> • Beliefs related to age, sex and consent <ul style="list-style-type: none"> • Clinical Interview • Collateral Sources ○ Instruments: <ul style="list-style-type: none"> ○ Multiphasic Sexual Inventory

CHILD CONTACT ASSESSMENT		
Required Areas of Evaluation	Risk Factors	Evaluation Procedures Key: • Required ○ Optional
		○ Abel Assessment Cognitive Distortion Scale ○ Bumby Cognitive Distortion
Offender's Responsibility and Level of Denial	Significant denial	• Presence of Denial • Clinical Interview • Collateral Sources • SOMB Managing Sex Offenders in Denial (3.510 of Standards)

5.740 Criteria for Contact with Secondary/Non-Victim Minor Children

These criteria shall be applied in the following circumstances:

- Contact with any child(ren) under the age of 18, including an offender's own child(ren)
- When the CST has determined that contact is not allowed based on the results of the CCA
- When the CST has determined that contact with an offender's own minor child(ren) is allowed based on the results of the CCA and the offender requests contact with a minor child who is not an offender's own

Treatment providers, in conjunction with the CST, shall ensure the offender achieves the following criteria specific to the minor child with whom the offender wants contact before contact can be initiated:

1. The offender accepts responsibility for the offense related behavior and any significant differences between the offender's statements, the victim's statements and corroborating information about the abuse have been resolved;
2. The offender has yielded non-deceptive results in all required areas of the sexual history disclosure polygraph exam(s);
3. The offender has yielded non-deceptive results with no new disclosures on the most recent maintenance polygraph. The content of the maintenance polygraph shall have addressed behavior that puts victims/minor children at risk;
4. The offender is not exhibiting any significant risk related behavior(s);
5. The offender consistently demonstrates the use of cognitive and behavioral interventions to interrupt deviant fantasies and behaviors as evidenced by the offender's Plethysmograph or VRT (Visual Reaction Time) results;
6. The offender has disclosed information related to risk and other relevant factors as prescribed by the CST. The CST will make a determination of who should receive this information;

7. The offender consistently demonstrates and has documented an understanding of the factors that led to his/her offending and accepts the possibility of re-offense. The offender has developed a written plan for preventing re-offense to the satisfaction of the CST;
8. The offender consistently demonstrates an understanding of the impact of the abuse on the victim(s) and the victim's family, the offender's family, and the community, as evidenced by behavioral accountability and self-regulation;
9. The offender consistently demonstrates an understanding of and is willing to respect the minor child's verbal, non-verbal, and physical boundaries and need for privacy;
10. The offender consistently demonstrates an understanding of how to safely participate in having contact with minor child(ren);
11. The offender is willing to accept limits or prohibitions on contact as established by the CST with input from the minor child(ren), minor child's other parent or guardian, or minor child(ren)'s therapist and will put the minor child(ren)'s needs first;
12. The offender demonstrates he/she is willing to plan for contact, to develop and utilize an approved safety plan for all contact, to accept supervision during contacts, and to terminate contact when directed by the CST, the Approved Supervisor, or the minor child. The safety plan shall be approved in advance and in writing by the CST and signed by the offender;
13. The offender consistently demonstrates compliance with supervision conditions, accepts the interventions of the CST, and does not demonstrate ongoing hostility toward the criminal justice system;
14. The offender consistently demonstrates satisfactory progress in treatment, including consistent compliance with treatment conditions;
15. The offender has satisfactorily participated in clarification in order to re-establish a parental relationship when the contact involves a non-victim own minor child.

Discussion: Some offenders have a history of persistent arousal to minors. Although they may be able to meet 5.750 criteria, because of the likelihood that proximity to minor children will trigger or increase this arousal, the CST shall frequently reassess the offender's ability to maintain a reduced level of arousal⁴⁷. The CST shall reject, deny, or terminate an offender's approval for contact with minors if there is behavior or other evidence to indicate arousal to minors cannot be managed.

Discussion: Best practice indicates that clarification with the primary victim should occur prior to any contact occurring with the secondary victim(s). However, in situations where the primary victim does not desire clarification/contact, the wishes and best interest of the secondary victim(s) should be considered by the CST with regard to decision making on a case by case basis.

⁴⁷ Davis, G., Williams, L., and Yokley, J. (1996, 1999) *Sex offender treatment and monitoring program at the Colorado Department of Corrections.*

Discussion: When an offender wants to give an item to their minor child or a minor such as a gift, card, picture, etc. it shall be reviewed and approved in advance by the CST.

5.750 Contact, Clarification, or Reunification with Victims

It is crucial for the CST to ensure the greatest caution is used before allowing an offender contact with a known victim. A Child Contact Assessment is prohibited as an avenue for contact with known victims, (see grid in section 5.732 re: exclusionary criteria). The rationale for using the utmost caution in these matters is based on the knowledge that while minor children are among the most vulnerable potential victims, those previously victimized by the offender remain at high risk for re-victimization in a variety of ways. This is due to the fact that the offender has already demonstrated a willingness and ability to engage in offending behavior against them and it is highly unlikely that minor children will re-report abuse. CST members should be aware that research indicates younger minor children and those who know the perpetrator are least likely to report abuse in the first place,⁴⁸ and that almost 100% of victims whose offenders were family members indicate they would not report abuse if it recurred due to the devastating consequences they experienced upon their first report.⁴⁹ Further, even minor children known to be victims of sexual abuse, based on diagnoses of sexually transmitted diseases, were reluctant to report when questioned by trained investigators.⁵⁰ For these reasons, while some victims may express a desire for contact it may not actually be in their best interest. The CST must balance victim wishes with the paramount concern for victim safety. It is also important for the CST to resist pressure from an offender or victim's family regarding decision-making. The decision to allow victim contact shall be based on consideration over a protracted period of time regarding the best interests of the victim with significant input from the victim's therapist, or prior therapist, the offender's achievement of all criteria listed in 5.740; the presence of an Approved Supervisor (see 5.770), and unanimous approval by the CST.

Refer to Appendix E for best practice/guideline regarding victim or other family member criteria for contact, clarification, and reunification.

5.751 Clarification with the Victim

The victim clarification process is designed to primarily benefit the victim. Through the process the offender acknowledges that the victim has no responsibility for the offender's behavior. The questions posed to the offender and topics to be addressed must be victim-directed, defined and the goals and purpose of such communication must be clear to all involved. Issues to be addressed include the damage done to the victim, family and/or secondary victim(s).

Clarification is a lengthy process that occurs over time usually beginning with the offender's ability to accurately self-disclose about the offending behavior. Following written work, clarification may then progress to verbal or face-to-face contact. Although victim participation is never required and is sometimes contraindicated, should the process proceed to an actual clarification meeting with the victim, all contact is victim-centered and based on victim needs.

The CST shall incorporate all assessments including polygraph results into their decision-making process regarding victim clarification.

⁴⁸ Smith, Letourneau, Saunders, Kilpatrick, Resnick & Best. (2000).

⁴⁹ Marshall via ATSA. (1992).

⁵⁰ Lawson & Chaffin. (1992).

Secondary victims and significant persons in the victim's life may be impacted by sexual offenses. Clarification with others, (i.e. victim's parents, siblings, neighbors) who have been impacted by the offense may be warranted in some cases.

5.752 Victim clarification procedures shall be approved by the CST and specifically include the victim representative. The CST shall use the following criteria:

- A. The victim requests clarification and the victim representative/therapist concurs that the victim would benefit from clarification.
- B. Parents of a minor victim are informed of, and give approval for, the clarification process.
- C. The offender evidences empathic regard through consistent behavioral accountability including an improved understanding of: the victim's perspective; the victim's feelings; and the impact of the offender's behavior.
- D. Any significant differences between the offender's statements, the victim's statements and corroborating information about the offense has been resolved to the satisfaction of the CST. The offender is able to acknowledge the victim's statements without minimizing, blaming or justifying.
- E. The offender shall be required to have an event specific polygraph prior to clarification if his/her description of the offense differs in any significant way from the victim's.
- F. The offender is prepared to answer questions and is able to make a clear statement of accountability and give reasons for victim selection to remove guilt and perceived responsibility from the victim.
- G. The offender is able to demonstrate the ability to manage abusive or deviant sexual interest/arousal specific to the victim.
- H. The offender displays decreased risk by demonstrating progress in all the areas identified in section 3.160 (I), which are supported by polygraph testing.
- I. Sexual impulses are at a manageable level and the offender can utilize cognitive and behavioral interventions to interrupt deviant fantasies as determined by continued assessment.

Discussion: There may be rare occasions when, due to victim de-compensation, limited contact in writing or in a supervised, therapeutic setting in order to reduce victim trauma or symptomology may be beneficial and appropriate prior to all of the above criteria being met. Extreme caution should be employed to ensure the offender will not cause further harm if this course of action is pursued. It may be that while the victim would benefit from such a session the offender may not be at a point where he/she could safely participate. Additionally, therapeutic sessions under these circumstances must be very limited, (e.g. 1-2 sessions) as this is not meant to circumvent the standard procedure for clarification described above.

5.753 **Contact with victims under age 18**

Contact is first initiated through the clarification process. Offenders must meet all criteria listed in section 5.740 prior to being allowed victim contact. Once that criteria has been met, and upon agreement of the CST, the offender may progress to contact outside of a therapeutic setting.

The CST shall:

- A. Ensure all contact occurs in the presence of an Approved Supervisor (see 5.770), or professional member of the CST.
- B. Ensure that the wishes of the victim as well as the recommendations of the victim representative support all the contact that occurs. An offender's therapist shall not initiate offender contact with a victim absent professional victim representative support.
- C. Support the victim's wishes regarding contact with the offender to the extent that it is consistent with the victim's safety and well-being.

Discussion: A common dynamic that may occur in families is direct or indirect influence or pressure on the victim to have contact with the offender. A third party professional assessment regarding victim needs may be warranted prior to contact with the offender.

- D. Arrange contact in a manner that places victim safety first. When assessing safety, psychological and physical well-being shall be considered.
- E. Determine what types of contact are permissible based on offender and victim factors, known risk factors and other considerations. The CST shall consider placing more boundaries and limitations on types of contact with known victims than may be required of the same offender with non-victim minor children. Contact possibilities occur on a continuum including written, telephone, and in-person and from non-physical to physical. The CST shall specify what is approved for the offender with each victim.
- F. Closely supervise or monitor the contact process, including requiring that any concerns or rule violations be reported to the CST.
- G. Ensure the ongoing assessment of the victim's emotional and physical safety and immediate termination of contact if any aspect of safety is in jeopardy.

5.754 Contact with adults victimized as minors (victim(s) named in present offense)

While the CST cannot control what an adult victim does, the Standards still apply to offender behavior regardless of the victim's age. The offender must meet all relevant criteria listed in section 5.740 (A) prior to contact being approved. When making a determination about offender contact the CST shall ensure that the adult victim's desires, best interests and need for self-determination are adequately represented throughout the decision-making process and as long as contact continues. Factors specific to the offender and his/her relationship to the victim shall also be considered.

When contact is allowed the CST shall also determine what types of contact are permissible based on offender and victim factors, known risk factors and other considerations. Contact possibilities occur on a continuum including written, telephone, and in-person, (therapeutic or otherwise), and from non-physical to physical. The CST shall specify what is approved for the offender with each victim.

Discussion: During the course of supervision and treatment, offenders will often disclose additional victims who are now adults with whom they may have an ongoing relationship. The CST should be mindful of allowing offenders to continue or re-establish relationships with known victims. Contact should be considered individually taking into account offender risk, progress in treatment, and victim characteristics.

5.755 Contact with adult victims (victim(s) named in present offense)

The CST must be attentive to the possibility of ongoing enmeshment and abuse of power between an offender and someone whom he/she victimized as an adult as risk is more proximate in these situations. While it is important for the CST to recognize an adult victim's need for self-determination the CST may prohibit the offender from having contact based on concerns for the victim's safety.

While the CST cannot control what an adult victim does, the Standards still apply to offender behavior regardless of the victim's age. The offender must meet all applicable criteria listed in section 5.752 prior to contact being approved. When making a determination about offender contact the CST shall ensure that the adult victim's desires and best interests are adequately represented throughout the decision-making process and as long as contact continues. Factors specific to the offender and his/her relationship to the victim shall also be considered. The CST shall take into account whether the adult in question has been victimized in non-sexual ways by the offender such as domestic violence or stalking.

When contact is allowed the CST shall determine what types of contact are permissible based on offender and victim factors, known risk factors and other considerations. Contact possibilities occur on a continuum including written, telephone, and in-person, (therapeutic or otherwise), and from non-physical to physical. The CST shall specify what type of contact is approved regarding each victim.

Discussion: See Discussion in 5.754

5.756 Potential Adult Victims

The SOMB recognizes that it is not possible to limit a sex offender's contact with all adults in the community. However, care should be taken to limit the offender's access to places and groups where he or she has a history of accessing victims (e.g.: bars, clubs, singles groups, senior centers, medical care facilities, campuses, etc.) or where he or she may present a current risk.

It is also imperative that consideration be given to protecting at-risk adults. Treatment providers and other members of CSTs shall not allow sex offenders to have unsupervised contact with adults who are at particular risk for victimization due to mental status, disability, incapacity, domestic violence, sexual offense, or position of trust. Decisions to allow any contact with at-risk adults should be made using the same criteria as for minor child contact (see Standard 5.740).

5.757 Family Reunification

Family Reunification is defined as the offender living in the same residence with his/her minor children.

Family reunification shall not occur for offenders who meet the exclusionary criteria (see Section 5.725).

Prior to considering family reunification, the offender shall have met the criteria listed in 5.740 and the CST shall unanimously agree that family reunification is appropriate.

For those offenders for whom the 5.740 criteria are waived pursuant to the results of the Child Contact Assessment which includes the polygraph exams, this criteria does not apply unless new information of concern has arisen.

Due to ongoing risk of re-offense, family reunification in cases when the offender has a history of incestuous behavior is rarely indicated.

The CST shall coordinate all efforts toward family reunification with any active child protective agency.

Family reunification shall never take precedence over the safety (physical, sexual, and psychological) of any victim or the offender's own minor children. If reunification is indicated, after careful consideration of the potential risks over an extended period of time, supervising officers and treatment providers shall carefully monitor the process through termination of supervision.

The CST shall ensure that the spouse/partner or primary caregiver is willing and able to fully support all conditions imposed by the CST, which includes active involvement in the offender's treatment process and any treatment in which the minor child(ren) are involved. The CST shall consider any history of domestic violence when determining whether the spouse/partner or primary caregiver support the conditions necessary for family reunification.

5.760 Unsupervised Contact with Offender's Minor Child(ren) Under Age 18

Offenders being considered for unsupervised contact with their minor child(ren) shall:

- a) Not meet any of the Exclusionary Criteria (as referenced earlier in Standard 5.725); and
- b) Have met and demonstrated compliance with all criteria in Standard 5.740 without evidence of increased arousal or sexual acting out, as verified by the two most recent maintenance/monitoring polygraph tests. Not show any deviant arousal to, or interest in, minor children as confirmed through current clinical and physiological measures; and
- c) Have demonstrated that supervised visits have been sufficient in quality, frequency, and duration as determined by the CST; and
- d) Have demonstrated satisfactory progress in treatment and consistent compliance with supervision and treatment conditions; and
- e) Not have committed any offenses against any of the minor children in question;

OR

- f) An offender determined to be low risk via the LRP by unanimous decision of the CST.

5.761 The criteria listed below shall be used by the CST when considering granting an offender unsupervised contact with his/her own minor children. Offenders shall not be allowed to have unsupervised contact with minor children who are not their own.

- A. For those offenders for whom the 5.740 criteria are waived pursuant to the results of the CCA which includes the polygraph exams, these criteria does not apply, unless new

information of concern has arisen.

- B. Unsupervised contact shall never be allowed for a sex offender diagnosed with any type of pedophilia (per current version of DSM) or with an established and ongoing pattern of deviant sexual interest/arousal to minors.

Discussion: An established pattern is determined to exist when an offender has shown deviant sexual interest/arousal to minors via pattern of offending, self-report by the offender, or assessment of sexual interest/arousal over a period of time.

- C. The CST shall support the minor child's wishes when he/she does not want to have unsupervised contact with the offender. In cases when the minor child wants unsupervised contact the CST shall prioritize the best interest of the minor child including physical and emotional safety.
- D. When there is a therapist working with the minor child the therapist shall be consulted in the decision to grant unsupervised visitation. When the minor child is not currently seeing a therapist, the CST should consult a therapist who has worked with the minor child to discuss general issues surrounding unsupervised contact.
- E. The CST shall ensure that the offender has an approved safety plan regarding the minor child involved.
- F. The CST shall consider input from the custodial parent/guardian when making any decision regarding any unsupervised contact with the offenders own minor child.
- H. The CST can rescind or suspend unsupervised contact if conditions change that warrant such action.
- I. The CST shall thoroughly document reasons for all decisions made regarding an offender's unsupervised contact with his/her minor children.
- J. There may be some offenders who can meet all the preceding criteria, however, due to an unforeseen event, there is a sudden loss of an Approved Supervisor (e.g. spousal death, etc.) and is the sole caregiver of his/her minor child. In such cases, the CST shall make a referral and consult with the Department of Social Services to develop an alternative plan for the care and parenting of the minor child(ren), which may or may not include maintaining the minor child(ren) in the offender's custody.

5.762 Modifying Contact

CSTs should plan for changes in risk level and recognize that offenders present with some level of risk for sexual re-offending. Progress in treatment may not be consistent over time. The CST should also consider that changes in child development characteristics or adult victim characteristics may affect offenders' risk level. CST approval of situations that involve contact with minor children under the age of eighteen shall be continually reviewed and may be changed, suspended, or rescinded by the CST based on current risk, non-compliance, or other concerns. It should be noted that continual or repetitive separation and reunification can be detrimental to family dynamics.

5.770 Approved Supervisor

Approved Supervisors are adults who have been approved by the CST to supervise contact between an offender and specified minors.

The following Standards sections regarding the responsibilities and duties of a Approved Supervisor apply in situations in which an offender is allowed to have supervised contact with minors. They are not intended to address situations where the CST is requiring accompaniment for general movement in the community or involving activities unrelated to contact with minors. The CST should consult with the minor children and children's custodial parents/guardians regarding any concerns regarding the Approved Supervisor.

5.771 Qualifications of an Approved Supervisor

Prior to allowing a person to be a Approved Supervisor, the CST shall ensure that he or she meets the following qualifications:

1. Agrees to undergo and pay for a complete criminal history background check;
- 1.DD Understands the nature of the disability and that sexual offending behavior exists independently of the disability of the offender.
2. Has adequately addressed any issues regarding personal history of victimization;
3. Supports intervention efforts of the CST without antagonism;
4. Willing to maintain open communication with the CST and report relevant offender behavior;
5. Willing to maintain protection of minor children as the highest priority and believes this outweighs any offender or family interests;
6. Demonstrates empathy for the offender's victims;
7. Does not deny or minimize the offender's responsibility or the seriousness of sexual offending;

5.772 Disqualifications/Exclusions for an Approved Supervisor

Prior to allowing a person to be an Approved Supervisor, the CST shall ensure that none of the following apply:

1. Currently under the jurisdiction of any court or criminal justice agency for a matter that the CST determines could impact his/her capacity to safely serve as a Approved Supervisor;
2. Prior convictions for child abuse or neglect, or for unlawful sexual behavior as defined by SOMB Statute. If ever investigated for unlawful sexual behavior, child abuse, or neglect presents information requested by the CST so that the CST may consider the current impact on his/her capacity to serve as Approved Supervisor.

Discussion: In very rare circumstances, the CST may choose to make an exception to the prohibition about a misdemeanor child abuse conviction. The reasons for this exception should be made by the unanimous agreement of the CST and documented in writing.

3. Significant cognitive or intellectual impairment as determined by the CST;
4. Significant mental health or substance abuse problems as determined by the CST;

5. Significant cognitive health limitation that interferes with the performance of his/her duty as determined by the CST;
6. Relationships where a significant power differential exists that may inhibit the proposed Approved Supervisor from fulfilling the required responsibilities (e.g. adult child of the offender) (See section 5.775);
7. Past or present victimization by the offender with domestic violence or any other form of abuse. If there is any indication that this may have occurred, the CST shall investigate by privately interviewing the potential Approved Supervisor using questions derived to identify perpetration behaviors⁵¹ or by requiring the offender to participate in a single issue polygraph regarding physical and sexual violence. Confidentiality for a victim in this situation must be upheld due to the possibility of offender retaliation.

Discussion: The CST shall periodically re-assess the Approved Supervisor to ensure ongoing compliance with qualifications and ensure that the Approved Supervisor is not subsequently excluded given that situations may change.

5.773 All sex offender treatment providers shall offer an Approved Supervisor training program of sufficient duration for the potential Approved Supervisor to learn, process, and internalize information about offender characteristics, risk, and behaviors. Additionally, providers shall require Approved Supervisors to attend ongoing support groups where concerns shall be discussed and addressed and clarification regarding expectations is available.

5.774 The CST shall ensure that the Approved Supervisor demonstrates understanding of the following information:

1. The underlying factual basis of the present offense(s);
2. The offender's thorough disclosure of the offense and acceptance of all responsibility;
3. The offender's complete and verifiable sexual history disclosure;
4. What constitutes sexual offending and other abusive behavior and the ongoing risk the offender presents to minors;
6. The offender's risk factors, deviant sexual arousal patterns, offense cycle, pathways, and grooming behaviors;
7. Offender treatment progress and offender risk are variable over time;
8. Any offender mental health issues without making excuses for his/her behavior;
9. The offender's community supervision conditions, including Standard 5.710, treatment contract expectations, and rules regarding the approved contact;
10. The offender's requirement to provide the CST with a written safety plan for supervised contact;
11. Any offender history of domestic violence and risk to his/her partner or to other family members;
12. The offender's potential ability to manipulate the Approved Supervisor;

5.775 Approved Supervisor Duties and Responsibilities

The treatment provider shall develop a written contract that is signed by the CST and the Approved Supervisor. The contract shall require that the Approved Supervisor:

1. Maintain qualifications and stay current on the knowledge and responsibilities as referenced in Standards 5.771 through 5.774, including annually providing the CST with a certified copy of

⁵¹ e.g. Danger Assessment by Jacquelyn Campbell

- his/her criminal history through the Colorado Bureau of Investigation that incorporates CCIC/NCIC information;
2. Shall not consume alcohol or mind-altering substances while functioning as a Approved Supervisor;
 3. Maintain confidentiality regarding victim information;
 4. Ensure compliance with all rules as specified by the CST;
 5. Only allow contact with minors approved by the CST;
 6. Never leave the offender alone with a minor or victim and always be within sight and sound of the offender and the minor/victim during contact;
 7. Intervene when high risk situations or behaviors occur by immediately terminating contact and reporting concerns to the CST;
 8. Assess the minor's emotional and physical safety on a continuing basis and terminate contact immediately if any aspect of safety is jeopardized;
 9. Report any safety issues including domestic violence or violence toward family members or threats of abuse or violence toward the Approved Supervisor;
 10. Maintain open and honest communication with the CST:
 - Regularly report offender's relevant behaviors and attitudes
 - Respond to inquiries by the CST
 - Meet with the CST as requested
 - Provide documentation of contacts
 - Express any concerns to the CST regarding the offender's non-compliance with the contract or treatment conditions

5.776 The following shall be specified in the written Approved Supervisor contract:

- Name(s) of the minor(s) with whom the Approved Supervisor is allowed to oversee any type of contact;
- Abide by the offender's approved safety plan for contact;
- If the Approved Supervisor is not in compliance with all of the requirements, the CST may discontinue or modify any contact privileges or the approval status of the Approved Supervisor;
- An explanation of a Approved Supervisor's potential civil liability for negligence in enforcing stated rules and limitations;

5.780 Circumstances under Which Criteria May Be Waived

Allowing contact prior to fulfillment of the criteria outlined in Section 5.740 of these Standards and Guidelines should occur only in rare circumstances. In addition, the CST shall agree that there is minimal risk of any crossover or additional crimes of opportunity. While it is not appropriate for the criteria to be waived in its entirety for ongoing contact, there may be parts of the criteria that may be waived or postponed.

When making a decision to waive any part of the criteria in Section 5.700 of these Standards, there shall be full consensus of the CST. An explanation of the specific circumstances and reasons shall be documented, including the potential risk to the community, victim(s), and potential victims involved.

5.781 Non-Victim Contact

Occasionally, the CST may approve a broader waiver of 5.740 criteria for a one-time contact only, such as for a minor child's contact with the offender in a therapy session to assist non-victim minor children in adjusting to the offender's removal from the home. Any approval for this

kind of closure/explanation session shall be in writing and the CST shall determine all the particulars of that session. If the minor child(ren) has a therapist or an advocate, that person should also be present during that session. The community supervision CST shall take every precaution to ensure that the minor children with whom a sexual offender is doing this kind of closure or explanation session are not his/her primary victims.

5.782 Adult Victim Contact

There may be instances when an adult victim desires contact with an offender prior to 5.755 criteria having been achieved. CSTs should staff these situations and determine if contact should be allowed and under what circumstances (e.g. with a therapist present, telephone contact, etc.). Victim safety and offender rehabilitation shall remain the priorities.

6.000
STANDARDS OF PRACTICE FOR POST-CONVICTION SEX OFFENDER POLYGRAPH TESTING

6.000 Requirement for Post Conviction Polygraph Testing

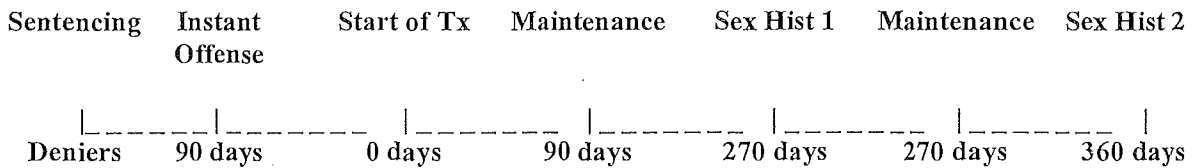
The polygraph shall be used to add incremental validity to treatment planning and risk management decisions regarding sex offenders in community and institutional settings. The concept of “incremental validity” refers to improvements in decision making through the use of additional information sources. Benefits of polygraph testing include improved decision making, deterrence of problem behavior and access to information that might otherwise not be obtained.

Discussion: Polygraph testing is one of many decision-support tools, and does not replace other forms of behavioral monitoring. The Community Supervision Team (CST) should consider all information from the polygraph examination, including disclosures of information and test results, in making any decisions pertaining to an offender's progress in treatment, activities in the community, and contact with potentially vulnerable persons. Information and results obtained from polygraph examinations should not be used in isolation when making treatment or supervision decisions. Other forms of behavioral monitoring, including drug/alcohol testing, plethysmograph testing, VRT assessment, and traditional investigative practices such as collateral contacts, home visits, work site visits, restrictions and increased supervision and treatment requirements, should be considered whenever polygraph examination results fail to confirm an offender's honesty and compliance with supervision and treatment.

6.001 Expectation for honesty and requirement to resolve all test questions

The CST shall set the expectation of honesty and complete disclosure for the purpose of ensuring community safety and the development of an appropriate treatment plan. If the offender is determined to have unresolved responses to any test questions, all test issues shall be considered unresolved and subject to further investigation.

6.002 Minimum Polygraph Requirements following onset of treatment



6.010 Types of Post-Conviction Polygraph Examinations

CST members, including polygraph examiners, shall maintain the integrity of the distinct types of post-conviction polygraph examinations, and shall not mix questions among maintenance/monitoring, sexual history, instant offense, and event specific exams. However, all polygraph examinations may include personally relevant questions about integrity and honesty with team members, authority figures and other significant persons.

6.011 Initial/Instant Offense Polygraph Examination

This test shall be required whenever significant discrepancies exist between the victim's and offender's accounts of the offense and whenever the offender denies the assault. When used, the exam shall occur within the first 90 days of treatment, or prior to victim clarification meetings.

Discussion: When the offender admits involvement in the issues under investigation, it may be useful to test the limits or extent of the offender's admitted behaviors. However, testing the limits of admitted behavior is more complicated compared with testing any involvement in an alleged behavior which the offender completely denies. Team members shall consider the potential impact to a victim to assume we know "everything."

6.012 Sexual History Polygraph Examination

Sexual history polygraph examinations shall be employed to thoroughly investigate the offender's lifetime history of sexual behavior, including identification of victims and victim selection behaviors, numbers of sexual partners, and deviant or compulsive sexual behaviors. An initial sexual history polygraph examination should be administered within the first nine months of treatment and shall be completed within the first eighteen months of entering treatment.

Discussion: The use of the polygraph examination in the treatment and supervision of convicted sex offenders underscores the fact that many offenders keep secrets about their dangerous and abusive lifestyles. Discussions with convicted sex offenders and professionals in the field suggest that the decision to reveal past secrets and all victims of abuse is an essential component in the development of meaningful treatment and containment plans. The use of the polygraph examination combined with the sexual history documentation prepared by the offender as part of the group process underscores the SOMB's expectation for honesty and compliance from offenders who have agreed to participate in supervision and treatment. Resolution of polygraph test questions may provide a reasonable basis to establish a tenuous trust relationship between known sex offenders and persons concerned about the offender.

- A. The treatment provider shall ensure that the offender has completed a written sexual history disclosure using the SOMB Polygraph Sexual History Packet prior to the examination date. A sexual history polygraph examination shall not be conducted until the offender has written his/her sexual history and reviewed it in their treatment program. The treatment provider shall ensure that the polygraph examiner has access to a copy of the offender's SOMB Polygraph Sexual History Packet prior to or at the time of the exam. If the packet is not received by the time of the examination appointment, the examiner shall have the discretion of administering a sexual history polygraph examination or another type of examination.

Discussion: Proper polygraph preparation by the offender involves the thorough review of recent and past behaviors. Offenders must be prepared to be open and honest with the polygraph examiner as the first step of offender accountability and community safety. Effective preparation has been shown to improve an offender's ability to resolve questions and issues of concern.

- B. The sexual history polygraph examination process shall cover the following areas:
1. Sexual contact with underage persons (persons younger than age 15 while the offender 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.
- C. At the discretion of the CST, additional polygraph investigation may be necessary to explore the offender's history of involvement in other paraphilias including sexually compulsive behaviors, other sexually deviant activities, or unlawful sexual behaviors.

Discussion: CST members may direct the offender to address his or her sexual history polygraph examination requirements in a series of narrowly focused examinations instead of broader examination methods.

- D. The CST should consider utilizing relevant questions that ask the female offender if she has helped or planned with anyone to commit a sexual offense, either against a minor-aged person, or a forcible sex act against anyone. Another area of consideration is whether she has been present when anyone has committed an illegal sex act. These questions should be covered in the female sex offender's sex history exam, and can also be utilized during a monitoring polygraph exam.

Discussion: Problematic and concerning behaviors by female offenders may not be detected or covered in the typical sex history questioning.

- E. Failure to verify the offender's sexual history via non-deceptive polygraph results within twelve months after the onset of sex offense specific treatment shall result in a face-to-face or telephone staffing to determine the reasons for the offender's non-compliance with this requirement, and any steps necessary to effect more complete disclosure and satisfaction of this requirement. Structured intervention approaches, such as the polygraph decision grid in Appendix C-4, shall be used to address and correct these situations. For offenders whose sexual history polygraph examination results remain unresolved following this time-frame (12 months after onset of treatment), the CST shall respond to the offender's risk level in a manner consistent with offenders who are highly impulsive with prominent deviancy, compulsivity, and widely varied offending behaviors. Offenders who reside in highly restrictive institutional settings may be subject to programmatic time-lines that differ from community based programs.

Discussion: Sexual history polygraph examinations should generally be delayed for offenders who are denying significant aspects of the instant offense, including any substantial discrepancies between the victim's and offender's account of the abuse. Proper procedure dictates that denial surrounding the details of the instant offense be satisfactorily resolved before proceeding to a more general sexual history polygraph. However, when history examinations do occur prior to resolving the index offense, test questions shall exclude reference to the victim(s) of the instant offense.

- F. Under rare circumstances, the CST can waive the SOMB requirements for fully resolved sexual history polygraph examination results – such as when an offender has already made substantial disclosures in all areas of inquiry and when additional information is unlikely to more fully inform the community supervision team about risk level, sexual deviancy or compulsivity patterns, and related treatment needs.

6.013 Maintenance/Monitoring Polygraph Examination

Maintenance/monitoring polygraph examinations shall be employed to periodically investigate the offender's honesty with community supervision team members and compliance with supervision. Maintenance/monitoring polygraph examinations shall be implemented every four to

six months, starting within the first 90 days of treatment and then periodically thereafter. A minimum of two maintenance/monitoring polygraphs shall occur on an annual basis. Maintenance/monitoring polygraphs shall be employed more frequently with those offenders who present as high-risk, have previously unresolved examination results, or may benefit from more active monitoring. Any follow up examination to resolve deceptive or inconclusive results shall be regarded as part of the initial examination and does not replace the minimal requirement for two maintenance polygraph examinations during each 12 month period.

Discussion: The polygraph conducted in the absence of any new allegations or incidents of concern can be an effective deterrent to high risk or non-compliant behavior. Research suggests the use of the polygraph can reduce involvement in ongoing sexually deviant behaviors and improves outcomes in supervision and treatment programs. Research and experience with other forms of deterrent interventions (e.g., drug screening) suggest that random vs. scheduled periodic testing may present a more effective deterrent effect in some situations. For this reason, community supervision team members should consider the possible deterrent benefits of randomly scheduled maintenance/monitoring exams for some offenders.

- A. Maintenance/monitoring polygraph examinations shall cover a wide variety of sexual behaviors and compliance issues that may be related to victim selection, grooming behaviors, deviancy activities or high risk behaviors. Maintenance/ monitoring polygraph examinations shall prioritize the investigation and monitoring of the offender's involvement in any non-compliance, high-risk, and deviancy behaviors that may change over time and would signal an escalating risk level prior to re-offending. Narrowing the scope of maintenance/monitoring examinations can sometimes be helpful to address concerns about possible re-offending, and may be useful to resolve the concerns of the community supervision team. Waiting to catch the offender after re-offense is too late to prevent another person from being victimized.

Discussion: It is generally understood in testing sciences that broader screening examinations, regarding multiple or mixed issues, offer greater screening utility through sensitivity to a broader range of possible concerns, while more narrowly focused tests offer greater diagnostic specificity to support action or intervention in response to known incidents or specific allegations.

- B. When an offender is residing in an SLA with other offenders, it is appropriate for the polygraph examiner to ask questions in the pre test interview that address whether or not the offender has knowledge of another SLA member committing acts that are either illegal in nature, or violate his/her supervision agreement.
- C. Maintenance/monitoring polygraph testing shall continue regardless of the timing of other polygraph testing such as sexual history, instant offense, or event specific investigations. The frequency of maintenance/monitoring testing may be accelerated if the offender's sexual history remains unresolved following 12 months after beginning sex offense specific treatment.
- D. The CST shall prioritize the investigation of more recent behaviors when evaluating the offender's present stability or acute/short-term risk level. The CST should generally require that all test questions and all time periods are satisfactorily resolved before moving on to another maintenance/monitoring exam with different questions or time-frames.
- E. When offenders fail to resolve a maintenance polygraph, the community supervision team shall manage the offender as a high risk offender.

6.014 Event-Specific Polygraph Examination

Event-specific (specific issue) polygraph examinations shall be used to investigate the details of an offender's involvement in a known or alleged incident, or to resolve any discrepancies or inconsistencies in the offender's account of a known incident or allegation. Due to the critical nature of these issues, the CST may convene a staffing to determine the necessity of any treatment or supervision interventions (see Sanctions Grid in Appendix C-4) in response to any deceptive or unresolved test results.

Discussion: The CST should not conduct event specific polygraph examinations on active criminal investigations, unless by agreement with the investigators.

6.015 Child Contact Assessment Polygraph Examination

Child contact assessment (CCA) polygraph examinations shall be used to assist the community supervision team in making recommendations about contact with the offender's own children who are not already known to be victims or siblings of victims. The CCA polygraph shall occur prior to the completion of the child contact assessment (pursuant to Standard 5.7). This examination is conducted in the absence of known or alleged offenses against the offender's own children, and is conducted for the purpose of gathering information to assist in the assessment of the offender's potential risk to offend against his/her own children.

6.020 Use of Polygraph by the Community Supervision Team (CST)

Results and information from polygraph examinations shall be used to assist CST members in tailoring more effective intervention and containment strategies. Timely administration of polygraph examinations assists the CST in effectively monitoring offenders in the community.

6.021 Communication with the offender

CST members shall not advise offenders of specific test questions prior to the scheduled appointment, although offenders can be informed regarding the type of examination.

6.022 Communication with the examiner

CST members shall confer and convey to the examiner the type of exam to be administered as well as any specific areas of concern.

6.023 Examiner responsibility for test questions

The examiner shall make the final determination of questions used, and determine whether to administer a broader or more narrowly focused examination.

6.030 Responding to Polygraph Examination Results

All CST members shall review the test report, and respond to any unresolved test results by sanctioning the offender per, but not limited to, the sanctions grid in Appendix C-4.

Discussion: Research demonstrates that the use of the polygraph with convicted sex offenders is most effective when sanctions, including consequences, restrictions and increased treatment relevant to any disclosed high-risk behaviors or unresolved test results are imposed quickly. Use of structured interventions, such as the Polygraph Decision Grid, when responding to test results is essential to safely managing the offender and facilitating success in treatment and supervision.

6.031 Follow-up examinations

Deceptive or inconclusive test results, or attempts to manipulate the test results, shall be addressed through follow-up examination within a short period of time, and the community supervision team has discretion regarding increased containment while awaiting resolution.

- A. Follow-up examinations shall occur within 60 days and can be conducted as early as 48 hours after the initial examination. The time frame for testing shall be prioritized based on the offender's level of threat to the community and can be adjusted based upon the offender's preparedness to address and resolve any remaining issues of concern.
- B. Resolution of remaining concerns upon follow-up testing shall be regarded as satisfactory resolution of the earlier test results, and follow-up examinations shall be regarded as a component of the earlier unresolved examination. In most cases it is recommended that follow-up examinations be completed with the same examiner.

Discussion: Non-deceptive test results are considered conclusive and the issue(s) under investigation shall be considered satisfactorily resolved. However, non-deceptive test results alone do not ensure safety on the part of the offender, nor should they automatically result in reduced monitoring on the part of the community supervision team.

- C. New admissions or the presence of deceptive reactions at the time of follow-up testing shall require the initial examination to be regarded as unresolved and therefore re-investigated in its entirety.

6.032 Preventing splitting and triangulation

Team members shall not allow splitting or triangulating behaviors, and splitting efforts by the offender shall be communicated to other team members. Treatment providers and supervising officers shall not offer the offender excuses or justifications for deceptive or unresolved reactions to polygraph test questions; it is the offender's responsibility to explain such reactions to the team.

6.033 Technical expertise of the examiner

Questions regarding the technical aspects of the polygraph shall be referred to the polygraph examiner. CST members shall not attempt to educate offenders regarding how to pass or defeat the polygraph test, but shall limit their discussion to the need for honesty and disclosure. When any team member has difficulty understanding or interpreting written polygraph reports or results, he or she shall contact the polygraph examiner for clarification and refrain from interpreting polygraph results beyond what is contained in the report.

6.100 Administration of the Polygraph Examination

Polygraph examiners shall adhere to the established ethics, standards, and practices of the American Polygraph Association (APA) and the American Society for Testing and Materials (ASTM).

6.110 Equipment and instrumentation

Examiners shall use a computerized polygraph system consisting of five or more channel polygraph instrument that will simultaneously record the physiological phenomena of abdominal and thoracic respiration, electro-dermal activity, changes in cardiovascular activity, and additional component sensors to monitor and record in-test behavior.

6.120 Duration of examination

Each examination (including the pre-test, in-test, and post-test phases) shall be scheduled for a minimum of 90 minutes in duration. Examiners shall not conduct more than five post-conviction examinations per day.

6.130 Adherence to recognized standards

Polygraph examiners shall conduct all polygraph examinations in a manner that is consistent with the accepted standard of practice within the professional polygraph community.

Discussion: In order to avoid a conflict of interest with an in-house polygraph examiner, the integrity of the three distinct roles/perspectives of the CST must be preserved. The polygraph examiner and therapist or supervising officer must never be the same person. In community settings, the offender shall not be mandated to test with the in-house examiner.

6.140 Testing procedures

Examiners shall use examination techniques recognized by the American Polygraph Association (APA) as acceptable for Post-Conviction Sex Offender Testing (PCSOT).

6.141 Authorization and release

The examiner shall obtain the offender's agreement, in writing or on the audio/video recording, to a standard waiver/release statement. The language of the statement shall minimally include the offender's voluntary consent to take the test, that all information and results will be released to professional members of the community supervision team, an advisement that admission of involvement in unlawful activities will not be concealed from authorities, and a statement regarding the requirement for audio/video recording of each examination.

For offenders with a developmental disability, the examiner shall obtain the written agreement of the offender with a developmental disability, and if applicable, the legal guardian, for participation in the polygraph examination and the release of information authorization.

Discussion: Polygraph examiners are not mandatory child abuse reporters by statute; this includes polygraph examiners with clinical training. All members of the community supervision team who are mandatory child abuse reporters are responsible for assuring the timely and accurate reporting of child abuse to the appropriate authorities.

6.142 Case background information

The examiner shall request and review all pertinent and available case facts within a time frame sufficient to prepare for the examination.

Discussion: The supervising officer or treatment provider should ensure that the polygraph examiner conducting the current exam receives a copy of the Pre-Sentence Investigation Report (PSIR) and/or police report(s), the sexual history disclosure packet, the sex offense specific evaluation, the most recent polygraph report(s), and information relevant to clarifying a previously deceptive or unresolved examination (in addition to any other pertinent information about the purpose of the current examination).

6.143 Offender background information

Prior to beginning the examination, the examiner shall elicit relevant personal information from the offender consisting of brief personal and demographic background information, case

background information, and medical/psychiatric health information (including medications) pertaining to the offender's suitability for polygraph testing.

6.144 Review of testing procedures

The testing process shall be explained to the offender, including an explanation of the instrumentation used.

6.145 Pre-test interview

The examiner shall conduct a thorough pre-test interview, including a detailed discussion of each issue of concern. There shall be an open dialog with the offender to confirm his/her version of all issues under investigation.

6.146 Test questions

Before proceeding to the in-test phase of an examination, the examiner shall review and explain all test questions to the offender. The examiner shall not proceed until he/she is satisfied with the offender's response to each issue of concern.

A. Question construction shall be:

- Simple, direct and easily understood by the examinee;
- Behaviorally descriptive of the offender's involvement in an issue of concern (questions about knowledge, truthfulness, or another person's behavior are considered less desirable);
- Time limited (date of incident or time-frame);
- Absent of assumptions about guilt or deception;
- Free of legal terms and jargon;
- Avoid the use of mental state or motivational terminology.

B. While the community supervision team members shall communicate all issues of concern to the examiner in advance of the examination date, the exact language of the test questions shall be determined by the examiner at the time of the examination.

6.147 Number of test charts

Three to five primary test charts shall be administered on the exam issue(s).

6.148 Post-test review

The examiner shall review initial test results with the offender. Offenders shall be given the opportunity to explain or resolve any reactions or inconsistencies.

6.149 Examination recording

Recording (audio and video) of polygraph examinations shall be required. Audio and video recording of the entire examination shall be maintained for a minimum of three years from the date of the examination.

6.150 Examination results

All testing data shall be hand scored by the examiner. Computerized scoring algorithms may be used for comparative purposes and quality assurance in the field.

6.151 Test results

The examiner shall render an empirically based opinion regarding the examinee's truthfulness or deception to each test question.

- A. Examiners shall render an empirically based opinion that the test results indicate the examinee was deceptive whenever there are significant physiological responses that meet established criteria;
- B. Examiners shall render an empirically based opinion that the test results indicate the examinee was non-deceptive (i.e., truthful) whenever there are no significant physiological responses that meet established criteria;
- C. Examiners shall render "no opinion" whenever test results yield "inconclusive" scores, or whenever the overall set of test data do not allow the examiner to render an empirically based opinion regarding individual test questions. Examiners shall note in the examination report whenever it is suspected that an examinee has attempted to falsify or manipulate the test results, and whether the examinee was forthcoming in explaining his or her in-test behavior.

Discussion: "No opinion" is synonymous with "inconclusive."

6.152 Test results based on all available information

Consistent with other professional standards, the examiner shall be responsible for rendering an empirically based opinion regarding a polygraph examination. The opinion shall be based on all information gathered during the examination process. The computer algorithm shall never be the sole determining factor in any examination.

6.153 Prohibition against mixed results

To reduce the likelihood of erroneous test results, examiners shall not conclude the offender is deceptive in response to one or more test questions and non-deceptive in response to other test questions within the same examination.

6.160 Examination report

Examiners shall issue a written report to all members of the community supervision team within fourteen days of the examination. The report shall include factual and objective accounts of the pertinent information developed during the examination, including statements made by the examinee during the pre-test and post-test interviews.

6.161 Content of the examination report

All polygraph examination written reports shall include the following information:

- Date of examination;
- Beginning and ending times of examination;
- Reason for examination;
- Referring or requesting agents/agencies (all members of the CST);
- Name of offender;
- Location of offender in the criminal justice system (probation, parole, etc.);
- Case background (instant offense and conviction);

- Any pertinent information obtained outside the exam (collateral information if available);
- Brief demographic information (marital status, children, living arrangements, occupation, employment status, etc.);
- Statement attesting to the offender's suitability for polygraph testing (medical/psychiatric/developmental);
- List of offender's medications;
- Date of last post-conviction examination (if known);
- Summary of pre-test and post-test interviews, including disclosures or other relevant information provided by the offender;
- Examination questions and answers;
- Examination results;
- Reasons for inability to complete exam (if applicable);
- Any additional information deemed relevant by the polygraph examiner (e.g., behavioral observations or verbal statements).

6.162 Raw data and numerical scores

All numerical and computer scores shall be considered raw data and therefore shall not be disclosed in written examination reports.

6.163 Information released only to professionals

Written polygraph reports and related work products shall be released only to CST members, the court, parole board or other releasing agency, or other professionals at the discretion of the community supervision team.

6.164 Communication with the examiner after testing

Following the completion of the examination and post-test review, examiners shall not discuss polygraph results with the offender, or the offender's family members, unless done in the context of a formal case staffing.

6.170 Quality assurance

Examiners shall seek peer review of at least two examinations per year using the protocol. Additional peer reviews may be requested by the community supervision team. Quality assurance reviews shall consist of a systematic review of the examination report, test data, test questions, scored results, computer score (if available), audio/video recording, and collateral information. Documentation of six quality assurance peer reviews shall be submitted to the SOMB at the time of re-application. The purpose of the Quality Assurance Protocol shall be to facilitate a second professional opinion regarding a particular examination, to gain professional consensus whenever possible, and to formulate recommendations for the community supervision team.

Discussion: The Quality Assurance Protocol is intended to advise members of the CST on the polygraph test about the strengths and limitations of a particular test, and to provide examiners with a formal vehicle for gaining professional feedback and consensus. Quality assurance activities include: compliance with standards of practice, certification requirements, ongoing training, supervision and oversight, options for recourse in the event of identified problems, and program evaluation. Quality assurance activities take place at varying levels of formality,

including informal data checks via audio/video recording, procedural or follow-up case-staffing with the examiner, collaborative peer review, blind review, panel review, or referral to an outside agency for quality assurance review.

6.171 Initiating the quality assurance review

With the exception of exams required for reapplication purposes, quality assurance reviews shall be initiated by a member of the community supervision team. Quality assurance reviews may be initiated in response to a variety of circumstances, including but not limited to:

- A. A formal or informal complaint regarding non-compliance with these *Standards*, or when critical decisions may be influenced by the information or results from the polygraph test.
- B. When separate examinations yield differing test results regarding the same issue(s) and/or time period. This review would then be completed by the two examiners whose examinations yielded differing results. The purpose of this review is to clarify the reasons for the differing test results and formulate a recommendation for the community supervision team. If consensus cannot be reached, the team shall consult with a third, independent, SOMB listed full operating level polygraph examiner, agreed upon by both polygraph examiners, to review the conflicting information and offer an opinion regarding the issue. If differences in test results remain unresolved, both examinations shall be set aside and a new polygraph examination shall be conducted. Whenever consensus cannot be reached, the community supervision team must err on the side of community safety when considering their response.
- C. When an examiner determines the test subject has attempted to use manipulative techniques to alter the test results. The purpose of the review is to confirm the offender's use of manipulative techniques prior to the imposition of sanctions or consequences for non-cooperation. This review may not be necessary when the offender admits non-cooperation, explains his or her in-test behavior, and is forthcoming in discussing his or her knowledge of the polygraph technique. In these cases the test results may be regarded as inconclusive or unresolved until the issues are subject to re-examination.

6.172 Selection of the reviewing examiner

When initiating a quality assurance review, the CST members shall contact the original examiner and, together with the original examiner, select an independent, full-operating level polygraph examiner to complete an objective peer review.

The reviewing examiner shall contact the original examiner with any questions and feedback, and shall complete the Quality Assurance Protocol and the one-page Quality Assurance Summary Report together with the original examiner.

Discussion: It should not be assumed that a reviewer or reviewers present more expertise than the original examiner. Studies have found that results obtained by original examiners have outperformed those of subsequent reviewers (National Academy of Sciences, 2003). Quality assurance reviews serve only to offer an additional professional opinion to further advise community supervision team members regarding a polygraph test whose decisions may be affected by the information and results obtained.

6.173 Conclusions from the quality assurance review

Community supervision team members shall include the one-page Quality Assurance Summary Report in the offender's treatment and supervision files. Quality assurance reviewers shall refrain from making global or generalized conclusions regarding an examiner's work or competence

(which cannot be done based upon a single examination). Unless an empirical flaw is identified, the reviewing examiner shall endorse the original examiner's reported results, and shall limit professional opinions to the following conclusions:

- A. Examination is supported - results shall be accepted;
- B. Examination is not supported - results shall be set aside;
- C. Examination is supported but qualified by identifiable empirical limitations - results may be set aside or accepted with reasonable caution. Such qualifying limitations may include identifiable empirical limitations pertaining to offender suitability, data quality, and clarity of the issue/s under investigation, and are often noted by the original examiner in the examination report.

Discussion: Setting aside an examination result does not include removal of the examination report from the offender's supervision and treatment files, but should include the addition of documentation regarding the community supervision team's response.

6.200 Use of Polygraph with Special Considerations

The CST shall address any special considerations, such as severe medical, psychiatric, or developmental conditions that may affect an offender's suitability for polygraph testing. When deciding whether to use polygraph testing with such offenders, the CST shall consider the probable benefits of testing, including improved decision-making, deterrence of problem behavior, and the value of additional disclosed information that might otherwise not be obtained.

6.210 Determination of suitability for testing

The CST shall have the authority to determine whether to use polygraph testing when there are special considerations. In dealing with special considerations, the CST shall consult with the examiner before deciding whether to employ polygraph testing. Polygraph examinations shall not be employed with such offenders unless the CST determines that such testing would add incremental validity to important treatment decisions. Offenders who are acutely psychotic, suicidal, or have un-stabilized serious mental health conditions, including dementia, are generally not suitable for polygraph testing. In addition, offenders suffering from serious injury or illness, or under the influence of non-prescribed controlled substances are generally not suitable for polygraph testing. Offenders' mental status results indicating a lack of clear awareness of the concepts of truthfulness or lying, or a lack of capacity to anticipate consequences for telling the truth or lying, based on a mental or emotional condition, may not be suitable for polygraph testing. Polygraph examiners shall not test offenders who present as clearly unsuitable for polygraph testing at the time of the examination. The CST shall periodically review each offender's suitability for polygraph testing. In cases where the offender is determined to be unsuitable for polygraph testing, the CST shall consider other forms of behavioral monitoring.

6.211 Documentation of Special Considerations

The polygraph examiner shall obtain and note in the examination report a list of the offender's prescription medication, any medical or psychiatric conditions, and any other special considerations as identified in this section. The CST shall advise all offenders to continue taking prescription as directed by their medical or psychiatric professional.

Discussion: The CST may consult with the offender's physician or psychiatrist before employing polygraph examinations in such cases. Use of prescribed medication for either a medical or psychiatric condition may or may not impact an offender's suitability for polygraph testing. Persons who function optimally while taking prescribed medication may also produce polygraph data of optimal interpretable quality. However, persons who take multiple prescription medications may be more likely than others to exhibit polygraph test data of marginal interpretable quality.

6.212 Release of information

Offenders with special considerations, and if applicable their legal guardian, shall be required to execute appropriate authorizations so that the CST can consult with and obtain records from professionals who are treating or who have treated in the past those offenders suffering from medical, mental or emotional conditions.

6.213 Sensitivity to special considerations

If the CST determines that it is appropriate to use a polygraph examination with an offender who presents with special considerations, the examiner shall conduct the examination in a manner that is sensitive to the offender's physical, mental, or emotional condition. The examiner shall note in the examination report those conditions that may have affected the offender's suitability for testing.

Discussion: Polygraph examinations completed on special population offenders (see definition in Definitions section) may be regarded as "qualified" and the test results should be viewed with caution. In this context, "qualified" means that the test results may not have the same level of validity as test results that are not complicated by special considerations.

6.220 Language barriers

The need for language translation, including both foreign languages and sign languages, shall be assessed by the CST on a case-by-case basis.

Discussion: Polygraph examinations completed with the aid of a language interpreter should be regarded as "qualified" and the test results should be viewed with caution.

6.221 Selection of interpreters

The polygraph examiner shall utilize a court certified interpreter, whenever possible. It is important that idiomatic language usage be done accurately and consistently across each successive test chart. Offender's relatives or friends shall not serve as interpreters for polygraph examinations. The examiner shall inform the interpreter in advance about the process of the polygraph test. The examiner shall obtain from the interpreter a written translation, including a mirror translation, of each question presented during the in-test phase of an examination. This translation shall be prepared prior to the in-test phase and shall be maintained as part of the polygraph examination record.

6.230 Cultural awareness

Polygraph examiners shall be sensitive to ethnic or cultural characteristics when conducting examinations. Polygraph examiners shall attempt to elicit information regarding ethnic or cultural

characteristics in advance of the examination date and shall conduct the examination in a manner that is sensitive to those ethnic or cultural characteristics.

6.240 Managing offender manipulation of special consideration

The CST shall convene a staffing and case review for all offenders who are determined to be malingering, feigning, or exploiting their special considerations as described in this section for purposes of avoiding polygraph examinations. The purposes of the staffing are to determine whether sanctions should be employed, whether additional behavioral restrictions are employed, or in extreme cases whether removal from community supervision should be considered.

7.000

STANDARDS FOR PLETHYSMOGRAPHY

7.100 Standards of Practice for Plethysmograph Examiners

- 7.110 A plethysmograph examiner shall adhere to the "Guidelines for the Use of the Penile Plethysmograph,"⁵² published by the Association for the Treatment of Sexual Abusers, ATSA Practitioner's Handbook. (See Appendix C) and shall demonstrate competency according to professional standards and conduct plethysmograph examinations in a manner that is consistent with the reasonably accepted standard of practice in the plethysmograph examination community.
- 7.120 Plethysmograph examiners shall adhere to the following specific procedures during the administration of each examination:
- A. The examiner shall obtain the informed assent of the offender for the plethysmograph examination, and shall inform an offender of the examination methods, how the information will be used, and to whom it will be given. The examiner shall also inform the offender about the nature of the evaluator's relationship with the offender and with the court. The examiner shall respect an offender's right to be fully informed about the examination procedures, and results of the examination should be shared with the offender and any questions clarified;
 - B. The examinee shall also sign a standard waiver/release of information statement. The language of the statement should be coordinated prior to the plethysmograph examination with the therapist, probation/parole officer, community corrections case manager, or prison treatment provider;
 - C. The examiner shall elicit relevant biographical and medical history information from the examinee prior to administering the actual plethysmograph examination;
 - D. The testing process shall be completely explained to the examinee, including an explanation of the instrumentation used and causes of general nervous tension;
 - E. Test results shall be reviewed with the examinee;
 - F. The examiner must have received all pertinent and available case facts within a time frame sufficient to prepare for the examination.
- 7.130 Plethysmograph examinations should never be used in isolation. The results must be utilized in conjunction with other evaluative measures or as a part of a treatment program to effectively assess risk.

⁵² Plethysmographic testing measuring physiological changes associated with sexual arousal are also available for female sex offenders.

8.000

DENIAL OF PLACEMENT ON PROVIDER LIST

- 8.010 The SOMB reserves the right to deny placement on the Provider List to any applicant to be a treatment provider, evaluator, clinical polygraph examiner or plethysmograph examiner under these *Standards*. Reasons for denial include but are not limited to:
- A. The SOMB determines that the applicant does not demonstrate the qualifications required by these *Standards*;
 - B. The SOMB determines that the applicant is not in compliance with the *Standards* of practice outlined in these *Standards*;
 - C. The applicant fails to provide the necessary materials for application as outlined in the application materials and the administrative policies and procedures;
 - D. The applicant has been convicted or received a deferred judgment for any criminal offense;
 - E. The applicant has been found to engage in unethical behavior by any licensing or certifying body or has had a license or certification revoked, canceled, suspended or been placed on probationary status by any professional oversight body;
 - F. The applicant is addicted to or dependent on alcohol or any habit forming drug as defined in section 12-22-102, C.R.S., or is a habitual user of any controlled substance as defined in section 12-22-303, C.R.S., or any alcoholic beverage;
 - G. The applicant has a physical or mental disability which renders the applicant unable to treat clients with reasonable skill and safety or which may endanger the health or safety of persons under the individual's care;
 - H. The SOMB determines that the results of the background investigation, the references given or any other aspect of the application process are unsatisfactory.

9.000

CONTINUITY OF INFORMATION

Discussion: Standards for continuity of information are necessary to reduce the fragmentation and/or duplication of information in case files and to provide a full record of a sex offender's history of offending and history of compliance.

- 9.010 The pre-sentence investigation report should include police report(s), including victim statements, sex offense-specific evaluation, and child protection reports when the victim is a child or when any child lives in the offender's residence. The pre-sentence investigation report for any sex offender placed in the custody of the Department of Corrections (DOC) should be forwarded to the DOC's Denver Reception Diagnostic Center.
- 9.020 When an offender is placed in the custody of DOC, the DOC should request the probation or community corrections file for any offender who has been on probation or community corrections for a sexual offense in the past.
- 9.030 When a sex offender is released from the DOC on parole or accepted into Community Corrections, DOC shall send all records which:
- Describe the offender's level of cooperation and institutional behavior
 - Describe the offender's participation in treatment
 - Suggest specific conditions of parole
 - Indicate ongoing risk

In addition, DOC should forward information on the treatment status of the offender, a copy of the discharge contract if the offender is in treatment, a copy of the sex offense-specific evaluation, and notification if the offender refused treatment.

- 9.040 When an offender is released on parole or community corrections, the parole officer or community corrections case manager shall request the probation file for any offender who has been on probation for a sexual offense in the past.
- 9.050 Discharge information to be recorded by the supervising officer at the termination of community supervision should be available in the file and should include records of the offender's:
- Treatment progress
 - Successful or unsuccessful completion of treatment
 - Auxiliary treatment
 - Community stability
 - Residence
 - Compliance with supervision plan and conditions of probation/parole/community corrections
 - Most current risk assessment

9.060 Discharge information to be recorded at the termination of a prison sentence should be available in the file and should include records of the offender's:

- Involvement in sex offender treatment
- Successful or unsuccessful completion of treatment
- Auxiliary treatment
- Relapse prevention plan, if available
- Level of risk

10.000

RECOMMENDATIONS FOR MANAGEMENT AND INFORMATION SHARING ON ALLEGED SEX OFFENDERS PRIOR TO CONVICTION

Discussion: Following are recommendations for the management of alleged sex offenders prior to conviction. Although the Sex Offender Management Board has no authority to set standards for alleged sex offenders prior to conviction, the SOMB strongly recommends that these guidelines be followed in order to establish both the data and practices to support the later assessment, treatment, and behavioral monitoring of convicted sex offenders.

1. Investigation of reports to law enforcement and child protection services.

Information that will contribute to the future assessment of an alleged sexual offender and preserve evidence is best obtained through a thorough and objective investigation in which the well-being of the alleged victim is of primary importance.

Investigations that preserve the well-being of the alleged victim include such approaches as:

- Providing immediate medical referral
- Minimizing the number of interviews of children
- Using a child advocacy center to interview children; increasing the comfort level of the adult alleged sexual assault victim being interviewed as much as possible
- Removing the alleged perpetrator, rather than the child alleged to be a victim of sexual abuse from the home
- Using forensic medical examinations that meet the standards set by the Colorado Coalition Against Sexual Assault⁵³
- Providing emotional support (and victim advocacy services) to the alleged victim
- Using community-based protocols for the response to alleged victims of sexual abuse⁵⁴

2. Documentation of sexual abuse.

Complete documentation will assist in developing future treatment and supervision plans and in protecting the alleged victim and the community. Both child protection and law enforcement investigative reports should provide detailed information on the behavior of the alleged perpetrator related to and including the sexual offending behavior.

Investigative reports should include information that describes:

- The dynamics of the alleged abuse
- Alleged offender patterns of grooming (preparing) the victim
- The ways in which the alleged offender discouraged disclosure

⁵³For copies of the *Colorado Sexual Assault Forensic Examination Protocol*, which also includes valuable appendices such as the numbers of rape crisis hotlines in Colorado, contact the Colorado Coalition Against Sexual Assault, P.O. Box 18633, Denver, CO 80218.

⁵⁴For a victim-center protocol for responding to sexual assault, please see *Looking Back, Moving Forward: A Guidebook for Communities Responding to Sexual Assault*, published by the National Victim Center, 2111 Wilson Boulevard, Suite 300, Arlington, VA 22201, (703) 276-2880.

- Presence of child pornography
- Amount of violence and/or coercion
- Any direct or indirect corroboration of the offense
- Evidence of other sexual misconduct

Such information will not only assist in the prosecution of the case but will also contribute to assessment by the pre-sentence investigator, the judge, and the treatment provider/evaluator who will conduct a sex offense-specific evaluation. Such documentation can also assist in confronting offender denial and can establish a modus operandi in the event of future crimes by the offender.

3. Specialized job duties and training.

Whenever possible, investigation and prosecution of sexual assault cases should be assigned to individuals specifically trained to work in this area. Trained individuals are least likely to cause additional trauma to the alleged victim and their investigations are most likely to result in a prosecutable case.

4. Teamwork among law enforcement, child protection services and prosecution.

A team approach to the investigation, review, and case management of sexual abuse reports is vital to the successful prosecution of alleged sexual offenders. Regular meetings of the team enhance community safety and increase the effectiveness of the team. Information should be routinely updated on the status of dependency/neglect petitions, which cases are being criminally filed, and the status of placement decisions.

5. Removal of the perpetrator from the home in intra-familial sexual abuse cases.

Whenever possible, the perpetrator, not the alleged victim should be removed from the home.

6. Family Reunification is dangerous.

In child sexual abuse cases, family reunification is dangerous. When family reunification is a goal of the child protection agency, family reunification should be avoided until after disposition of the criminal case. Before recommending contact with a child victim or any potential victims, responsible parties shall assess the offender's readiness and ability to refrain from revictimizing, i.e. to avoid coercive and grooming statements and behaviors, to respect the child's personal space, and to recognize and respect the child's indication of comfort or discomfort.

A. In addition, the following criteria be met before visitation can be initiated:

1. Sexually deviant impulses are at a manageable level and the offender can utilize cognitive and behavioral interventions to interrupt deviant fantasies;
2. The offender is willing to plan for visits; to develop and utilize a safety plan for all visits and to accept supervision during visits;
3. The offender accepts responsibility for the abuse;
4. Any significant differences between the offender's statements, the victim's statements and corroborating information about the abuse have been resolved;

5. The offender has a cognitive understanding of the impact of the abuse on the victim and the family;
 6. The offender is willing to accept limits on visits by family members and the victim and puts the victim's needs first;
 7. The offender has willingly disclosed all relevant information related to risk to all necessary others;
 8. The clarification process is complete;
 9. Both the offender and the potential visitation supervisor have completed training addressing sexual offending and how to participate in visitation safely;
 10. The offender and the potential supervisor understand the deviant cycle and accept the possibility of re-offense. The offender should also be able to recognize thinking errors;
 11. The offender has completed a non-deceptive sexual history disclosure polygraph and at least one non-deceptive maintenance polygraph. Any exception to the requirement for a non-deceptive sexual history disclosure polygraph must be made by a consensus of the community supervision team;
 12. The offender understands and is willing to respect the victim's verbal and non-verbal boundaries and need for privacy;
 13. The offender accepts that others will decide about visitation, including the victim, the spouse and the community supervision team.
- B. If contact is approved, the treatment provider and the supervising officer shall closely supervise and monitor the process:
1. There must be provisions for monitoring behavior and reporting rule violations to the supervising officer;
 2. Victims' and potential victims' emotional and physical safety shall be assessed on a continuing basis and visits shall be terminated immediately if any aspect of safety is jeopardized;
 3. Supervision is critical when any sex offender visits with any child; supervision is especially critical for those whose crimes are known to have been against children, and most of all during visitation with any child previously victimized by the offender. Any behavior indicating risk shall result in visits being terminated immediately;
 4. Special consideration should be given when selecting visitation supervisors. The visitation supervisor shall have some relationship with the child, be fully aware of the offense history including patterns associated with grooming, coercion, and sexual behaviors and be capable and willing to report any infractions and risk behaviors to the community supervision team members. If the supervisor is not known to the child, then the child's current caregiver should be available. The potential supervisor must complete training addressing sexual offending and safe and effective visitation supervision.

7. Referrals for sex offense specific evaluations.

When an alleged sexual offender is referred for evaluation and assessment, the referral should be to an evaluator/provider who meets the *Standards* for the evaluation of sex offenders. (Section 16-11.7-106 C.R.S requires the Department of Human Services to refer *convicted* sex offenders to evaluators who meet these *Standards*.) However, such an evaluation often will not take the place of the sex offense-specific evaluation required at the pre-sentence investigation, if the individual is convicted in a criminal case.

8. Forwarding of child protection services reports to the pre-sentence investigator.

In cases where the report of an intra-familial sexual assault results in a conviction, the child protection agency should provide the probation department, upon request and with a signed release of information by the offender, with copies of the intake report and the sex offense-specific evaluation in time for the court date.

9. Pre-trial conditions.

With the exception of offense-specific treatment requirements, bond supervision conditions should be similar to the specialized conditions of probation or parole, particularly the prohibition of contact with the alleged victim and, if the victim is a child, with the alleged victim and all other children.

Appendix A RISK ASSESSMENT

Risk assessment refers to an evaluation of the client's overall risk of sexual re-offense. Risk assessments are typically done as part of the evaluation but should reoccur regularly throughout treatment and post-treatment if legal supervision continues.

The following factors should be reviewed in estimating a client's level of risk:⁵⁵

- A. Admission of offenses
 - 1. Level of denial vs. omission about referral offense
 - 2. Level of denial vs. omission about past offenses
 - 3. Admission of undocumented offenses
 - 4. Disclosure of detail not on record and degree of consistency between self-reports and victim statements*
- B. Accountability *
 - 1. Degree of personal responsibility for offenses assumed
 - 2. Degree of disowning behaviors
 - 3. Degree of cognitive distortions to justify the offenses
 - 4. Assumes responsibility for the after effects of offense on the victim
- C. Cooperation
 - 1. Overall attitude in evaluation process
 - 2. Willingness to divulge information
 - 3. Actively participates in interview
 - 4. Presence or absence of passive-aggressive or covert resistance
- D. Offense history and victim choice
 - 1. Number of offenses/length of time offending
 - 2. Number of victims
 - 3. Male, female, or dual gender choice of victims
 - 4. Type of offenses and escalation pattern
 - 5. Age/vulnerability of target victims
 - 6. Violence, sadism, or physical harm in offending
 - 7. Age of onset of deviant arousal/behaviors *
 - 8. Nature and extent of coercion and manipulation to gain victim compliance during offense and regarding non-disclosure. *
 - 9. Offender's intended outcome and desired response from victim. *
- E. Sexual deviancy and arousal pattern
 - 1. Frequency of deviant fantasies
 - 2. Frequency of masturbation to deviant fantasies
 - 3. Assessment of response to fantasy content and level of deviance

⁵⁵ This list of risk assessment factors is adapted from the "adult sexual offender assessment packet", published by the safer society press, Brandon, VT.

* Any modifications to the original are noted by an asterisk.

4. Frequency of masturbation to non-abusive fantasies *
 5. Arousal to violence or sadism
 6. Presence of sexual dysfunction
 7. Use of pornography/seeking sexualized atmospheres
 8. Results of phallometric measures
 9. Practicing responsible sexual behavior
 10. Connects sexuality with caring relationship
- F. Social Interest
1. Level of general victim empathy
 2. Empathy for own victims
 3. Expressions of awareness and authentic regret regarding abusive traumatic and/or harmful nature of behavior to victim(s) and others *
 4. Range and congruence of affective expression *
 5. Expressions of guilt regarding victim harm *
 6. Responds in a pro-social manner to social interaction *
- G. Lifestyle Characteristics
1. Degree of antisocial behavior (victimizing, control seeking, exploits others, criminal thinking, etc.)
 2. Degree of narcissistic behavior (grandiose, egocentric, demanding, inconsiderate)
 3. Degree of borderline behavior (impulsive, erratic, markedly moody, possessive, unstable relationships, etc.)
 4. Degree of schizoid behavior (avoidant, flat affect, withdrawn, lacking social skills)
 5. Attachment style *
 6. Degree of sexualization of relationships *
- H. Psychopathology *
1. Psychotic episodes *
 2. Frequency and lethality of suicidal ideation *
 3. Personality disorder *
 4. Affective disorder *
 5. Obsessive/compulsive disorder *
 6. PTSD symptoms *
 7. Other concurrent psychiatric diagnosis *
- I. Developmental Markers *
1. Competency *
 2. Deficits *
 3. Resilience *
 4. Organicity *
- J. Substance abuse and other addictive patterns *
1. Alcohol use/abuse pattern, duration, treatment
 2. Other drug (legal or illegal) use/abuse pattern, duration, treatment
 3. Connection between substance abuse and offenses
- K. Criminal History
1. Extent of documented/undocumented criminal history
 2. Type/number of criminal offenses
 3. Violence history

4. Ritualistic and/or bizarre bases for offenses
 5. History of childhood or adolescent delinquency *
- L. Prior treatment history *
1. Success/failure of prior sex offense specific treatment*
 2. Success/failure of prior non-sex offense specific treatment (may be psychotherapy or pharmacological treatment)*
 3. Attitude about prior treatment*
- M. Social support systems
1. Degree of functional social skills
 2. Presence/absence of social relationships
 3. Type and quality of relationships
 4. Presence of dysfunctional relationships
 5. Relationships supporting denial or minimization of offending
 6. Problems and stresses within support system relationships
- N. Overall control and intervention
1. Understanding of deviant cycle
 2. Understands triggers and cues
 3. Demonstrates motivation to avoid and interrupt cycle
 4. Demonstrates ability to avoid and interrupt cycle
 5. Recognizes thinking errors
 6. Actively corrects thinking errors as they arise
 7. Has replacement behaviors
 8. Controls inappropriate sexual behavior
- O. Motivation for treatment and recovery
1. Over concern with prison/legal consequences
 2. Superficial motivations
 3. Presents facade v. genuine, authentic presentation
 4. Level of commitment to stop own offending
 5. Willingness to complete any needed treatment/recovery tasks
- P. Self-structure
1. Base of self worth *
 2. Ways to get self worth *
 3. Self esteem *
 4. Level of confidence
 5. Lacks sense of inferiority
 6. Ability to appropriately cope with failures
- Q. Disowning behaviors
1. Level of defensiveness
 2. Projects blame
 3. Displacement of anger
 4. Irrational beliefs
 5. Criminal thinking distortions

Appendix B-1

THE USE OF PHYSIOLOGICAL MEASUREMENTS

From the Ethical Standards and Principles for the Management of Sexual Abusers, the Association for the Treatment of Sexual Abusers.

CONSIDERATIONS FOR PENILE PLETHYSMOGRAPHY AND POLYGRAPHY

Based on the potential unreliability of self-report among sexual abusers, the use of phallometry and polygraphy has become widespread in the identification, treatment and management of sexual abusers. Several studies have linked the history of sexually deviant behavior and deviant sexual arousal to risk and recidivism. Therefore, instruments that promote the collection of data in these areas are deemed to have significant clinical value. However, with any psychophysiological instrument, care must be taken to avoid misuse or over reliance on the instrument, procedure or the resulting data. Clinicians using polygraphy or phallometry must be aware of the limitations of the instruments and current methodology. Clinicians should also be knowledgeable about the current research regarding interpretation and validity.

- A) Informed consent should always be obtained prior to engaging clients in a physiological assessment.
- B) Neither of the physiological assessments is appropriate for determination of guilt or innocence related to a specific crime.
- C) Neither of the physiological assessments should be used as the sole criterion to determine a client's release from prison and/or a treatment program.
- D) Physiological measurements should always be used in conjunction with other data including police reports, victim statements and other psychometric testing and should not be used as the only means to assess sexual abusers.
- E) Physiological assessments should only be conducted by specifically trained clinicians and examiners. These professionals should maintain membership in appropriate professional organizations and participate in regular relevant continuing educational opportunities. The examiners should adhere to the established practices, ethics and standards of their respective fields and professional organizations.
- F) In order to promote the advancement and efficacy of physiological measures with sexual abusers, professionals engaged in either polygraphic or plethysmographic examinations with sexual abusers should have specific training in the dynamics and assessment of sexual abusers.
- G) Physiological assessments should only be conducted with the appropriate instruments and by using accepted procedures and methodologies.
- H) Physiological assessment data can be helpful in confronting a client who denies deviant sexual behavior, deviant sexual fantasies and/or deviant sexual arousal.

- I) Physiological assessments are useful in monitoring treatment compliance and progress. Methods such as electronic surveillance, drug testing, support group reports, and probation/parole supervision can be used to corroborate information gained from the physiological test results.
- J) Failure to respond during physiological testing occurs for several reasons including intentional response suppression. A variety of medications, mental illnesses and physical conditions can also impact assessment results. Pre-test interviews should include questions regarding medical and psychological conditions.
- K) Some individuals may not test accurately on a variety of psychometric and physiological measurements. Individuals who are severely developmentally disabled, anti-social, psychotic, experiencing current dissociative symptoms, severely depressed or under extreme stress should be carefully screened prior to being assessed and, if assessed, caution should be used when interpreting the physiological test results.
- L) As part of the determination to use physiological assessment with juveniles, clinicians should be able to clearly justify and explain the reasons for incorporating the procedure(s) to parents or legal guardians.

Appendix B-2

PLETHYSMOGRAPH EXAMINATION

From the Ethical Standards and Principles for the Management of Sexual Abusers, the Association for the Treatment of Sexual Abusers.

The purpose of the phallometric assessment of sexual arousal is to provide objective data regarding sexual preferences. It may also promote self disclosure and reduce minimization and denial of sexual offenses. Additionally, it can assist in monitoring changes in sexual arousal patterns which have been modified by treatment.

1. USES

- Physiological assessment can be used to identify the need to reduce and control deviant sexual arousal.

2. LIMITATIONS

- Phallometric assessment data should not be used as a sole measure to predict risk of engaging in deviant sexual behavior.
- Failure to develop significant responses to deviant sexual themes cannot be used to demonstrate innocence of a specific allegation of sexually deviant behavior.
- Development of significant arousal to deviant themes cannot be used to demonstrate guilt of a specific allegation of sexually deviant behavior.
- It is inappropriate to use erection responses to determine or make statements about whether or not someone has engaged in a specific sexual behavior or whether someone fits the "profile of a sexual abuser."
- Extreme caution should be used in interpreting erection responses to non-standardized sets of stimuli.

3. JUVENILES

- Phallometry should only be used with juveniles younger than 14 years of age when the clinician needs more information than is currently available via other, more traditional sources.
- For individuals under the age of 14, or for those who may not have attained the maturational level associated with puberty, clinicians should seek interdisciplinary or institutional review of the physiological procedures.
- Use of phallometric assessment with prepubertal youth is not recommended.
- The relationship between phallometric arousal and clinical characteristics appears weaker in an adolescent population than in an adult population. Caution should be used in interpreting adolescent data in a manner parallel to that of adult data.
- Adolescents appear more fluid in their sexual interests and patterns of behavior than adults and may not show as high a degree of correspondence between measured arousal patterns and reported offense histories.

4. DEVELOPMENTALLY DELAYED

- Although there is an absence of empirically based data, clinical impressions indicate that a higher percentage of developmentally delayed clients tend to respond with uniformly high arousal. Therefore, the arousal profile is not necessarily indicative of sexual arousal to the described behavior or a reflection of deviant arousal.

- Developmentally delayed clients may respond to the sexual words and/or to the tone of voice used rather than the content of the description.
- Developmentally delayed clients may have more difficulty accurately perceiving visual stimuli.
- In spite of these limitations, phallometric assessments can offer valuable information to those service providers working with the developmentally delayed population.

5. PRELIMINARY PROCEDURES

- The examiner should gather supportive information, such as marital and family history, criminal history, present life situation, legal status, sexual history, mental health contacts, and the reason for referral.
- It is the responsibility of the examiner to screen the client for contamination factors, such as drug use, medication, last sexual activity, emotional state, physical impairment, etc.
- Prior to the examination, the examiner should take steps to ensure that the examination will not be interrupted.
- No client with an active sexually transmittable disease or parasite should be tested. The client should sign a disclaimer of any knowledge of a current sexually transmitted disease.

6. LEGAL CONCERNS/INFORMED CONSENT

- Consent forms regarding the penile plethysmograph procedure should be read, signed, and dated by the client.

Discussion: The Standards in this document require informed assent.

- When plethysmography is used with persons under the age of 15, this procedure should be reviewed by a community or institutional advisory group.

Discussion: The Standards in this document apply only to adult sex offenders; however, if plethysmography is indicated for any adult deemed incompetent to give the informed assent required in the Standards due to developmental disabilities or learning disabilities, the procedure regarding review by a community or institutional advisory group (or the court) should be applied.

- Release forms allowing for both the receipt and dissemination of information should be obtained.
- Raw data forms must provide information for retrieval of specific stimulus materials that were used in the assessment.

7. LAB EQUIPMENT

- Plethysmograph equipment should provide either continuous chart paper readout or, with computerized equipment, a printed readout of response levels to each stimulus.
- Equipment should be used as designed. See users' documents.
- An armchair or lounge chair with cleanable surface must be provided. A reclining lounge chair is preferable.
- A disposable cover on the chair seat and on the arms of chair is required for each client.
- Mercury-in-rubber, Indium-gallium, or Barlow gauges may be used and each gauge must be tested and calibrated before each use. Documentation of gauge calibrations should be provided.
- A calibration device or cone is required in ½ cm increments with a minimal range of 6 cm.
- Security devices must ensure client's privacy, but must also include emergency entrance and exit with the safety of the client in mind.
- Slide projector for visual material should be capable of projecting images spanning a 35 degree visual angle.
- An intercom system should be used to provide communication between client and examiner.

- Clinician must have a protocol for fitting gauges, trouble-shooting equipment, breakdowns, and malfunctions.
- Plethysmograph equipment should be used as designed, according to the user documents.
- The penile plethysmograph should be isolated from AC with a DC converter.

8. LAB SETTING AND CLIENT SPACE REQUIREMENTS

- Client space must be separated from the clinician's work area by at least an opaque partition that is a minimum of 7 feet high, to ensure client's privacy. A stationary wall is preferred to maintain maximum privacy.
- Client space is recommended to be approximately 7 feet by 8 feet in dimension. The minimal requirement for this space is 4 feet by 6 feet.
- An intercom system must be used when the client is in a stationary enclosure.
- A constant room temperature must be maintained between 76-80 degrees Fahrenheit.
- The client room should have adequate ventilation; adjustable lighting is desirable.
- Sound-deadening measures should be used in order to ensure that the client's space is as sound-proof as possible.
- Security measures must be provided for the laboratory and stimulus material.
- It is recommended that a system be devised for the examiner to be able to determine when and if the client is attending to the stimuli being presented.
- The door separating the client room from the examiner's work area should have an inside lock that the client can control.

9. CALIBRATION PROCESS

- The strain gauge must be stretched adequately to obtain continuous variation. The mercury gauge requires 20% (slightly stretched on the cone) of its full scale. The Barlow gauge also requires moderate stretching.
- The stretched gauge is then placed on a cone allowing measurement of at least ½ centimeter increments. The gauge is moved down the cylinder until 3 cm of stretch is obtained (6 steps). This should be considered 100%, and sensitivity is then set on the plethysmograph.
- The steps are then checked for linearity (each step on the cone equals proportionate steps on the plethysmograph). If a variation of greater than 25% occurs between steps, the process should be repeated. If a 25% or greater variation remains, discard the gauge and repeat the process.
- If linearity cannot be obtained with multiple gauges, the plethysmograph is not functioning properly.
- If the first or last step of the calibration procedure yields 25% or greater variation, the gauge was not fitted properly to the circumference device, or the gauge is faulty.
- After the gauge is fitted to the client and adequate time has elapsed for detumescence, the sensitivity should be set at the "0" point.
- At the completion of the assessment process, if the client achieved a full erection, then that level of change becomes 100%.
- The penile plethysmograph should be calibrated.
- Prior to each assessment, gauges should be calibrated over a minimum of six steps using an accurate calibration device.
- Care should be exercised to avoid rolling the gauge while placing on the calibration cone.

10. FITTING THE PENILE TRANSDUCER

- Placement of the gauge should be at midshaft of the penis.
- Client should place gauge on his own penis.
- Examiner should assure that wiring has some slack next to the transducer or clinical error may result. Clothing should not touch penis or transducer.

- Recording of full penile tumescence should be obtained whenever possible. The examiner should ensure that sufficient arousal has been recorded to accurately interpret data. When data is to be interpreted as a percentage of full erection, it is important to request the client to achieve full erection.
- The client should be instructed to exercise care to avoid rolling the gauge while placing it on his penis.
- Proper fit can be determined by:
 - a) Setting the plethysmograph at zero before the client places the gauge on his penis.
 - b) Ensuring the gauge has stretched at least 20% after being placed on the penis.
 - c) Ensuring the gauge has not stretched more than 40%.
- If the gauge has stretched more than 40%, the gauge is too small. If the gauge has stretched less than 20%, the gauge is too big.
- After proper fit has been determined, the plethysmograph is reset to zero.

11. STIMULUS MATERIAL

- The examiner will have available a range of sexual stimulus material depicting various Tanner Stages of development for both males and females, including culturally diverse subject material. Stimulus materials should also be available to differentiate between consenting, coercive, forcible, sadistic and aggressive themes with both adults and children.

Visual Stimuli

- Efforts should be made to use new technology which does not make use of human subjects.
- Visual stimuli should be devoid of distracting stimuli.
- Multiple stimulus presentations should be used for each Tanner stage.
- Both sexes should be represented.
- Stimulus duration should be consistent with research that has demonstrated validity.
- The examiner should be satisfied detumescence has occurred and at least thirty seconds have elapsed before presenting new stimulus.

Audio Stimuli

- Audio stimuli should be sufficient to clearly differentiate minors from adults.
- Stimuli should clearly differentiate consenting, coercive, forcible, sadistic and aggressive sexual themes.
- Every effort should be made to use standardized stimuli reflecting the client's deviant sexual behavior.
- Multiple stimuli presentations representing various normal and deviant sexual activity should be available.

12. DOCUMENTING ASSESSMENT DATA

- Physiological assessments should be interpreted only in conjunction with a comprehensive psychological examination.
- Written reports may include:
 - a) A description of the method for collecting data.
 - b) The range of physiological responses exhibited by client.
 - c) Any indication of suppression or falsification.
 - d) An indication of the validity of the data and validity controls used.
 - e) The types of stimulus materials used.
 - f) Summary of highest arousal in each category.
 - g) Client emotional state.
 - h) Level of client cooperation.
 - i) Interpretation of data.

j) Any confounding physical or emotional inhibitors to sexual arousal.

13. DISINFECTANT PROCEDURES

- Gauges will be disinfected prior to use, utilizing an accepted liquid immersable or other accepted laboratory disinfection procedures.
- A disposable covering will be used for protection over the chair seat and arms of the chair.
- Client will place gauge in receptacle after use of the gauge and before leaving the testing room. Client will also dispose of protective coverings before leaving testing room.
- Clinician should use disposable gloves and anti-bacterial soap after contact with gauges. Any items or articles that have been in contact with the client should also be disinfected.

ATTACHMENT A: COLORADO DEPARTMENT OF CORRECTIONS POLYGRAPH SANCTIONS GRID

		DURING THE POLYGRAPH EXAM				ADMISSIONS DURING THE POST TEST
		Admissions Prior to Pretest 1 Admission in sexual history addendum and/or other addendum	Admissions During Pretest 2 Admissions to the polygraph examiner during the pretest interview	Admissions to Non-deceptive / Post test 3 Admissions during post test, all responses must be non-deceptive, or inconclusive	Admissions to Deception / Post Test 4 Admissions of related behavior during post test with at least one deceptive response	No Admissions to Deception 5 No admissions / explanations not related to the behavior during the post test
P A S T P R E S E N T	PAST Behavior: Offenses / High Risk A Behavior that occurred before being placed under community supervision and/or treatment	Behavior(s): None	Behavior(s): None	Behavior(s): Low	Behavior(s): Moderate	Behavior(s): Moderate
	PRESENT New High Risk Behaviors & Behavior Lapses B New offense cycle behavior that occurs after placement in community supervision and/or treatment	Behavior(s): Low	Behavior(s): Low	Behavior(s): Low	Behavior(s): Moderate	Behavior(s): High
	PRESENT New Major Violations C New behavior that violates the rules after being placed on community supervision and/or treatment	Behavior(s): Moderate	Behavior(s): Moderate	Behavior(s): High	Behavior(s): High	Behavior(s): Severe
	PRESENT New Offenses (or refused Exams) D Felony or misdemeanor offenses after being placed on community supervision and/or treatment	Behavior(s): Severe	Behavior(s): Severe	Behavior(s): Severe	Behavior(s): Severe	Behavior(s): Severe

IF SANCTIONING AT A HIGHER LEVEL THAN INDICATED ON THE GRID, PLEASE FILL OUT THE SANCTIONS OVERRIDE SECTION

ATTACHMENT A: FAILED POLYGRAPH SANCTIONS

Purposeful non-cooperation will result in a re-test paid by the offender within 30 days.

Please circle the sanction(s) employed and the sanctions that would have been employed if available in the offender's jurisdiction:

LOW:

- YES UNAVAILABLE POLYGRAPH IN 3 TO 6 MONTHS – OFFENDER PAYS
- YES UNAVAILABLE ADDITIONAL HOMEWORK
- YES UNAVAILABLE CURFEW OR GEOGRAPHICAL RESTRICTIONS
- YES UNAVAILABLE ADDITIONAL COLLATERAL CONTACTS
- YES UNAVAILABLE CONTACT WITH OFFENDER'S SUPPORT NETWORK TO DISCUSS EXAM
- YES UNAVAILABLE START UA'S OR INCREASE FREQUENCY
- YES UNAVAILABLE ANTABUSE AND / OR SOBRIETER
- YES UNAVAILABLE INCREASE TREATMENT CONTACTS (INDIVIDUAL OR FAILED POLYGRAPH GROUP)
- YES UNAVAILABLE OTHER: _____

MODERATE:

- YES UNAVAILABLE POLYGRAPH RE-TEST FREQUENCY INCREASED (OFFENDER PAY)
- YES UNAVAILABLE INCREASED TREATMENT CONTACTS (INDIVIDUAL/FAILED POLYGRAPH GROUP)
- YES UNAVAILABLE INCREASED PROBATION VISITS
- YES UNAVAILABLE STAFFING WITH PO, THERAPIST AND OFFENDER (OFFENDER PAYS)
- YES UNAVAILABLE ADDITIONAL HOMEWORK
- YES UNAVAILABLE COMMUNITY SERVICE
- YES UNAVAILABLE DRUG / ALCOHOL TREATMENT, DOMESTIC VIOLENCE, OR ANGER MANAGEMENT
- YES UNAVAILABLE SEARCH RESIDENCE (IF REASONABLE GROUNDS EXIST)
- YES UNAVAILABLE NO TRAVEL PERMITS FOR VACATION
- YES UNAVAILABLE NO COMMUNITY ACTIVITIES
- YES UNAVAILABLE SPECIFIC SAFETY PLANS FOR COMMUNITY ACTIVITIES
- YES UNAVAILABLE ELECTRONIC HOME MONITORING (EHM) OR PAGER
- YES UNAVAILABLE ACCOUNTABILITY AND CONTACT LOGS
- YES UNAVAILABLE CURFEW
- YES UNAVAILABLE INCREASE MONITORING & FIELD CONTACTS
- YES UNAVAILABLE NO COMPUTER / INTERNET
- YES UNAVAILABLE NO DRIVING
- YES UNAVAILABLE I.D. SELF –CLOTHES OR CAR
- YES UNAVAILABLE CONTRIBUTION TO A VICTIMS PROGRAM
- YES UNAVAILABLE DAY REPORTING

YES UNAVAILABLE
YES UNAVAILABLE

TECHNICAL VIOLATION BOARD
OTHER: _____

HIGH:

YES UNAVAILABLE
YES UNAVAILABLE
YES UNAVAILABLE
YES UNAVAILABLE
YES UNAVAILABLE
YES UNAVAILABLE
YES UNAVAILABLE
YES UNAVAILABLE
YES UNAVAILABLE
YES UNAVAILABLE
YES UNAVAILABLE
YES UNAVAILABLE
YES UNAVAILABLE
YES UNAVAILABLE
YES UNAVAILABLE
YES UNAVAILABLE
YES UNAVAILABLE

INCREASE SUPERVISION LEVEL
INCREASE SUPERVISION TO ISP
CONTACT LAW ENFORCEMENT FOR SURVEILLANCE
SUMMONS TO COURT
TECHNICAL VIOLATION BOARD
POLYGRAPH RE-TEST FREQUENCY INCREASED (OFFENDER PAYS)
COMMUNITY SERVICE
WORKENDERS (JAIL SERVICE)
EHM OR PAGER
CURFEW WITH DAILY SCHEDULE CALL IN
NO COMPUTER / INTERNET
I.D. SELF --- CLOTHES OR CAR
NO TRAVEL PERMITS
NO DRIVING
COMBINATION OF LOW & MODERATE SANCTIONS
OTHER: _____

SEVERE:

YES UNAVAILABLE
YES UNAVAILABLE
YES UNAVAILABLE
YES UNAVAILABLE
YES UNAVAILABLE
YES UNAVAILABLE
YES UNAVAILABLE
YES UNAVAILABLE
YES UNAVAILABLE
YES UNAVAILABLE
YES UNAVAILABLE

COMPLAINT WITH ARREST WARRANT
COMPLAINT WITH SUMMONS
MOVE FROM HOME
EHM OR PAGER
MORE INTENSIVE TREATMENT / ACCOUNTABILITY PROGRAM
DAY REPORTING
HOME LOCKDOWN
COMBINATION OF LOW, MODERATE & HIGH SANCTIONS
OTHER: _____

Therapist: _____ Polygraph Examiner: _____

Probation Officer: _____ Date form Complete: ____ / ____ / ____

Probationer: _____

ATTACHMENT A: SANCTIONS OVERRIDE

(Please Mark Only One Result)

- Multiple similar violations and / or deceptions to high risk behaviors or offenses.
(OVERRIDE TO NEXT HIGHEST SANCTIONS)
- History of sadistic or lethal behavior / offenses.
(OVERRIDE TO THE NEXT HIGHEST SANCTIONS)
- Sabotage exam.
(OVERRIDE TO THE NEXT HIGHEST SANCTIONS)
- No probable cause for remediation or arrest.
(OVERRIDE TO THE NEXT HIGHEST SANCTIONS)
- Other: _____
(OVERRIDE TO THE NEXT HIGHEST SANCTIONS)

EXAM QUESTIONS:

- Question 1: _____
_____ Non-deceptive / Deceptive / Inconclusive / Sabotage
- Question 2: _____
_____ Non-deceptive / Deceptive / Inconclusive / Sabotage
- Question 3: _____
_____ Non-deceptive / Deceptive / Inconclusive / Sabotage
- Question 4: _____
_____ Non-deceptive / Deceptive / Inconclusive / Sabotage

FOLLOW-UP QUESTIONS:

- Question 1: _____

- Question 2: _____

- Question 3: _____

- Question 4: _____

ATTACHMENT A: POLYGRAPH SANCTION GRID – USE INSTRUCTIONS

- 1) **LOOK FOR ADMISSIONS MADE DURING THE PRETEST INTERVIEW.**
 - IF THE ADMISSION IS TO BEHAVIOR BEFORE BEING PLACED ON PROBATION, START AT THE ROW ON THE SANCTIONS GRID THAT IS LABELED “PAST” AND DETERMINE WHICH BOX IN THAT ROW BEST APPLIES.
 - IF THE ADMISSION IS TO BEHAVIOR SINCE BEING PLACED ON PROBATION, GO TO THE THREE ROWS THAT ARE LABELED “PRESENT” AND DETERMINE WHICH BOX IN THOSE AREAS BEST APPLIES BASED ON THE TYPE OF BEHAVIOR AND WHEN (IF ANY) ADMISSIONS WERE MADE.
- 2) **IF THE QUESTIONS ARE DISCLOSURE OR SPECIFIC ISSUE REGARDING A PRIOR BEHAVIOR**, BEFORE BEING PLACED ON PROBATION, GO TO THE ROW THAT IS LABELED “PAST” AND DETERMINE WHICH BOX APPLIES BASED ON THE TYPE OF BEHAVIOR AND WHEN (IF ANY) ADMISSIONS WERE MADE.
- 3) **IF THE QUESTIONS ARE SPECIFIC ISSUE OR MONITORING BEHAVIOR** SINCE THE LAST POLYGRAPH, OR SINCE BEING PLACED ON PROBATION, GO TO THE ROWS THAT ARE LABELED “PRESENT” AND DETERMINE WHICH BOX APPLIES BASED ON THE TYPE OF BEHAVIOR AND WHEN (IF ANY) ADMISSIONS WERE MADE.
- 4) **MARK THE APPROPRIATE BOX AND DETERMINE THE LEVEL OF SANCTION TO BE APPLIED (NO SANCTION TO SEVERE).**
- 5) **PICK THE APPROPRIATE SANCTION(S) FROM THE FAILED POLYGRAPH SANCTIONS LIST (PAGES 3, 4 and 5) AND HAVE THE DEFENDANT SIGN THE SANCTION SHEET.**
- 6) **DETERMINE THE AREAS THAT YOU NEED TO COVER IN THE POLYGRAPH.** THE COMMUNITY SUPERVISION TEAM SHOULD WORK ON THIS. THE POLYGRAPHER HAS THE FINAL CALL AS TO WHETHER OR NOT A QUESTION IS APPROPRIATE.
- 7) **IF THE OFFENDER FAILS THE POLYGRAPH**, THE NEXT POLYGRAPH SHOULD BE DONE WITHIN 3 MONTHS AND THE QUESTIONS SHOULD BE DESIGNED TO ADDRESS THE DECEPTIVE OR INCONCLUSIVE AREAS.
- 8) **FOR RESEARCH PURPOSES**, ON MAINTENANCE POLYGRAPHS, THE POLYGRAPH THAT IS SET IN 6 MONTHS SHOULD ASK THE SAME QUESTIONS AS THE FAILED POLYGRAPH BUT COVER THE TIME PERIOD FROM WHEN SANCTIONS WERE APPLIED TO THE CURRENT TIME. DISCLOSURE AND SPECIFIC ISSUE POLYGRAPHS THAT ARE FAILED CAN BE RETAKEN AT ANY TIME AFTER SANCTIONS ARE APPLIED.

**IF SANCTIONING AT A HIGHER LEVEL THAN INDICATED ON THE GRID,
PLEASE FILL OUT THE SANCTIONS OVERRIDE FORM.**

ATTACHMENT B: COLORADO DEPARTMENT OF CORRECTIONS POLYGRAPH SANCTIONS GRID

		DURING THE POLYGRAPH EXAM				
		ADMISSIONS DURING THE POST TEST				
		Admissions Prior to Pretest 1 Admission in sexual history addendum and/or other addendum	Admissions During Pretest 2 Admissions to the polygraph examiner during the pretest interview	Admissions to Non-deceptive / Post test 3 Admissions during post test; all responses must be non-deceptive, or inconclusive	Admissions to Deception / Post Test 4 Admissions of related behavior during post test with at least one deceptive response	No Admissions to Deception 5 No admissions / explanations not related to the behavior during the post test
P A S T	PAST Behavior: Offenses / High Risk A Behavior that occurred before being placed under community supervision and/or treatment	None	None	Low	Moderate	Moderate
	PRESENT New High Risk Behaviors & Behavior Lapses B New offense cycle behavior that occurs after placement in community supervision and/or treatment	Low	Low	Low	Moderate	High
P R E S E N T	PRESENT New Major Violations C New behavior that violates the rules after being placed on community supervision and/or treatment	Moderate	Moderate	High	High	Severe
	PRESENT New Offenses (or refused Exams) D Felony or misdemeanor offenses after being placed on community supervision and/or treatment	Severe	Severe	Severe	Severe	Severe

IF SANCTIONING AT A HIGHER LEVEL THAN INDICATED ON THE GRID, PLEASE FILL OUT THE SANCTIONS OVERRIDE SECTION

ATTACHMENT B: FAILED POLYGRAPH SANCTIONS

Please circle the sanction(s) employed and the sanctions that would have been employed if available in the offender's jurisdiction:

LOW:

- YES UNAVAILABLE ADDITIONAL HOMEWORK
- YES UNAVAILABLE NO EARNED TIME
- YES UNAVAILABLE INCREASE TREATMENT CONTRACTS
- YES UNAVAILABLE CURFEW OR GEOGRAPHICAL RESTRICTIONS
- YES UNAVAILABLE ADDITIONAL COLLATERAL CONTACTS
- YES UNAVAILABLE CONTACT WITH THE OFFENDER'S SUPPORT NETWORK TO DISCUSS EXAM
- YES UNAVAILABLE INCREASE FREQUENCY OF UA'S
- YES UNAVAILABLE SEXUAL HISTORY/TC ADDENDUM
- YES UNAVAILABLE \$3.00 CO-PAY FOR POLYGRAPH EXAMINATION
- YES UNAVAILABLE ONE DAY LOSS OF EARNED TIME
- YES UNAVAILABLE OTHER: _____ (STAFF APPROVED)

MODERATE:

- YES UNAVAILABLE INCREASE PAROLE OFFICE VISITS
- YES UNAVAILABLE SPECIFIC ISSUE POLYGRAPH (30-60 DAYS)
- YES UNAVAILABLE PAROLEE PAYS FOR SPECIFIC ISSUE EXAM WITHIN 90 DAYS
- YES UNAVAILABLE ATTEND SEXAHOLICS ANONYMOUS/NA/AA GROUPS
- YES UNAVAILABLE TC COMMUNITY SERVICE
- YES UNAVAILABLE ADDITIONAL PAROLE DIRECTIVES
- YES UNAVAILABLE STAFFING BY TREATMENT TEAM PAID BY OFFENDER
- YES UNAVAILABLE OFFENDER REGRESSED ONE TREATMENT LEVEL
- YES UNAVAILABLE NO EARNED TIME
- YES UNAVAILABLE ADDITIONAL HOMEWORK
- YES UNAVAILABLE OFFENDER WILL NOT BE RECOMMENDED FOR COMMUNITY CORRECTIONS OR PAROLE
- YES UNAVAILABLE RATIONAL RECOVERY SUPPORT GROUP
- YES UNAVAILABLE INITIATE SEARCH OF RESIDENCE OR CELL
- YES UNAVAILABLE CONTACT SUPPORT NETWORK
- YES UNAVAILABLE ATTEND L.O.P. GROUP
- YES UNAVAILABLE PROBATION (ORANGE VEST)
- YES UNAVAILABLE LOSS OF PROGRAM PRIVILEGES
- YES UNAVAILABLE OFFENDER PLACED WITH TC SUPPORT TEAM
- YES UNAVAILABLE TWO DAYS LOSS OF EARNED TIME
- YES UNAVAILABLE RE-MEDIATION FOR COMMUNITY CORRECTIONS INMATE
- YES UNAVAILABLE REGRESSION FOR COMMUNITY CORRECTIONS INMATE

YES UNAVAILABLE OTHER: _____ (STAFF APPROVED)

HIGH:

YES UNAVAILABLE INCREASE SUPERVISION TO ISP
YES UNAVAILABLE CONTACT LAW ENFORCEMENT FOR SURVEILLANCE
YES UNAVAILABLE INCREASE CLASSIFICATION OF SUPERVISION LEVEL
YES UNAVAILABLE SUMMONS TO PAROLE BOARD IF PROBABLE CAUSE OF PAROLE VIOLATION
YES UNAVAILABLE POLYGRAPH RE-TEST FREQUENCY INCREASED (OFFENDER PAYS)
YES UNAVAILABLE OFFENDER PLACED ON TREATMENT PROBATION
YES UNAVAILABLE OFFENDER PLACED ON "ON NOTICE"
YES UNAVAILABLE OFFENDER REGRESSED ONE TREATMENT LEVEL
YES UNAVAILABLE RE-MEDIATION FOR COMMUNITY CORRECTIONS INMATE
YES UNAVAILABLE REGRESSION FOR COMMUNITY CORRECTIONS INMATE
YES UNAVAILABLE THREE DAYS LOSS OF EARNED TIME
YES UNAVAILABLE OTHER: _____ (STAFF APPROVED)

SEVERE:

YES UNAVAILABLE TERMINATION FROM TREATMENT - NONCOMPLIANT
YES UNAVAILABLE LOSS OF FACILITY PRIVILEGES
YES UNAVAILABLE ARREST, IF PROBABLE CAUSE OF PAROLE VIOLATION
YES UNAVAILABLE FILE COMPLAINT OR NOTICE OF CHARGES #: _____
YES UNAVAILABLE REGRESSION FOR COMMUNITY CORRECTIONS INMATE
YES UNAVAILABLE OTHER: _____ (STAFF APPROVED)

IF APPLICABLE:

Therapist: _____ Polygraph Examiner: _____

Date form Complete: ____/____/____

THE CONSEQUENCES FOR MY PERFORMANCE ON THIS POLYGRAPH EXAMINATION HAVE BEEN REVIEWED WITH ME TO MY SATISFACTION AND I UNDERSTAND WHAT IS EXPECTED OF ME.

Signature: _____ Date: ____/____/____

ATTACHMENT B: SANCTIONS OVERRIDE

(Please Mark Only One Result)

- _____ Multiple similar violations and / or deceptions to high risk behaviors or offenses.
(OVERRIDE TO NEXT HIGHEST SANCTIONS)
- _____ History of sadistic or lethal behavior / offenses.
(OVERRIDE TO THE NEXT HIGHEST SANCTIONS)
- _____ Sabotage exam.
(OVERRIDE TO THE NEXT HIGHEST SANCTIONS)
- _____ No probable cause for remediation or arrest.
(OVERRIDE TO THE NEXT HIGHEST SANCTIONS)
- _____ Other: _____
(OVERRIDE TO THE NEXT HIGHEST SANCTIONS)

EXAM QUESTIONS:

- Question 1: _____
_____ Non-deceptive / Deceptive / Inconclusive / Sabotage
- Question 2: _____
_____ Non-deceptive / Deceptive / Inconclusive / Sabotage
- Question 3: _____
_____ Non-deceptive / Deceptive / Inconclusive / Sabotage
- Question 4: _____
_____ Non-deceptive / Deceptive / Inconclusive / Sabotage

FOLLOW-UP QUESTIONS:

- Question 1: _____

- Question 2: _____

- Question 3: _____

- Question 4: _____

Appendix C
RESEARCH SUPPORTING RESTRICTED
CONTACT WITH CHILDREN

June 2004

The following is a summary of the research that supports the statements listed below, which are found in 5,700 of these *Standards*.

I. *“The offense for which a person is convicted is not necessarily a reliable indicator of the offender’s risk to children or victims.”*

- A. Knopp, F.H. (1984). *Retraining Adult Sex Offenders: Methods and Models*, Brandon, VT: Safer Society Press.

Gene Abel et. al. conducted a breakthrough study in 1983 which gave us information on the frequency and variety of sexual offending behaviors sex offenders have committed. He received a federal certificate of confidentiality to study sex offenders. Individuals in this study could admit to current offending behaviors without fear that the information would be reported to law enforcement. He studied 411 sex offenders and found that on average over a twelve year period each offender had attempted 581 crimes, completed 533 crimes, had 336 victims, and committed an average of 44 crimes a year. These crimes included hands off sex offenses such as exposing, peeping and obscene phone calls. Additionally, he found that 50.6% of the rapists involved in the study had also molested children.

- B. Freeman-Longo, R., Blanchard, G. (1998). *Sexual Abuse in America: Epidemic of the 21st Century*. Brandon, VT: Safer Society Press.

In 1985, Rob Freeman-Longo reported on a group of 23 rapists and 30 child molesters involved in an institutional forensic mental health sex offender program. Arrest records indicated rapists had an average of 1.9 offenses each for a group total of 43 arrests for sex offenses. The 23 rapists as a group admitted committing a total of 5090 various incidents of sex offending behaviors, which included 319 child molestations and 178 rapes. Arrest records indicated child molesters had an average of 1.5 arrests each. While in treatment, the 30 child molesters as a group admitted 20,667 offenses which included 5891 sexual assaults on children and 213 rapes on adult women.

- C. Ahlmeyer, S., Heil, P., McKee, B., and English, K. (2000). The Impact of Polygraphy on Admissions of Victims and Offenses of Adult Sex Offenders, *Sex Abuse: A Journal of Research and Treatment*, Vol. 12 (2).

The Colorado Department of Corrections Sex Offender Treatment Program has found similar patterns to those reported by Gene Abel with the sex offenders participating in treatment and polygraph assessment. The program collected data in 1998 on the number of known victims of the first 36 sex offenders to participate in two polygraph evaluations. On average, for each offender there were 2 known victims documented in official records. After the first polygraph exam inmates disclosed on average 165 victims per offender. By the second polygraph exam the same inmates, on average, disclosed 184 victims per offender. These crimes included hands-on sex offenses such as rape and pedophilia as well as hands-off sex offenses such as exhibitionism,

voyeurism and obscene phone calls. Approximately 80% of these offenders were still deceptive on their polygraph examinations, suggesting that even more offenses were committed.

- D. English, K. (1998). Maximizing the Use of the Polygraph with Sex Offenders: Policy Development and Research Findings, Presentation at the Association for the Treatment of Sexual Abusers 17th Annual Research and Treatment Conference, Vancouver.

In 1998, Kim English analyzed a sample of 83 sex offenders who had participated in polygraph evaluations at the Colorado Department of Corrections. This sample included inmates and parolees. She determined that 48% of the offenders had crossed over in either age (36%) or the gender (25%) of the victims they offended against-- they had committed offenses with either victims of different ages (adults and children) or victims of different sexes (males and females). Again, 80% of this sample were still scoring deceptive on their polygraph evaluations.

- E. Heil, P., Ahlmeyer, S., Simons, D. (2003). Crossover Sexual Offenses, *Sex Abuse* 15(4).

Between 1995 and 2001, crossover sexual offenses were analyzed in a larger sample of 223 incarcerated and 266 paroled sexual offenders who participated in polygraph evaluations at the Colorado Department of Corrections. *The majority of incarcerated offenders admitted to sexually assaulting both children and adults from multiple relationship types. In addition, there was a substantial increase in offenders admitting to sexually assaulting victims from both genders. In a group of incarcerated offenders who sexually assaulted children, the majority of offenders admitted to sexually assaulting both relatives and nonrelatives, and there was a substantial increase in the offenders admitting to assaulting both male and female children* (Heil, et al., 2003).

- 1) Ahlmeyer, S. (1999). Poster Presentation at the Association for the Treatment of Sexual Abusers 18th Annual Research and Treatment Conference, Lake Buena Vista, Florida 1999.

In 1999, Sean Ahlmeyer analyzed a larger sample of 143 inmates who participated in polygraph evaluations at the Colorado Department of Corrections. In this sample, 89 % of the inmates self reported that they had crossed over in the type of the offenses they committed by either: committing offenses with either victims of different ages (adults and children) and/or victims of different sexes (males and females) and/or victims from different types of relationships.

- It was determined that 71% of the total sample acknowledged crossing over in the age of the victims they assaulted.
- Of the offenders who were only known to have child victims in official records, 82% later admitted to also having adult victims.
- Of the offenders who were only known in official records to have adult victims, 50% later admitted to having child victims during the process of polygraph examination.
- It was determined that 51% of the sample acknowledged crossing over in the sex of the victims they assaulted.
- Of the offenders who were only known to have male victims in official records, 58% later admitted to having female victims.
- Of the offenders who were only known to have female victims, 22% later admitted to having male victims.

- It was determined that 86% of the sample acknowledged having victims in two or more of the following categories: relative, stranger, acquaintance, or position of trust.
- Of those offenders who were only known to have offended against non-relative victims, 62% admitted to also having victims who were relatives.

Again the majority of the individuals in this sample (82%) were still scoring deceptive on some areas of their polygraph evaluations, indicating that the percent of cross over may be higher than the numbers self reported by these offenders.

- F. Becker, J., and Coleman, E. (1987). "Incest". In *Handbook of Family Violence*, Van Hasselt, ed. New York, NY: Plenum Publishing.

In 1983, Abel et. al. studied incest offenders who had involved themselves sexually with female children. He found that 44% of these offenders had offended against unrelated female children, 11% had offended against unrelated male children, 18% had committed rapes, 18% had committed exhibitionism, 9% had engaged in voyeurism, 5% had engaged in frottage, 4% had engaged in sadism, and 21% had other paraphilias. In this study it was determined that 59% of the child molesters developed deviant sexual interest during adolescence.

- G. Abel, G., Rouleau, J. (1990). "The Nature and Extent of Sexual Assault". In *Handbook of Sexual Assault*, Marshall, W., Laws, D., Barbaree, H., ed. New York, NY: Plenum Publishing.

In 1988, Abel et al. conducted an eight year longitudinal study of 561 male sexual assaulters who sought voluntary assessment and/or treatment at the University of Tennessee Center for the Health Sciences in Memphis and at the New York State Psychiatric Institute in New York City. The study collected information on the offenders self reported patterns of deviant sexual behavior under a guarantee of confidentiality which was obtained under Federal Regulation 4110-88-M. After an extensive interview they diagnosed each offender and looked at the percentage of paraphiliacs (individual with a deviant sexual interest) who had multiple paraphilias (more than one type of deviant interest).

Diagnosis	Number of Subjects	Number of Paraphilias				
		1	2	3	4	5+
Pedophilia (non incest) female	224	15.2%	23.7%	19.2%	14.7%	27.2%
Pedophilia (non incest) male	153	19.0%	26.8%	19.6%	12.4%	22.2%
Pedophilia (incest) female	159	28.3%	25.8%	17.0%	5.7%	23.3%
Pedophilia (incest) male	44	4.5%	15.9%	20.5%	18.2%	40.9%
Rape	126	27.0%	17.5%	19.0%	12.7%	23.8%
Exhibitionism	142	7.0%	20.4%	22.5%	15.5%	34.4%
Voyeurism	62	1.6%	9.7%	27.4%	14.5%	46.8%
Obscene phone calling	19	5.3%	5.3%	21.1%	21.1%	47.5%
Public Masturbations	17	5.9%	17.6%	0.0%	17.6%	58.8%

H. Office of Research and Statistics, Division of Criminal Justice, Colorado Department of Public Safety, March 2000.

The Colorado Division of Criminal Justice (2000), under a National Institute of Justice research grant, analyzed data from 180 sex offender case files in three states that had implemented the post-conviction polygraph to varying degrees (Texas, Oregon, and Wisconsin). The sample included both probation and parole cases. Their research found that polygraph combined with treatment significantly increases the known rate of offending and crossover in sex offenders. After treatment and polygraph, nearly 9 out of 10 sex offenders who were identified as having sex offenses against adults also admitted committing sex offenses against children. Based on a file review, 35 offenders were initially identified as having victims over the age of 18. Prior to treatment and polygraph only 18 (48.6%) of these offenders were identified as having victims under the age of 18. After treatment and polygraph 80 offenders admitted to victims over the age of 18. Seventy of these 80 offenders (87.5%) also admitted to committing a sex offense against someone under the age of 18. Sixty one (76.3%) of the 80 offenders admitted to having victims age thirteen and under.

I. Tanner, J. (1999). Incidence of Sex Offender Risk Behavior During Treatment, Research Project Final Report.

In 1998, Jim Tanner conducted a research study on the polygraph results of 128 sex offenders who were under supervision and participating in offense specific treatment in the community. The sample consisted of 99 offenders with a current charge for a crime against a child and 29 offenders with a current charge for a crime against an adult. Each of the offenders had participated in one baseline and at least one maintenance polygraph examination. The study looked at the offender's behavior between the time period of the baseline polygraph and maintenance polygraph. Based on the polygraph examination results, 31% of the offenders had sexual contact with a minor during the maintenance polygraph time period. The percent of sex offenders with a current charge for a crime against a child who admitted to or was deceptive to sexual contact with a child was 35%. The percent of sex offenders with a current charge for a crime against an adult who admitted to or was deceptive to sexual contact with a child was 17%.

Since the majority of the offenders with crimes against adults were not asked on the polygraph exam whether they had sexual contact with a child, the percent who had sexual contact with a child may be under represented.

In addition, 25% of the offenders in this study had unauthorized contact with a minor. Twelve percent of the offenders had forced someone to have sex since the baseline examination. Forty one percent were engaging in new sex offense behaviors. Overall, 86% of this sample were engaging in new high risk behaviors and/or new crimes at least 18 months into treatment. On average, each offender was engaging in 2.5 different high risk behaviors.

- J. Hanson, R., Harris, A. (1998). *Dynamic Predictors of Sexual Recidivism*, Department of the Solicitor General Canada.

In 1997, Karl Hanson and Andrew Harris conducted research on dynamic predictors of sexual reoffense. The following factors were significantly associated with reoffense: General excuses/justifications/low victim empathy, sexual entitlement, attitudes tolerant of rape, attitudes tolerant of child molesting, sees self as no risk, sexual risk factors (pornography, excessive masturbation, deviant sexual fantasies, preoccupation with sex), access to victims, and negative social influences.

- K. Hindman, J. (1989). *Just Before Dawn*, Alexandria Association.

In her book, *Just Before Dawn* (1989), Jan Hindman cites research she conducted over 15 years involving 543 victims of child sexual abuse. She found that even in the most severe cases of sexual abuse, child victims frequently are asymptomatic. It may be years before symptoms are triggered in future developmental stages. Hindman's findings also indicate that ongoing demands for a relationship with the offender or his support system, without the benefit of significant intervention, contribute to severe and ongoing traumatic impact as the victim matures. "Sex offenders typically want to create certain elements in the sexually abusive scenario that will reduce their guilt and responsibility. Effort may be exerted to have the victim feel as though he/she has caused the offender to act inappropriately. While this attitude may help the offender rationalize the deed, it has a profound effect on the trauma bonding (continued demands for a relationship with the perpetrator or those significant to the perpetrator, interfering with the victim's capacity to resolve the abuse and feelings about the perpetrator) felt by the victim." "Even if the perpetrator was incapacitated, incarcerated or absent, the victim remained connected and in a trauma bond."

II. *“An important aspect of ongoing risk assessment is measuring an offender’s ability to comply with the requirements of treatment and supervision.”*

- A. Hanson, R.K., Harris, A. (1998). *Dynamic Predictors of Sexual Recidivism*. Department of the Solicitor General Canada. <http://www.sgc.gc.ca>

Karl Hanson and Andrew Harris (1998) conducted research on dynamic predictors of sexual recidivism. Data were collected for this study through interviews with supervising officers of approximately four hundred sex offenders and a review of the officers’ case notes. The results indicated that both recidivists and non-recidivists were equally likely to attend sex offense specific treatment programs; however, recidivists were more likely to have dropped-out of the treatment program. In addition, officers described the non-recidivists as more cooperative with supervision than the recidivists. Recidivists were also more often disengaged from treatment and community supervision and missed more scheduled appointments than the non-recidivists.

III. *“A growing body of research indicates most sex offenders supervised by the criminal justice system have more extensive sex offending histories, including multiple victim and offense types, than is generally identified in their criminal justice records.”*

- A. Knopp, F.H. (1984). *Retraining Adult Sex Offenders: Methods and Models*, Brandon, VT: Safer Society Press.

Gene Abel et. al. conducted a breakthrough study in 1983 which gave us information on the frequency and variety of sexual offending behaviors sex offenders have committed. He received a federal certificate of confidentiality to study sex offenders. Individuals in this study could admit to current offending behaviors without fear that the information would be reported to law enforcement. He studied 411 sex offenders and found that on average over a twelve year period each offender had attempted 581 crimes, completed 533 crimes, had 336 victims, and committed an average of 44 crimes a year. These crimes included hands off sex offenses such as exposing, peeping and obscene phone calls. Additionally, he found that 50.6% of the rapists involved in the study had also molested children.

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- C. Ahlmeyer, S., Heil, P., McKee, B., and English, K. (2000). The Impact of Polygraphy on Admissions of Victims and Offenses of Adult Sex Offenders, *Sex Abuse: A Journal of Research and Treatment*, Vol. 12 (2).

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- D. English, K. (1998). Maximizing the Use of the Polygraph with Sex Offenders: Policy Development and Research Findings, Presentation at the Association for the Treatment of Sexual Abusers 17th Annual Research and Treatment Conference, Vancouver.

In 1998, Kim English analyzed a sample of 83 sex offenders who had participated in polygraph evaluations at the Colorado Department of Corrections. This sample included inmates and parolees. She determined that 48% of the offenders had crossed over in either age (36%) or the gender (25%) of the victims they offended against-- they had committed offenses with either victims of different ages (adults and children) or victims of different sexes (males and females). Again, 80% of this sample were still scoring deceptive on their polygraph evaluations.

- E. Heil, P., Ahlmeyer, S., Simons, D. (2003). Crossover Sexual Offenses, *Sex Abuse* 15(4).

Between 1995 and 2001, crossover sexual offenses were analyzed in a larger sample of 223 incarcerated and 266 paroled sexual offenders who participated in polygraph evaluations at the Colorado Department of Corrections. *The majority of incarcerated offenders admitted to sexually assaulting both children and adults from multiple relationship types. In addition, there was a substantial increase in offenders admitting to sexually assaulting victims from both genders. In a group of incarcerated offenders who sexually assaulted children, the majority of offenders admitted to sexually assaulting both relatives and nonrelatives, and there was a substantial increase in the offenders admitting to assaulting both male and female children* (Heil, et al., 2003).

- 1) Ahlmeyer, S. (1999). Poster Presentation at the Association for the Treatment of Sexual Abusers 18th Annual Research and Treatment Conference, Lake Buena Vista, Florida 1999.

In 1999, Sean Ahlmeyer analyzed a larger sample of 143 inmates who participated in polygraph evaluations at the Colorado Department of Corrections. In this sample, 89 % of the inmates self reported that they had crossed over in the type of the offenses they committed by either: committing offenses with either victims of different ages (adults and children) and/or victims of different sexes (males and females) and/or victims from different types of relationships.

- It was determined that 71% of the total sample acknowledged crossing over in the age of the victims they assaulted.
- Of the offenders who were only known to have child victims in official records, 82% later admitted to also having adult victims.
- Of the offenders who were only known in official records to have adult victims, 50% later admitted to having child victims during the process of polygraph examination.
- It was determined that 51% of the sample acknowledged crossing over in the sex of the victims they assaulted.
- Of the offenders who were only known to have male victims in official records, 58% later admitted to having female victims.
- Of the offenders who were only known to have female victims, 22% later admitted to having male victims.
- It was determined that 86% of the sample acknowledged having victims in two or more of the following categories: relative, stranger, acquaintance, or position of trust.
- Of those offenders who were only known to have offended against non-relative victims, 62% admitted to also having victims who were relatives.

Again the majority of the individuals in this sample (82%) were still scoring deceptive on some areas of their polygraph evaluations, indicating that the percent of cross over may be higher than the numbers self reported by these offenders.

- F. Becker, J., and Coleman, E. (1987). "Incest". In *Handbook of Family Violence*, Van Hasselt, ed. New York, NY: Plenum Publishing.

In 1983, Abel et. al. studied incest offenders who had involved themselves sexually with female children. He found that 44% of these offenders had offended against unrelated female children, 11% had offended against unrelated male children, 18% had committed rapes, 18% had committed exhibitionism, 9% had engaged in voyeurism, 5% had engaged in frottage, 4% had engaged in sadism, and 21% had other paraphilias. In this study it was determined that 59% of the child molesters developed deviant sexual interest during adolescence.

- G. Abel, G., Rouleau, J. (1990). "The Nature and Extent of Sexual Assault". In *Handbook of Sexual Assault*, Marshall, W., Laws, D., Barbaree, H., ed. New York, NY: Plenum Publishing.

In 1988, Abel et al. conducted an eight year longitudinal study of 561 male sexual assaulters who sought voluntary assessment and/or treatment at the University of Tennessee Center for the Health Sciences in Memphis and at the New York State Psychiatric Institute in New York City. The study collected information on the offenders self reported patterns of deviant sexual behavior under a guarantee of confidentiality which was obtained under Federal Regulation 4110-88-M. After an extensive interview they diagnosed each offender and looked at the percentage of paraphiliacs (individual with a deviant sexual interest) who had multiple paraphilias (more than one type of deviant interest).

Diagnosis	Number of Subjects	Number of Paraphilias				
		1	2	3	4	5+
Pedophilia (non incest) female	224	15.2%	23.7%	19.2%	14.7%	27.2%

Pedophilia (non incest) male	153	19.0%	26.8%	19.6%	12.4%	22.2%
Pedophilia (incest) female	159	28.3%	25.8%	17.0%	5.7%	23.3%
Pedophilia (incest) male	44	4.5%	15.9%	20.5%	18.2%	40.9%
Rape	126	27.0%	17.5%	19.0%	12.7%	23.8%
Exhibitionism	142	7.0%	20.4%	22.5%	15.5%	34.4%
Voyeurism	62	1.6%	9.7%	27.4%	14.5%	46.8%
Obscene phone calling	19	5.3%	5.3%	21.1%	21.1%	47.5%
Public Masturbations	17	5.9%	17.6%	0.0%	17.6%	58.8%

H. Office of Research and Statistics, Division of Criminal Justice, Colorado Department of Public Safety, March 2000.

The Colorado Division of Criminal Justice (2000), under a National Institute of Justice research grant, analyzed data from 180 sex offender case files in three states that had implemented the post-conviction polygraph to varying degrees (Texas, Oregon, and Wisconsin). The sample included both probation and parole cases. Their research found that polygraph combined with treatment significantly increases the known rate of offending and crossover in sex offenders. After treatment and polygraph, nearly 9 out of 10 sex offenders who were identified as having sex offenses against adults also admitted committing sex offenses against children. Based on a file review, 35 offenders were initially identified as having victims over the age of 18. Prior to treatment and polygraph only 18 (48.6%) of these offenders were identified as having victims under the age of 18. After treatment and polygraph 80 offenders admitted to victims over the age of 18. Seventy of these 80 offenders (87.5%) also admitted to committing a sex offense against someone under the age of 18. Sixty one (76.3%) of the 80 offenders admitted to having victims age thirteen and under.

I. Weinrott, M. & Saylor, M. (1991). Self-Report of Crimes Committed by Sex Offenders, *Journal of Interpersonal Violence*, 6 (3) 286-300.

Data from a self-report survey regarding past criminal behavior was analyzed from over 90 institutionalized sex offenders. Included in this sample were both rapists and child molesters who had been mandated to receive specialized treatment. Results from this study showed both high rates and varieties of non-sexual offenses, and, high rates of previously undetected sexual aggression. In addition, the 99 sex offenders who completed the survey reported that nearly 20,000 non-sexual crimes were committed during the year prior to being institutionalized (rapists contributed to a disproportionate share).

IV. "Research also indicates that children and victims are particularly vulnerable and are unlikely to report or re-report abuse."

A. William Marshall has reported findings from an unpublished project conducted within child protective agencies in Ontario in the mid-1970's. The project was unsystematic in the sense that some, but not all, victims of incest over approximately a three year period were contacted. A child protective services caseworker located a number of children who had reported molestation

by a relative. She found that many cases were recanted when the family did not believe the victim, or when the victim was believed but was poorly treated by family members. Once the children had been located, the caseworker asked the children if they would report the incident if they were molested again. Almost 100% answered "no". The reasons they gave included the following: Practically no one believes them when they tell or, if they do believe, they become hostile to the victim for getting the perpetrator in trouble and removing him from where he was needed; the child held him/herself responsible for the father's absence from the family; or the outcome almost always ended up being more devastating to the child than to the perpetrator. (Information presented at the Association for the Treatment of Sexual Abusers Annual Research and Treatment Conference; personal communication with William Marshall 11/6/98)

- B. In 1995, Marshall reported that family reunification provides the following risks: Victims may not want the family to reunify, but may feel pressured into it; even after treatment, 80% of families separate within 5 years; there is an increased chance the victim will not report if victimized again; or the victim may get the impression that the family is important and that he/she is not. (Wisconsin Sex Offender Treatment Network, Inc. training tapes; personal communication with William Marshall 11/6/98)
- C. Hanson, R.F., et al. (1999). Factors Related to the Reporting of Childhood Rape, *Child Abuse & Neglect*, 23 (6).

The National Women's Study surveyed a representative sample of 4009 adult women in the United States in 1990. They re-interviewed the women in 1991 and in 1992. During the survey 341 women identified that they had been the victim of a childhood rape prior to the age of 18. Rape was defined as any non-consensual sexual penetration of the victim's vagina, anus, or mouth by a perpetrator's penis, finger, tongue, or an object, that involved the use of force, the threat of force, or coercion. Only 44 (13%) of the women ever reported a childhood rape to authorities. Two hundred ninety seven (87%) of the women did not report any of their childhood rapes to authorities. In looking at the victims who did report the rape, a higher percent involved physical injury or life threat. In addition, reported cases were twice as likely to involve an offender who was a stranger to the victim. Unreported cases were more likely to involve an offender who was a relative or an acquaintance of the victim. This is similar to previous research which has found that victims are less likely to report the abuse when the offender is a relative or acquaintance. (Arata, 1998; Ruback, 1993; Williams, 1984; Wyatt & Newcomb, 1990). Whether or not the rape was reported, one third of the victims of childhood rape met the criteria for PTSD-lifetime and one half met the criteria for Major Depression-lifetime.

- D. (1992). Rape in America: A Report to the Nation, National Victim Center and Crime Victims Research and Treatment Center, Dept. of Psychiatry and Behavioral Sciences, Medical University of South Carolina.

Rape in America: a Report to the Nation, in 1992 reports findings of a phone survey of 4009 women across the United States. Based on the results of this survey, 1 out of 8 women are estimated to have been the victim of forcible rape sometime in their lifetime. It was determined that 78% of the rapes were committed by someone known to the victim. Only 16% of these rapes were ever reported to the police. Only 30% of the rapes resulted in the victim being physically injured. But, when compared to women who were never sexually assaulted, female sexual assault victims were 3.4 times more likely to have used marijuana; 5.3 times more likely to have used prescription drugs non-medically; 6.4 times more likely to have used hard drugs; 3 times more

likely to have had a major episode of depression; 6.2 times more likely to have developed PTSD; 5.5 times more likely to have current PTSD; 4.1 times more likely to have contemplated suicide; and 13 times more likely to have attempted suicide. The majority of these women had not abused alcohol or drugs prior to their sexual assault.

- E. Underwood, R., Patch, P., Cappelletty, G., Wolfe, R. (1999). Do Sexual Offenders Molest When Other Persons Are Present? A Preliminary Investigation, *Sexual Abuse: A Journal of Research and Treatment*, Vol. 11(3).

In 1999, Underwood, Patch, Cappelletty, and Wolfe reported on a sample of 113 child molesters. On average, each offender committed 88.6 offenses. Many of the offenders in the sample acknowledged molesting a child while a non-collaborating person was present. The following percentage of the sample engaged in the listed behaviors:

- Molested one child when another child was present - 54%; another adult was present - 23.9%; a child & adult were present - 14.2%
- Molested a child when they knew the other person was awake - 44.3%
- Molested a child when another child was in the same bed - 25.7%; when another adult was in the same bed - 12.4%; when another adult and child were in the same bed - 3.5%
- The child molesters listed the following reasons for molesting a child while a non-collaborating person is present: increased excitement - 77%; sense of mastery - 77%; compulsive sexual behavior - 75.2%; and stupidity -38.9%.

- F. Hindman, J. (1989). *Just Before Dawn*, Alexandria Association.

In her book, *Just Before Dawn* (1989), Jan Hindman cites research she conducted over 15 years involving 543 victims of child sexual abuse. She found that even in the most severe cases of sexual abuse, child victims frequently are asymptomatic. It may be years before symptoms are triggered in future developmental stages. Hindman's findings also indicate that ongoing demands for a relationship with the offender or his support system, without the benefit of significant intervention, contribute to severe and ongoing traumatic impact as the victim matures. "Sex offenders typically want to create certain elements in the sexually abusive scenario that will reduce their guilt and responsibility. Effort may be exerted to have the victim feel as though he/she has caused the offender to act inappropriately. While this attitude may help the offender rationalize the deed, it has a profound effect on the trauma bonding (continued demands for a relationship with the perpetrator or those significant to the perpetrator, interfering with the victim's capacity to resolve the abuse and feelings about the perpetrator) felt by the victim." "Even if the perpetrator was incapacitated, incarcerated or absent, the victim remained connected and in a trauma bond."

- G. Colorado Coalition Against Sexual Assault, <http://www.ccasa.org/statistics.cfm>

"Twenty-four percent (1 in 4) of Colorado women and 6% (1 in 17) Colorado men have experienced a completed or attempted sexual assault in their lifetime. This equates to over 11,000 women and men each year experiencing a sexual assault in Colorado (*Sexual Assault in Colorado: Results of a 1998 Statewide Survey*. 1998. Colorado Department of Public Health and Environment and Colorado Coalition Against Sexual Assault). One thousand seven hundred

ninety-four (1,794) rapes were reported to Colorado law enforcement in 1997. If compared to the 1998 Statewide Survey, these reports constitute only 16% of sexual assaults.”

- H. Cardarelli, A. (1998). Child Sexual Abuse: Factors in Family Reporting, NIJ Reports, No. 209, May/June.

Data involving 156 sexually abused children who were treated at a Family Crisis program associated with Tuft’s New England Medical Center in Boston were analyzed. Sixty-two percent of the sample chose not to report the abuse to the police. Of the individuals who did report the abuse, very few were the victims (they were mostly parents or primary caretakers).

V. *“It is important to recognize that treatment under unsafe conditions is not beneficial to the offender or others in the treatment program and undermines treatment program integrity.”*

- A. *Quinsey, V.L., Harris, G.T., Rice, M.E., Cormier, C.A. (1998). Violent Offenders: Appraising and Managing Risk. American Psychological Association, 55-72.*

Quinsey, Harris, Rice, and Cormier (1998) reported on numerous studies on clinical judgment in regard to prediction of violence. His overall conclusion to these studies was that “clinical intuition, experience, and training at least as traditionally conceived are not helpful in either prediction or treatment delivery. Although discouraging, this conclusion is not nihilistic. Training, in the sense of knowing the empirical literature and relevant scientific and statistical techniques, must improve the selection of appropriate treatments, treatment program planning, and evaluation.”

Articles/Professional Opinions that support this statement:

1. *O’Connell, M.A., E. Leberg, Donaldson, C.R. (1990). Working with Sex Offenders: Guidelines for Therapist Selection. Newbury Park, CA: Sage Publications, pp 13-16, 52-53, 94-96, 101-103.*
2. *(2000). Community Supervision of the Sex Offender: An Overview of Current and Promising Practices. Center for Sex Offender Management, January, 2000.*
3. *Salter, A. (1988). Treating Child Sex Offenders & Victims, Newbury Park, CA: Sage Publications, pp.84 – 86.*
4. *Scott, L. (1997). “Community Management of Sex Offenders”. In The Sex Offender, Vol II, Schwartz, B., Cellini, H., eds., Kingston, NJ: Civic Research Institute, p.16-2 through 16-5.*
5. *Freeman-Longo, R., Knopp, F. (1992). State of the Art Sex Offender Treatment: Outcome and Issues, Annals of Sex Research, Vol. 5 (3).*

6. (1997). "Ethical Standards & Principles for the Management of Sexual Abusers" ATSA, p.11, 2.02
 7. Kercher, G., Long, L. (1998) Supervision & Treatment of Sex Offenders, Huntsville, TX: Sam Houston Press, pp47-49, & 123-126.
 8. Cumming, G., Buell, M. (1997). Supervision of the Sex Offender, Brandon, VT: Safer Society Press, pp 91-92.
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VI. *"Some offenders have a history of persistent arousal to minors. Although they may be able to meet 5.742 criteria, because of the likelihood that proximity to children will trigger or increase this arousal, the team shall frequently reassess the offender's ability to maintain a reduced level of arousal. The team shall terminate an offender's approval for contact with minors if there is behavior or other evidence to indicate arousal to minors cannot be managed."*

- A. Davis, G., Williams, L., Yokley, J. (1996). An Evaluation of Court-Ordered Contact Between Child Molesters and Children: Polygraph Examination as a Child Protective Service. Paper presented at 15th Annual ATSA Conference, November, 1996.

In a 1996 study by Gary Davis, Laura Williams and James Yokley, 142 child molesters were polygraphed to determine if they were having deviant fantasies and masturbating while thinking about a known minor. Only 3% of offenders who were not permitted contact with children were having deviant fantasies and masturbating while thinking about a known minor. Of the child sex offenders who were permitted supervised contact with children, 59.5% were having deviant fantasies and masturbating while thinking about a known minor.

- B. In 1999, the Sex Offender Treatment and Monitoring Program at the Colorado Department of Corrections compiled polygraph testing responses to questions regarding contact with children in the prison visiting room. The study involved a sample of 36 offenders who were polygraphed while participating in the second phase of the Sex Offender Treatment and Monitoring Program. The sex offenders were asked whether they had ever masturbated to thoughts of a known child they had seen in the prison visiting room. Eight offenders (22%) denied masturbating to thoughts of a known child and were nondeceptive on the polygraph exam. Sixteen offenders (44%) admitted to or were deceptive to questions on the polygraph exam, which would indicate the offender had masturbated to thoughts of known child they had seen in the visiting room. Twelve offenders (33%) were deceptive to other questions on the polygraph test and as a result it could not be determined whether they had masturbated to thoughts of a child seen in the visiting room.

Appendix D RISK ASSESSMENT

Adult Sex Offender Low Risk Protocol (LRP) Approved by the SOMB March 18, 2011

Guiding Policies

- A. The purpose of the protocol is to allow the Community Supervision Team (CST) to determine whether persons convicted of a sex offense can be identified as posing a low risk for sexual re-offense.
- B. The protocol requires regular review of qualified offenders who are identified as not having any exclusionary items via this Low Risk Case Management Review (LRP) by the CST during the initial course of treatment and supervision. The determination of whether the sex offender is low risk should typically occur at 12 - 18 months, but not prior to 12 months after the onset of treatment/supervision. Additional time can be utilized if the review is not completed within 18 months.
- C. The CST will not base its determination on documented legal history alone but instead will rely on actual history as well as multiple other risk factors, including information obtained from the victim when possible.
- D. Only those offenders who willingly participate in the assessment process and are forthright and open can be candidates for consideration.
- E. The entire CST must reach a unanimous decision regarding whether an offender has met criteria for identification as low risk, and the CST shall consider input from a victim representative.
- F. This assessment protocol is not intended to identify all low risk sex offenders. It is instead intended to identify sex offenders who have consistently appeared low risk at the point of psychosexual evaluation through the initial process of supervision and treatment.

Protocol for Determining Low Risk

Exclusionary Items: An offender presenting with one or more of the following factors shall not be reviewed using the LRP as this protocol was specifically developed for sex offenders with no exclusionary criteria. Sex offenders shall not be identified as low risk per the LRP if any of the following factors exist:

- A. Risk is identified as anything other than low or low/moderate during the initial sex-offense-specific evaluation pursuant to the SOMB Standards. *Note: It is understood that evaluations may contain multiple risk assessment instruments that may determine varying levels of risk. It is the evaluator's final cumulative risk assessment that will be used by the CST.*
- B. Identified as an SVP.
- C. The offender used overt force or violence in any sex offense.
- D. The offender has one or more prior adult or juvenile sex offenses, which include information obtained through self report, or any other credible source.

Assessment Items: Any of the following items identified during the course of the assessment process will *exclude* the offender from being designated as low risk. Thus, ALL items MUST be assessed.

- A. Significant levels of deviant sexual arousal/interests/behaviors as determined by penile plethysmograph (PPG), Visual Reaction Time (VRT), or via self report.
- B. Forensic examination of the offender's electronic devices which includes computer, phone, MP3, and camera indicating deviant sexual interests or sexual compulsivity (e.g. pornographic materials).
- C. The offender demonstrates significant non-compliance and lack of accountability while under supervision or during treatment which may include information obtained in a maintenance polygraph test.
- D. The offender is diagnosed with Obsessive Compulsive Disorder (OCD), which relates to sexual behavior, per the Diagnostic and Statistical Manual of Mental Disorders
- E. The offender is diagnosed with Antisocial Personality Disorder or has significant antisocial/psychopathic personality traits, or has a Narcissistic Personality Disorder. Other personality disorder diagnoses may also be considered if the disorder is connected to the sexually abusive behavior.
- F. The offender is currently diagnosed with Substance Dependence as per the most current DSM.
- G. The use of coercion or threats of violence.
- H. Unresolved sexual offense history disclosure process, as demonstrated by treatment participation and polygraph results⁵⁶.

Instructions - Low Risk Case Management Review

The Sex Offender Management Board (SOMB) recognizes the varying levels of risk within the adult sex offender population. The SOMB additionally understands the problem related to limited resources for treating and managing this population, and the need to prioritize the use of resources for those at higher risk. Lower risk sex offenders may require less intensive levels of intervention, which is not currently prescribed within the confines of the present system. The SOMB identified the need to create a protocol to discriminate those adult sex offenders who appear to be truly low risk. As a result, the SOMB has developed the Adult Sex Offender Low Risk Protocol (LRP).

The LRP is based on research related to risk factors and recidivism studies regarding adult sex offenders. The LRP is designed to further assess low risk adult sex offenders who were already identified as being low or low/moderate risk at the time of sentencing via the psychosexual offense specific evaluation. These adult sex offenders may be appropriate for ongoing assessment of 12 to 18 months by the Community Supervision Team (CST) after sentencing utilizing the LRP, depending on how long the CST requires to make an accurate assessment. The LRP should be reviewed when these offenders are referred for sex offense specific treatment to first determine if the offender meets any of the exclusionary criteria prohibiting the assessment from being conducted. If the offender does not meet any of the exclusionary criteria the CST should develop a plan for reviewing the assessment items over the course of the initial phase of treatment. If the CST elects to designate an offender low risk according to the LRP,

⁵⁶ Please see Standards of Practice for Post-Conviction Sex Offender Polygraph Testing (Standards and Guidelines for the Assessment, Evaluation, Treatment, and Behavioral Monitoring of Adult Sex Offenders) Section 6.000.

the decision must be unanimous by all CST members and the CST shall consider input from the victim representative.

These instructions are designed to assist the CST in completing the LRP. Please refer to them throughout the process of assessing offenders.

Guiding Policies:

It is important to note that much of a sex offender's history is undocumented. Therefore, the CST should consider all credible sources of information, including offender self report and victim report (when possible) during the assessment. It is expected that truly low risk offenders will be forthright and open with CST members, making accurate classification of risk possible. Offenders who are secretive and withhold information make it difficult for the CST to effectively assess risk. Consequently, offender cooperation with the process is essential to the successful implementation of the protocol. The CST should also consider offender compliance as part of the LRP.

Protocol for Determining Low Risk:

Exclusionary Items:

Those offenders who are identified as low or low/moderate risk via the psychosexual offense specific evaluation but meet any of the following are not appropriate for low risk designation per this protocol. These criteria are significant risk factors reflected through research, thus make a low risk classification inaccurate.

- A. The offender must have been assessed as low or low/moderate risk on the psychosexual offense specific evaluation at the time of sentencing or thereafter. Risk prediction requires complete information that is often not available at the time of initial assessment. Therefore a determination of low or low/moderate risk at the time of sentencing must be verified over the course of the assessment period of 12 to 18 months to ensure adequate information is obtained. A number of offenders classified as low risk at the time of initial evaluation may be subsequently determined to be at a higher risk. Individuals classified as being moderate or higher risk at the onset of evaluation likely require the type of intervention prescribed by the *Standards* and a deviation from such would be counterproductive to effective risk management and public safety. While it is possible for a higher risk offender to moderate their risk, it is less likely that the initial assessment of risk is an overestimate or grossly inaccurate.

When an offender is assessed via a psychosexual offense specific evaluation the evaluator may use a variety of risk assessment instruments. Each individual instrument will result in a risk classification of the offender and each instrument may be measuring different types of risk. Consequently, the evaluator should rely on their clinical expertise to form a cumulative designation of risk based on an overall summary of all the instruments utilized in assessing the offender.

- B. The Sexually Violent Predator (SVP) instrument assesses an offender's likelihood to commit further sexual offenses. The research indicates that an offender scoring 8 or more on the SORS is five times more likely to be arrested for a new sexual offense. As a result, an offender assessed as SVP is necessarily at high risk to reoffend and

therefore is inappropriate for participation in this process.

- C. Research indicates that offenders who use overt force or violence during the commission of a sexual offense are higher risk. Credible information indicating that an offender used overt force or violence during the commission of any sexual offense is sufficient to disqualify the offender from the protocol.
- D. Research indicates that offenders who have a history of committing sexual offenses are a higher risk. Therefore it is inappropriate for those offenders to participate in this process. Any credible source of information indicating there is a prior offense, juvenile or adult, is sufficient to disqualify the offender from the protocol.

Assessment Items:

Once the CST has determined that an offender does not meet any of the exclusionary criteria the LRP should be conducted and the CST should meet to discuss the following items. *Please note that the CST should include a victim representative in this process whenever possible.* The goal of the LRP is to provide an assessment of each of the items below. Each item in and of itself could be indicative of higher risk and is based on relevant research and the clinical expertise of treatment and evaluation professionals. Thus, findings on any one item will exclude the offender from low risk designation. However, the ultimate decision in assessing low risk status is left to the CST and is based on all of the items.

The CST should be assessing these items beginning at the initial phase of treatment until such time that the CST believes sufficient information is obtained (12-18 months). If low risk designation is to be made, ALL members of the CST must agree unanimously. If any of the CST members view the offender as being anything other than low risk, a low risk designation shall not be made.

- A. This assessment item is designed to evaluate the offender's level and extent of deviant sexual arousal/interest. While offender self report may be considered, use of plethysmograph/VRT is required. The CST should consider whether the offender exhibits significant levels of deviant sexual arousal/interest per the testing protocol. The mere existence of deviant sexual arousal/interest in any one area does not necessarily disqualify an offender from being designated as low risk. However, the nature, extent, types, and totality of arousal/interest should be carefully considered.
- B. This assessment item is designed to evaluate the offender's level and extent of sexual deviancy and compulsivity. The CST must evaluate the offender's use of electronic devices through forensic examination. This shall be conducted via the use of a forensic examiner, the use of forensic software, or examination by the supervising officer. Information to be obtained should include results of electronic device search during initial investigation as well as ongoing monitoring of the offender's devices through treatment and supervision. The existence of any indications of deviant sexual interest or sexual compulsivity in and of itself is not necessarily sufficient to preclude an offender from being designated low risk. For example, if pornography is located on an offender's computer during initial investigation, but the offender is subsequently compliant, the level of compliance should be considered. In addition, offenders under supervision for Internet Luring of a Minor cases should not be automatically precluded.

The CST should bear in mind the history, nature, level, and totality of all such information when considering this item (e.g. the extent of pornographic images, the ratio of pornographic images, and the categories/types of images should be considered). Sexual deviancy/compulsivity is related to risk.

- C. This assessment item is designed to evaluate the offender's level and extent of non-compliance. The CST should consider all types of significant non-compliance with treatment and supervision and a lack of offender accountability which may include deceptive results on maintenance polygraph tests. One violation would not be sufficient to disqualify an offender from being designated low risk, however, significant non-compliance with treatment/supervision is related to recidivism. An offender who does not demonstrate responsivity to treatment and supervision in his/her lifestyle is problematic. Offenders who deny future risk to re-offend are at a higher risk to re-offend (i.e. offenders who fail to recognize or acknowledge their vulnerabilities).
- D. This assessment item is designed to evaluate the presence of significant Obsessive Compulsive tendencies related to the offender's sexually abusive behavior. The CST should consider any existing Obsessive Compulsive Disorder (OCD) diagnosis and may need to refer the offender for a mental health/psychological evaluation if the offender has not been assessed. A diagnosis must be made and meet the criteria per the current Diagnostic and Statistical Manual (DSM) in order for this item to be considered concerning. If an offender has been diagnosed but has demonstrated the ability to manage and self-regulate the behavior for a sufficient period of time, the diagnostic criteria may no longer be present and this should be considered when assessing this item. Diagnosis for OCD may increase an offender's risk level.
- E. This assessment item is designed to evaluate whether the offender has a diagnosis of Antisocial Personality Disorder per the current DSM or the presence of antisocial/psychopathic personality traits. Other personality disorder diagnoses should be considered if the disorder is connected to the sexually abusive behavior. The Psychopathy Checklist-Revised may be useful in assessing this item. The existence of antisocial, psychopathic, or narcissistic traits has been correlated with increased risk for recidivism.
- F. This assessment item is designated to evaluate whether the offender has a diagnosis of Substance Dependence per the criteria of the current DSM. The CST should consider the severity and time frame of the substance issue in making a determination about the offender's risk level. It should be noted that an offender's diagnosis could be in remission (i.e. the offender has demonstrated the ability to manage the behavior) for a substantial period of time and this should also be factored into the decision. Substance abuse/dependence has been correlated with increased risk for recidivism.
- G. This assessment item is designed to evaluate the use of coercion or threats of violence by the offender during the commission of the offense. Although there is an exclusionary item already indicated for use of overt force, this item is intended to expand upon the factor and consider offenders who use coercion or threats of force to gain victim compliance. Higher levels of manipulation and coercion may present

a risk to public safety.

- H. This assessment item is designed to evaluate the offender's unresolved sexual offense history disclosure process, as demonstrated by treatment participation and polygraph results. If an offender is unable to be genuine and honest about his/her sexual history, then an accurate assessment of risk is impossible. This item is intended to assess the offender's accountability for sexually abusive behavior so results from sexual history polygraph exams should be considered. If the offender discloses additional offenses, he/she is excluded (see Exclusionary Items, D).

Adult Sex Offender Low Risk Protocol (LRP)
Checklist

Guiding Policies

The purpose of the protocol is to allow the Community Supervision Team (CST) to determine whether persons convicted of a sex offense can be identified as posing a low risk for sexual re-offense. The protocol requires that qualified offenders who are identified as not having any exclusionary items be regularly reviewed on this Low Risk Protocol (LRP) by the CST during the normal, initial course of treatment and supervision (the determination of whether the sex offender is low risk should typically occur at 12 - 18 months). Additional time can be utilized if the review is not completed within 18 months. The CST will not base its determination on documented legal history alone but instead will rely on actual history as well as multiple other risk factors. The CST is encouraged to consider the victim perspective when possible. Only those offenders who willingly participate in the assessment process/treatment/supervision and are forthright and open can be candidates for consideration. The entire CST must reach a unanimous decision regarding whether an offender has met criteria for identification as low risk.

Protocol for Determining Low Risk

Exclusionary Items: If you answer YES to ANY of the following factors regarding the offender being considered for review using the protocol, the offender shall NOT be reviewed using the LRP.

- Yes ___ No ___ Risk is identified as anything other than low or low/moderate during the initial sex-offense-specific evaluation pursuant to the SOMB Standards. *Note: It is understood that evaluations may contain multiple risk assessment instruments that may determine varying levels of risk. It is the evaluator's final cumulative risk assessment that will be used by the CST.*
- Yes ___ No ___ Identified as an SVP.
- Yes ___ No ___ The offender used overt force or violence in any sex offense.
- Yes ___ No ___ The offender has one or more prior adult or juvenile sex offenses, which include information obtained through self report, or any other credible source.

Assessment Items: Any of the following items identified during the course of the assessment process will exclude the offender from being designated as low risk. Thus, ALL items MUST be assessed.

- Yes ___ No ___ Significant levels of deviant sexual arousal/interests/behaviors as determined by penile plethysmograph (PPG), Visual Reaction Time (VRT), or via self report.
- Yes ___ No ___ Forensic examination of the offender's electronic devices which includes computer, phone, MP3, and camera indicating deviant sexual interests or sexual compulsivity (e.g. pornographic materials).
- Yes ___ No ___ The offender demonstrates significant non-compliance and lack of accountability while under supervision and/or during treatment, which may include information obtained in a maintenance polygraph test.
- Yes ___ No ___ The offender is diagnosed with Obsessive Compulsive Disorder (OCD), which relates to sexual behavior, per the Diagnostic and Statistical Manual of Mental Disorders
- Yes ___ No ___ The offender is diagnosed with Antisocial Personality Disorder or has significant antisocial/psychopathic personality traits, or has a Narcissistic Personality Disorder. Other personality disorder diagnoses may also be considered if the disorder is connected to the sexually abusive behavior.
- Yes ___ No ___ The offender is currently diagnosed with Substance Dependence per the Diagnostic and Statistic Manual of Mental Disorders.
- Yes ___ No ___ The use of coercion or threats of violence.
- Yes ___ No ___ Unresolved sexual offense history disclosure process, as demonstrated by treatment participation and polygraph results.

Treatment Provider Signature Date

Supervising Officer Signature

Date

Appendix E

GUIDANCE REGARDING VICTIM/FAMILY MEMBER READINESS FOR CONTACT, CLARIFICATION, OR REUNIFICATION

The following are considerations for Community Supervision Teams (CSTs) in determining readiness and ability to make informed decisions for individuals who have been victimized and have requested contact, clarification, or reunification, as well as readiness for parents/guardians and other children in the home. These are not to be construed as expectations that the victim must meet, but for the CST to be knowledgeable and able to assess family readiness. It is important to consider the following areas as a means of ensuring that the individual is not placed in a situation that could result in further victimization or could compromise their physical or emotional safety or well-being.

Victim Readiness

Contact and Clarification:

The person who has been victimized is able, based on their age and developmental level, to:

- Acknowledge and talk about the abuse and the impact of the abuse without minimizing the scope (e.g. does not excuse the abuse based on frequency, beliefs about the offender's intent, etc).
- Accurately assess and identify the offender's responsibility for the abuse and aftermath and does not blame self.
- Place responsibility on the offender and does not minimize or deny responsibility based on fear of repercussions.
- Avoid perceiving self as destroyer or protector of the family.
- Demonstrate assertiveness skills and is willing to disclose any further abuse or violations of a safety plan.
- Demonstrate a reduction of symptoms and is not actively experiencing Post Traumatic Stress Disorder.
- Express feeling safe, supported, protected and in control, but not controlling.
- Maintain positive and supportive relationships with those who have demonstrated an ability to support them.
- Demonstrate healthy boundaries, self respect and empowerment.

Reunification:

In comparison to contact or clarification, which typically occurs at specified periods of time and can often be highly structured, reunification occurs over an extended period of time, following clarification, and often without high levels of external structure. The following areas should be considered in addition to the factors listed above.

The person who has been victimized is able to:

- Demonstrate awareness of previous grooming tactics of the offender.
- Recognize ongoing grooming patterns.
- Exercise assertiveness skills and confront the offender as needed.
- Identify and seek out external support if needed.

Non-Offending Parent or Guardian Readiness

The non-offending parent or guardian:

- Believes the victim's report of the abuse.
- Recognizes and understands, without minimizing, the impact of the abuse on the victim.
- Holds the offender solely responsible for the abuse without blaming the victim in any way.
- Has received appropriate education regarding their role as a non-offending parent.
- Demonstrates the ability to be supportive and protective of the victim.
- Is more concerned with victim impact and recovery than consequences or inconveniences for the offender.
- Has received appropriate education regarding sexual offender behavior.
- Has received full disclosure of the extent of the offender's sexual offense(s)/abusive behavior(s).
- Is aware of the grooming tactics used by the offender for not only the victim, but also other family members.
- Supports and implements the family safety plan.
- Demonstrates the ability to recognize and react properly to signs of high risk or offending behavior.

- Can demonstrate assertiveness skills that would allow him/her to confront the offender and is willing to disclose high risk or offending behavior.

Secondary Victim, Sibling or Other Children in the Home Readiness

This individual:

- Has an understanding of the nature of abuse and the impact on the victim.
- Does not blame the victim or minimize the abuse.
- Understands the offender is solely responsible for the abuse.
- Has received information about offender treatment and high risk and grooming behaviors.
- Can express the ways the abuse has affected and impacted his/her life.
- Demonstrates healthy boundaries, including the ability to identify and set limits regarding personal space and privacy.
- Is aware of the family safety plan.

Appendix F
SEX OFFENDER MANAGEMENT BOARD
ADMINISTRATIVE POLICIES

February 2000

- A. The period for individuals placed on the Provider List before June 30, 1997 shall terminate on December 31, 1999. Individuals placed on the Provider List after June 30, 1997 shall be notified of a deadline that approximates a three year period.
- B. Individuals on the Provider List who work for or with a particular sex offender treatment program shall notify the SOMB in writing if they leave the program and continue to provide sex offender treatment. In such cases, individuals shall be required to provide updated information on the treatment provider/client contract, a description of program services and any other information pertinent to the change in employment.
- C. The SOMB may periodically conduct criminal history and grievance board checks on providers found on the Provider List and reserves the right to conduct a review of standards compliance and references as necessary.
- D. Individuals who are at the associate level on the Provider List shall notify the SOMB in writing when they have obtained the required experience or qualifications to be listed on the Provider List at the full operating level. Documentation of such experience or qualifications must be submitted. Such notification shall be accompanied by a letter from the applicant's supervisor, indicating that they are qualified for placement on the Provider List at the full operating level.
- E. In assessing references for placement on the Provider List provided to and solicited by the Sex Offender Management Board, the Application Review Committee shall weigh many factors, including the following:
 - 1. The relevance of the information to compliance with the *Standards*;
 - 2. The degree to which there is a difference of opinion among references;
 - 3. Apparent reasons for differences of opinion;
 - 4. How recently the reference has had contact with the applicant and the extent of contact with the applicant;
 - 5. Whether the reference has had direct contact with the applicant or is reporting third hand information;
 - 6. Whether the applicant has recently changed a particular practice to conform with the *Standards*;
 - 7. The motivation of the reference.
- F. The applicant shall be given an opportunity to respond and provide additional information to concerns and questions of the Application Review Committee prior to the determination regarding placement on the Provider List. The only exception to this practice shall be when non-compliance with the *Standards* is clear and could not be re-mediated by additional information.
- G. Any applicant who is denied placement on the Provider List will be supplied with a letter from the SOMB outlining the reasons for the denial and notifying them of their right to an appeal.
- H. Any provider who is denied placement on or removed from the Provider List shall not provide any services to convicted adult sex offenders in Colorado without written permission from the SOMB.

No listed provider shall use any provider denied placement on or removed from the Provider List to provide any services to convicted adult sex offenders in Colorado without written permission from the SOMB.

- I. Any applicant who is denied placement on the Provider List by the Application Review Committee may appeal the decision to the full SOMB. Appeals will be conducted in the following manner:
 1. The applicant must submit an appeal in written form within 30 days after receiving notification of denial of placement on the Provider List.
 2. The SOMB will consider only information that addresses the reasons for denial outlined by the SOMB in the denial letter. Other information will not be considered by the SOMB in the appeal process.
 3. The applicant may request either a hearing or a conference call with the SOMB in addition to the submission of the written appeal. The request must be made in writing at the time the written appeal is submitted. Hearings or conference calls will be scheduled in conjunction with regular SOMB meetings. An applicant may bring one representative to the appeal. Hearings or calls will be 30 minutes; 15 minutes for a verbal presentation by the provider and 15 minutes for questions from the SOMB.
 4. The SOMB will consider appeals in open hearing and audio record the proceedings for the record.
 5. The applicant will be notified in writing of the SOMB's decision regarding the appeal.
 6. The decision of the SOMB will be final.
- J. When a complaint is made to the Sex Offender Management Board about a treatment provider, evaluator, plethysmograph or Abel Screen examiner or clinical polygraph examiner listed on the Provider List or not, the complaint shall be made in writing to the SOMB. The SOMB will furnish a form to the complainant which must be completed for the SOMB to consider the complaint.

All complaints will be initially screened by the vice chair of the SOMB, or other SOMB member as appointed by the Chair, to determine appropriateness for Sex Offender Management Board intervention. The vice chair will review his/her recommendation with the Application Review Committee and a decision will be made regarding Sex Offender Management Board intervention.

Complaints determined to be more appropriate to intervention by another oversight agency (such as the state mental health grievance board) will be referred to the appropriate oversight agency. Complainants will be notified in writing of any such referrals. Some complaints may be appropriate for both referral to another oversight agency and intervention by the Sex Offender Management Board.

Complaints regarding treatment providers, evaluators, plethysmograph examiners and clinical polygraph examiners who are not listed on the Provider List are not appropriate for Sex Offender Management Board intervention. The SOMB will inform complainants that it does not have the authority to intervene in these cases. The SOMB will send a copy of the *Standards and Guidelines for the Assessment, Evaluation, Treatment and Behavioral Monitoring of Adult Sex Offenders* to the provider not listed on the Provider List identified in these complaints for informational purposes.

Complaints appropriate for Sex Offender Management Board intervention are those complaints against sex offender treatment providers, evaluators, plethysmograph examiners and clinical polygraph examiners who are listed on the Provider List when the complainant identifies that the *Standards* developed by the Sex Offender Management Board have been violated. These complaints will be addressed in the following manner:

1. The Application Review Committee in conjunction with the vice chair of the SOMB, or other SOMB member identified by the chair, will have the responsibility for reviewing and responding to complaints.

2. When the vice chair and the Application Review Committee determine that a complaint is appropriate for Sex Offender Management Board intervention the complainant will be notified in writing that their complaint has been received and the identified provider will be notified that a complaint against them has been received.
3. As a part of the investigation of the complaint the SOMB may:
 - a) Request more information from the complainant
 - b) Request a response from the identified provider
 - c) Initiate and carry out or cause to be carried out an investigation of the complaint either directly or through staff, investigators or consultants.
 - d) Hold a hearing before the committee requesting both parties to appear.
 - e) The committee will consider complaints in executive session.

The Sex Offender Management Board reserves the right to determine the extent of investigation needed to determine a finding regarding the complaint.

The following are possible findings and actions by the Sex Offender Management Board regarding complaints:

1. Dismissal of the complaint, identifying it as unfounded and taking no action.
 2. Contacting the provider and/or the complainant to determine if the complaint can be resolved through mutual agreement. If mutual agreement is reached, the decision regarding the agreed upon action will be documented and placed in the provider's file as a determination of the outcome of the complaint.
 3. Finding a complaint valid and placing a letter of admonition in the provider's file. The SOMB may recommend changes in the provider's services or additional training or supervision. The letter of admonition and the provider's response to the SOMB's suggestions will be taken into consideration when the provider is reviewed for placement on the Provider List.
 4. Finding a complaint valid and removing a provider from the Provider List. In these cases, referral sources will be notified of the provider's removal from the Provider List.
 5. Written notice of the SOMB's findings and the reasons for those findings will be provided to the complainant and the identified provider along with a notice of the right to file a written appeal within 30 days.
- K. Any complainant or identified provider who wishes to appeal a finding on a complaint may appeal the decision to the full SOMB. Appeals regarding findings on complaints will be conducted in the following manner:
1. The applicant must submit their appeal in writing within 30 days after receiving notification of the finding of the SOMB.
 2. The SOMB will consider only information that addresses the reasons for the finding outlined by the SOMB in their letter.
 3. Either the party requesting the appeal or the other party may request either a hearing with the SOMB or a conference call with a group of SOMB Members identified by the SOMB as a part of their appeal. The request must be made in writing at the time of the appeal. Hearings or conference calls will be scheduled in conjunction with regular SOMB meetings. Either party may bring one representative with them. Hearings or calls will be 45 minutes long; 15 minutes for a verbal presentation by each party and 15 minutes for questions from the SOMB.
 4. The SOMB will consider appeals in open hearing and audio record the proceedings for the record.
 5. The SOMB will notify both parties of its decision in writing.

6. The decision of the SOMB will be final in the appeal process.

Appendix G COMPUTER USE AGREEMENT FOR SEX OFFENDERS

Computer Use Agreement for Sex Offenders

Client: _____ Supervising Officer/Designee: _____

By signing below, the above named client indicates (s)he understands (s)he has the right to refuse consent to the items contained herein and that the client voluntarily agrees to be compliant with the following conditions:

_____ Client shall provide a complete and accurate inventory of all computers, computer-related equipment, and communications devices and services on an inventory form provided by the Probation Department. The client agrees to ensure that all information on the inventory is complete, accurate and current at all times and that they will not use or access any electronic storage or communication device or service not reported on the inventory form and specifically approved for use by the Probation Department.

_____ Client shall obtain prior approval from the Supervising Officer/Designee to engage in the following activities:

- _____ Web browsing (including but not limited to surfing).
- _____ Email (all email accounts must have prior approval).
- _____ Interpersonal communication (including but not limited to chatting, texting and instant messaging).
- _____ Producing web content (including but not limited to a web site, MySpace and other social networking site pages, YouTube, Podcasting, blogging, vlogging).
- _____ Participating in social networking activities
- _____ Internet related telephone communication (including but not limited to using Voice Over Internet Protocol).
- _____ File sharing by any method (including, but not limited to Peer to Peer, Internet Relay Chat, attachments to emails, iTunes).

_____ Client shall not use the computer for any purpose which might further sexual activity. Such use includes, but is not limited to, possession or viewing of material that is sexual in nature.

_____ Client shall be prohibited from possessing or viewing certain materials related to, or part of, the grooming cycle for his/her crime. Such materials include, but are not limited to, the following:

- _____ Images of your victim.
- _____ Stories or images related to your crime or similar crimes.
- _____ Images which depict individuals similar to your victims (e.g. children).
- _____ Stories written about or for individuals similar to your victim.
- _____ Materials focused on the culture of your victim (e.g. children's shows or web sites).

_____ Client shall be prohibited from using any form of encryption, cryptography, steganography, compression, password protected files and/or other method that might limit access to, or change the appearance of, data and/or images without prior written approval from the Supervising Officer/Designee. If, for work purposes, password protection is required on any system or files used by Client, the password shall be provided to the Supervising Officer/Designee upon request.

_____ Client shall be prohibited from avoiding the creation of, or altering or destroying records of computer use without Supervising Officer/Designee's approval. This includes, but is not limited to, deleting or removing browser history data regardless of its age, emptying the Recycler, the possession of software or items designed to boot into or utilize RAM kernels, alter or wipe computer media, defeat forensic software, or block monitoring software. This also includes a prohibition against restoring a computer to a previous state or the reinstallation of operating systems.

_____ Client consents to unannounced examination by Supervising Officer/Designee of any and all computer(s) and/or devices(s) to which Client has access for the limited purpose of detecting content prohibited by this document, conditions of probation, or court order. This consent to examine includes access to all data and/or images stored on any storage media (including but not limited to cell phones, iPods, PDA's, removable media, thumb drives, camera cards, game consoles, CDs, DVDs) whether installed within a device or removable and separate from the actual device.

_____ Client shall allow the installation of monitoring software and periodic examination of their computer at their own expense to insure compliance with the conditions of probation and this agreement. The client has no expectations of privacy regarding computer use or information stored on the computer if monitoring software is installed and understands and agrees that information gathered by said monitoring software may be used against him/her in any subsequent administrative or legal proceeding.

_____ That the conditions of usage may be modified by the Probation Department or their designee as needed and agrees to abide by all modifications of usage. The client has the right to refuse to abide by modifications of these conditions, but understands that their access to computers and communications devices may be revoked if they fail to comply with all conditions imposed by the Probation Department or their designee.

_____ Client specifically agrees to be responsible for all data, images and material on the computer and voluntarily consents to announced or unannounced searches by the Supervising Officer/Designee to verify compliance with these special conditions of supervision. The Client understands and agrees that his/her computer, related equipment, communication, and storage devices are subject to seizure by Supervising Officer/Designee if, during a search, any evidence of a violation or any evidence of a new crime is detected.

Client's Signature

Date

Supervising Officer's Signature

Date

Appendix H
DIGITAL TECHNOLOGY USE FACTORS

Digital Technology Use Factors
Which Indicate Increased Sex Offender
Investment In Digital Sexual Content

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I have been conducting forensic examinations of convicted sex offenders' digital devices since 1998. I worked as a cyber crime analyst for and with various state level probation departments during this period. My work environment was unique in that the offenders were convicted and on probation. I worked live on the offender's devices, in the offender's home or office environment and with the offender present. During my examinations I talked with the offender, discussed his/her cyber behavior and asked questions about what I was finding. This afforded me a fuller understanding of their cyber-sexual behavior than I would have obtained working on the device in a forensic lab or simply talking to an offender in absence of the device itself.

Based on more than 1,300 examinations of offenders' digital devices, I found 14 factors which indicate an offender has an investment in digital sexual content that is beyond the norm for convicted sex offenders. This investment often leads to resistance to containment/treatment and a higher probability of recidivism. While some of these factors may be benign for the public at large, they become important when found in the technology use of individuals charged with or convicted of sex crimes. It is when one's behavior draws the attention of law enforcement that the factors below become significant.

When considering the digital behavior of sex offenders, one should seek to understand the big picture of the offender's technology use and how it relates to sexual behavior (also see www.kbsolutions.com/beyond.pdf and www.kbsolutions.com/PornContraband.pdf). As offenders engage in more of the factors, their investment in cyber-sexual content increases. It has been my experience that increased investment in cyber-sexual content also leads to an increase in resistance to containment and treatment.

The elements described in the remainder of this paper are listed in no particular order. The reader should not assume any priority based on location within the list.

The 14 Factors

1. Surfing more than 10 hours a week of sexual content.
2. High ratio of sexual sites to general surfing, regardless of number of hours.
3. Saved versus cached material. As the ratio of saved to cached goes up, so does the risk.
4. Any cataloging of sexual content.
5. Low ratio of "Splash Page" to "Inside Site" images.
6. Membership in adult sites or organizations promoting sexual behavior.
7. Nude pictures of the offender on the offender's devices.
8. Pictures with sexual content taken by, created by, or altered by the offender.
9. Erotic literature written by the offender.
10. Trophy materials stored on the offender's devices.
11. Usegroup or Peer to Peer activity seeking sexually explicit materials.
12. "Red Flag" Themes, if they have a significant number of images/files:
13. Internet grooming or solicitation of minors using any medium.
14. Use of technology for sexual content which indicates a more heavily invested approach:

Each of these factors are explained in the pages that follow. I believe a complete psycho-sexual evaluation cannot be obtained without both a polygraph and a digital technology examination. It is my intention that this paper serve as a checklist to evaluators, containment/treatment teams, and forensic examiners when considering the digital behavior of sex offenders.

As technology advances, changes will undoubtedly occur in the number and types of indicators related to cyber-sexual investment. I will endeavor to keep this paper updated as technology changes. This paper, in its most recent form will always be available at www.kbsolutions.com/KBS14Factors.pdf.

Factor 1: Surfing more than 10 hours a week of sexual content.

Addiction to cyber-sex is a concern for those charged with or convicted of sex crimes. There is no hard and fast rule as to what constitutes a threshold of addiction. Each individual's pattern of sexual content use must be compared to their pattern of general (non-sexual) technology use.

During my examinations I found that offenders who used digital sexual content more than 10 hours a week also reported higher incidence of intrusive sexual thoughts, deviant sexual ideation, and feeling like they were 'addicted' to technology use. Using technology more than 10 hours to obtain sexual content indicates enhanced investment in digital sexual content.

Factor 2: High ratio of sexual sites to general surfing, regardless of number of hours.

Regardless of the total number of hours spent on the Internet (or using technology), the ratio of sexual content to non-sexual content is an important indicator of investment in digital sex. Calculating the percentage of digital sexual activity to non-sexual digital activity gives the treatment team valuable information concerning investment. An offender who views sexual content 80 hours of 100 hours of technology use is different than the offender who views sexual content 10 hours of 100 hours technology use. Similarly, an offender who views sexual content 8 of 10 hours of technology use is different than the offender who views sexual content 1 of 10 hours of technology use.

The higher the percentage (ratio) of sexual content to general technology use, the higher the investment in digital sexual content.

Factor 3: Saved versus cached material.

Cached: When browsing the Internet, all browsers automatically write the contents of the sites visited to the local hard drive in a special folder called a 'cache'. This content is automatically stored by the browser and is not a 'purposeful download' of the material. Its presence on the storage media simply indicates the offender visited the site and/or viewed the material. Cached material should be considered differently than material that is saved by the offender.

Saved: When using a browser the User can right-click on the content and save it to the local hard drive. This "Save As" function is built into all major operating systems. The User can place the

content (picture, video, etc.) anywhere on the storage media, can name the folder it is placed in, and can change the name of the content being stored. This “Save As” function requires human interaction; it is not automatic. Thus, when something has been ‘saved’ it indicates the content is of special significance to the offender.

The percent of saved material (offender took action) to cached material (offender simply viewed the material), is an indication of the investment the offender has to digital sexual content. The higher the proportion of saved material, the greater the investment.

Additionally, evaluators and treatment team members should pay attention to the themes contained in the saved material. Saved material indicates special interest on the part of the offender.

Factor 4: Cataloging of sexual content.

Related to saving material is cataloging material. As indicated above, when a User saves material, they can create and name folders, rename content, and save the material in any organizational structure that makes sense to the offender. When offenders begin to organize saved material into categories they have become ‘collectors’. Often the names of the folders are elucidating for evaluators and treatment teams. For example, folders named ‘blondes’, ‘girls 13’, or ‘outdoors’ give us an insight to the offender’s cognitive structure.

Further, keeping sexual content (saving it outside the cache) indicates an offender’s unwillingness to part with the material. They don’t want to lose it, they want to keep it and use it again in the future. Organizing and cataloging the saved material is a major step further into the investment in sexual content. The organization and cataloging of material is done primarily for ease of access and focus. It is faster and easier for an offender to find specific content if they have it organized and cataloged.

Cataloging behavior indicates a substantial increase to the investment in digital sexual content.

Factor 5: Low ratio of “Splash Page” to “Inside Site” images.

Splash Page: When visiting a website, the first page that displays is the ‘home’ or ‘splash’ page. This page is the portal that is comes up when entering the top level domain URL into a browser (e.g. www.youtube.com). The splash page on adult sites is an advertisement. Splash pages generally contain several smaller images designed to entreat the User into clicking deeper into the web site. The economics of web site management dictate that images on the splash page be limited in size. Smaller images load faster and take up less room on the screen. The goal of the site’s splash page is to get the User to ‘drill down’ by clicking on items to go deeper into the site. Due to size limitations, splash page images are generally of lower quality and splash videos short in length.

Inside Site: Material located on pages other than the splash page are accessible only by User action.

Once a User clicks through or drills down into a site, the images are larger (full sized), higher quality, and the videos generally longer. Drilling down into a site indicates the offender has more interest in the material.

The extent to which an offender skims across splash pages versus drills down into site content is an indicator of investment in digital content. This is related to the Pace element of the TRAPS model of assessing sex offender's computer use (www.kbsolutions.com/beyond.pdf).

A thorough examination of URL histories indicates whether content was contained on a splash page or was deeper inside the site. However, a quick rule of thumb is to consider the size of the image on the media. Images smaller than 10kb are generally splash page content. Images between 10kb and 20kb could be either splash page or inside site material. Images larger than 20kb are generally found inside the site (the offender drilled down into the site to view it). The average splash page can have between 5 and 20 images. Pages located deeper in the site have fewer images (often only 1 image per page). Thus, even a 80:20 ratio of splash to inside can indicate significant drilling down behavior on the part of the offender.

Offenders found to have frequently drilled down into many sites (e.g. have a low ratio of splash page to inside site materials) demonstrate a higher investment in digital sexual content. Evaluators and treatment teams should also pay particular attention to the themes of the content viewed from inside sites - it is of interest to the offender.

Factor 6: Membership in adult sites or organizations promoting sexual behavior.

Adult web sites make money by selling memberships. The average adult site will give away 10-20 images as loss leaders to encourage visitors to purchase membership in the site. This is analogous to your local grocery store putting green beans on sale for 10 cents a can to get you into the store. The logic of loss leaders is that once in the store, you will also purchase other items at full price.

Adult sites work on the same principle. By giving away 10-20 images or short video clips free, they are betting the visitor will become interested in seeing the remainder of the site's content and be willing to purchase a membership to have access to the thousands of images/videos.

There are many adult sites available on the web. Because of the sheer number of sites in existence, there are literally tens of thousands of images and videos available free on the web. One could view sexual content for months, if not years, and never have to pay for any content. Thus, when an offender decides to pay money to purchase membership in a site, it is an indication of an increased investment (literally and figuratively) in sexual content.

Concomitantly, when an offender joins groups which promote sexual behavior (e.g. adultfriendfinder, squirt, alt, etc.), they are signifying an increased investment in and identification with sexual content. The type and focus of member groups should be carefully examined by the treatment team.

I caution the reader that I am not talking about behavior between non-offender consenting adults. Membership in adult sites or sexually focused groups for non-offenders is not at issue here. It is when one's behavior draws the attention of law enforcement that membership in such sites and groups becomes significant.

Factor 7: Nude pictures of the offender on the offender's devices.

It is my experience that approximately 25% of the offenders whose devices I examined had pictures of themselves nude on their devices. When images of the offender are found on their devices, it should raise the question "...what are they doing with the pictures?". Are they sharing them? With whom are they sharing?

Having nude pictures of themselves indicates an increased investment in defining themselves as a sexual object. The more graphic the images, the greater the investment in the offender seeing himself/herself primarily as a sexual object. This focus in self-definition is reflective of a resistance to containment and treatment.

It is important to note that I am not talking images commonly found among those participating in "sexting" behavior that is becoming more common among young people. I'm talking about images contained on the digital devices of individuals charged with or convicted of sex crimes, not adolescent 'felony stupid' behavior. Nor am I talking about behavior of or between non-offender consenting adults. It is when one's behavior draws the attention of law enforcement that the possession of self-erotic images becomes significant.

Factor 8: Pictures with sexual content taken by, created by, or altered by the offender.

Images or videos do not have to contain the offender to be significant. If the offender has used their digital equipment to create sexual images or videos of others it again raises the question of what they are doing with them. The offender is a producer of adult material rather than just a consumer. This indicates an increased investment in digital sexual content. The created material might include artwork (digital or scanned) that the offender created.

It is also important to note whether the offender has altered digital sexual content. Altering would include cropping, editing, retouching, and morphing content. Other than removing copyright notices, any alteration of an image indicates increased investment in the digital content.

Again, I caution the reader that I am not talking about behavior of or between non-offender consenting adults. It is when one's behavior draws the attention of law enforcement that the manipulation of digital content becomes significant.

Factor 9: Erotic literature written by the offender.

In the same vein as creating or altering images or videos, offenders who produce erotic literature are demonstrating an increased investment in sexual content. Adult ("erotic") stories abound on

the Internet and in print. Some of the topics contained in erotic literature are illegal when found in images/videos (e.g. sex with children). For example, in June of 2010 there were 21,488 stories on literotica about incest and 9,787 stories about non-consensual sex (rape). Offenders who have shifted their focus in stimuli from images to text are often doing so to avoid prosecution. While the creation of such prose may be protected by the 1st Amendment, it should be of concern when the prose is created by sex offenders.

The act of creative writing takes more imagery and focus than is commonly found among amateurs who produce sexual images/videos. Therefore, it is of concern when we find evidence that a sex offender has been producing written erotica.

Again, I caution the reader that I am not talking about behavior of or between non-offender consenting adults. It is when one's behavior draws the attention of law enforcement that the creation of written erotic content becomes significant. The presence of the material indicates an increased investment in sexual content.

If offender-produced erotica is discovered, the content of the material should be of great interest to the treatment team.

Factor 10: Trophy materials stored on the offender's devices.

Offenders often make the news, articles/stories are often available in digital formats. In about 10% of the digital devices I examined, I found offenders saving articles, clippings, and/or video news stories about themselves. These articles constitute "trophy materials" and indicate the offender has not fully grasped the magnitude of their behavior.

Additionally, when victims are family members it is not uncommon to find pictures of the victim on the offender's digital devices. Sometimes this possession is inadvertent or unintentional post conviction, often it is purposive. Examining the last access dates of images helps the treatment team determine whether the image should be considered trophy material or not (if viewed and kept after being told to remove images of the victim, it clearly constitutes trophy material).

If the local jurisdiction has web accessible sex offender registries, I find that approximately 10% of offenders will visit the registry and search for themselves and others within their community. When questioned about this behavior offenders often tell me that it makes them feel less deviant to know others have done what they did. Looking themselves up may be curiosity, but surveying the registry for others constitutes behavior that indicates more than curiosity, it is a form of trophy activity.

The presence of trophy materials on the digital devices of sex offenders indicates a greater investment in their behavior.

Factor 11: Usegroup or Peer to Peer activity seeking sexually explicit materials.

Usegroups: Decades ago bulletin boards (Usegroups) were the primary source of sexual content. There are many Usegroups still in existence that appear to specialize in sexual content. The last time I counted (2008) 3.7% of all Usegroups focused on sexual content. There were 1,600 Usegroups dedicated to sexual content in 2008. Usegroup materials are primarily advertisements for adult sites and amateurs posting images. Downloading from Usegroups is time consuming (even when automated) and generally requires unpacking the content. Moreover, when downloading from a Usegroup, one does not know what they are getting. Hence, it is risky behavior. Few sex offenders will download from Usegroups (less than 2% in my experience). When you find an offender who continues to use this approach to gaining content, it indicates a heavy investment in sexual content.

Peer to Peer (P2P): P2P has blossomed in the past decade. Currently most of the exploitation of children material is passed via P2P. Sex offenders who are active in P2P are generally interested in receiving or distributing child pornography. In my experience offenders who are not interested in child pornography are not involved in P2P activities to any great extent. Finding P2P activity, especially high levels of P2P activity, on an offender's digital devices indicates an increased investment in sexual content, and more specifically an increased investment in illegal sexual content.

Factor 12: "Red Flag" Themes, if they have a significant number of images/files

As indicated in the TRAPS model (www.kbsolutions.com/beyond.pdf), digital devices yield information about an offender's themes of interest. Categories of images are not themes until there is a consistent pattern found within the digital device. As a general rule of thumb, I do not consider something a theme unless I find more than 30-50 indications of interest (i.e. 30-50 pictures or videos, 15-20 searches for the same or similar topics, etc.). These themes are often unrelated to the behavior resulting in the precipitating offense. Knowing the offender's themes of interest substantially advances the job of containment and treatment.

More importantly when certain "Red Flag" themes are discovered, it signifies increased investment in illegal sexual behavior. The most common Red Flag themes I have found are (in order):

- A. Bestiality
- B. Exhibitionism
- C. Voyeurism
- D. Non-Consensual
- E. Minors/Children

A particularly important theme, Snuff materials (victim is killed), is rare but always significant.

Presence of any Red Flag theme indicates increased investment in sexual content.

Factor 13: Internet grooming or solicitation of minors using any medium.

At the federal level a high proportion of cases involve child pornography or Internet grooming/solicitation of minors. These crimes are heinous. Fortunately (or unfortunately, I'm not sure which), at the state and local level this is not the case. Only a small percentage of state level sex offenders are involved with child pornography or Internet solicitation/grooming of minors. Most state level offenders generate victims from a position of trust. Family, relatives, students, members of congregations, etc. are the common victim pool.

Most sex offenses are prosecuted at the state and local level. The sheer number of victims generated by state level sexual offenses is staggering. As a result, most offenders nationwide generate victims through a position of trust. My comments should not be construed to minimize the horrendous carnage visited upon children by federal level offenders. Nor are they intended to diminish the efforts or value of national efforts to catch Internet offenders. My intent is to point out that the vast number of victims are not groomed via digital technology.

Soliciting through digital devices is, then, "outlier" behavior. It violates the standard MO of sex offenders. Sex offenders groom the victim's environment as well as the victim. Internet solicitation and grooming violates this normal approach. It is impossible to groom the victim's environment over the Internet. Moreover, it is not possible to ensure who, exactly, your victim is. Offenders who solicit and groom over the Internet often recognize that it may be a cop they are grooming (has anyone not seen at least one episode of *To Catch A Predator?*). There are two kinds of individuals who will solicit or groom over the internet:

- A. The offender who is so stupid they don't know it could be a cop on the other end. This stupidity makes them dangerous. They could (and probably would) try anything.
- B. The offender who understands it may be a cop on the other end, but whose drive to get a victim outweighs their instinct for self-survival. These offenders generally ask "... are you a cop?". This overriding drive to get a victim makes them dangerous.

Offenders who solicit or groom through digital devices are high risk and should be treated as such.

When an offender's digital devices indicate they were used to initiate contact with, solicit, and/or groom minors, it is an indication that the offender has a significant investment in digital sexual content. If the presenting charge does not involve solicitation or grooming via digital devices, the presence of it on their devices should immediately raise the level of containment for any offender.

Factor 14: Use of technology for sexual content which indicates a more heavily invested approach

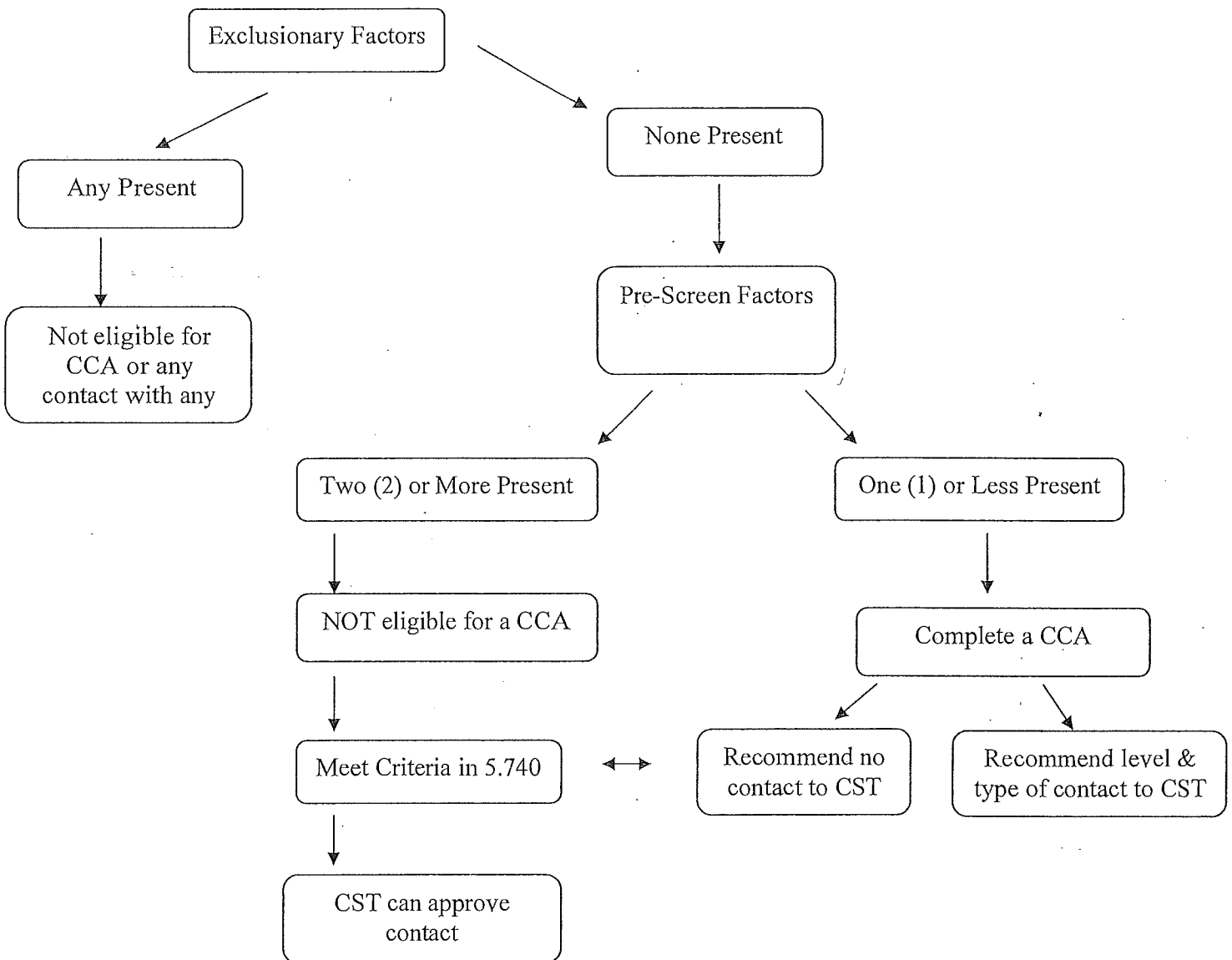
There are a few technologies which are not generally associated with sexual content. If an offender is found to have used these technologies to further sexual interests, it indicates an

increased investment in digital sexual content and a concomitant increase in resistance to containment and treatment. These technologies are:

- A. IRC/IM (Chat/Instant Messaging).
- B. SMS/MMS (Texting - risk is determined by level of use and age of correspondents)
- C. Virtual world Web 2.0 (e.g., Second Life - yes, it has sexual content)

Appendix I DETERMINING SEX OFFENDER CONTACT WITH OWN MINOR CHILD(REN)

Determining Sex Offenders' Contact with Own Minor Child(ren)



Appendix J PAROLE GUIDELINES FOR DISCRETIONARY RELEASE ON DETERMINATE-SENTENCED SEX OFFENDERS

Parole Guidelines for Discretionary Release on Determinate-Sentenced Sex Offenders Approved September 16, 2011

These guidelines are designed to inform the Parole Board of information regarding progress in treatment, or criteria information for those not currently in treatment, for determinate-sentenced sexual offenders. Those offenders who have demonstrated treatment progress or meet certain criteria may be better suited for consideration of discretionary parole. These guidelines may be considered as a component in the decision-making process of the Parole Board among other components considered (e.g. lack of mandatory parole, Code of Penal Discipline/institutional behavior, risk assessment, victim input, etc.).

- I. In treatment at the Department of Corrections
 - A. Use the same treatment criteria as the indeterminate sentence offenders based on the standard format
 1. *Meets the criteria for successful progress in treatment in prison, or*
 2. *Does not meet the criteria for successful progress in treatment in prison*
- II. Not in treatment at the Department of Corrections
 - A. Not on wait list for treatment (Signified by a "D" designation)
 1. *Lack of recommendation for discretionary parole*
 - B. On wait list for treatment (Signified by a "R" designation)
 1. Not designated Sexually Violent Predator (SVP), and
 2. No history of prior sex crime conviction or adjudication (1 sex crime conviction), and
 3. No history of parole or community corrections revocation during the current sentence to the Department of Corrections, and
 4. Does not have a "P" designation signifying a treatment placement refusal or failure.
 1. *No objection to recommendation for discretionary parole*
 - C. On wait list for treatment
 1. Designated a SVP, or
 2. Have 2 or more sex crime convictions or adjudications, including factual basis, or
 3. History of parole or community corrections revocation during the current sentence to the Department of Corrections, or
 4. On the waitlist with a "P" designation signifying a treatment placement refusal or failure
 1. *Objection to recommendation for discretionary parole*

Colorado Sex Offender Management Board

LIFETIME SUPERVISION CRITERIA



Colorado Department of Public Safety
Division of Criminal Justice
Office of Domestic Violence &
Sex Offender Management

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Colorado Standards and Guidelines for the Treatment, Assessment, Evaluation, Treatment and Behavioral Monitoring of Adult Sex Offenders

INTRODUCTION

In 1998, the Colorado General Assembly passed legislation directing the Sex Offender Management Board (hereafter SOMB), in collaboration with the Department of Corrections, the Judicial Branch and the Parole Board to establish the criteria by and the manner in which a sex offender who is subject to lifetime supervision may demonstrate that he or she would not pose an undue threat to the community if released on parole or to a lower level of supervision while on parole or probation or if discharged from parole or probation and the methods of determining whether a sex offender has successfully progressed in treatment (Section 16-13-809 (1) (a) and (b) C.R.S.). The court and the parole board may use these Criteria to assist in making decisions concerning release of a sex offender, reduction of the level of supervision for a sex offender, and discharge of a sex offender.

Supervising parole and probation officers and treatment providers should utilize these Criteria in making recommendations to the court and or the parole board regarding release, reduction in levels of supervision and discharge of sex offenders.

These Criteria do not stand alone. They are based on the Guiding Principles of the *Standards and Guidelines for the Assessment, Evaluation, Treatment and Behavioral Monitoring of Adult Sex Offenders* (hereafter, *Standards*), located in the front section of this publication. The highest priority of the existing *Standards* and of these Criteria is community safety.

Treatment for sex offenders under lifetime supervision must be consistent with the existing *Standards*. Standard 3.140 F, in particular, outlines the content of sex offense-specific treatment.

Progress in treatment is not linear, incremental, static, nor reliable and must be consistently re-assessed. Progress is multi-dimensional; high risk can exist despite progress on many dimensions. Risk in any single dimension must be taken seriously. Concerns expressed by any individual member of the community supervision team should also be taken seriously. Progress indicated by repetitive testing over extended periods of time may be invalid due to deception, habituation, and socially desirable responsiveness. Consequently, results of such tests should not stand alone and multiple measures should always be used to indicate risk.

In order to best ensure community safety, the full continuum of containment options should be available for all offenders. The most effective management of sex offender risk begins with interventions that offer the highest levels of containment which may include supervised residential settings and intensive supervision programs.

The intent of the lifetime supervision of sex offenders is to reduce risk to the community. Although these Criteria are written in a format that indicates what offenders must do to be released, moved to lower levels of supervision, discharged or to demonstrate successful progress in treatment, this does not imply that any or all sex offenders on lifetime supervision will be able to meet the criteria for any of these reductions in levels of containment or complete treatment. Progress in treatment and assessment regarding whether or not these criteria are met must be measured by behavior that indicates lessened risk, not by any passage of time.

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In some cases there may be overlap among the Criteria. This is a natural outcome of the community supervision team structure and the interplay between the team members. This overlap in supervision and monitoring duties helps to ensure adequate containment for sex offenders over time.

For the purposes of these criteria, successful progress in treatment indicates an active plan to continue treatment; successful completion of treatment indicates active, consistent participation in a treatment aftercare program. Offenders who indicate that they no longer need any treatment, behavioral monitoring or aftercare of any kind have **not** successfully progressed in treatment or completed it. These offenders continue to pose a risk to the community and should not be discharged from lifetime supervision.

Just as an offender can be progressed through the levels of supervision, an offender can be regressed or revoked for certain behaviors. If an offender is consistently failing to meet criteria for progression, the team should evaluate whether the current level of supervision is intensive enough to adequately contain the offender. In such cases, regression to a higher level of supervision should be considered. Other conditions under which regression may occur include but are not limited to: deceptive polygraph results, drug or alcohol use, non-compliance in treatment, unstable residence or employment, or evidence of having taken steps to develop victim access or a victim pool.

Like the original *Standards*, these criteria are based in best practices known today for managing and treating sex offenders. To the extent possible, the SOMB has based these Criteria on current research in the field. Materials from knowledgeable professional organizations have also been used to direct them.

The management and treatment of sex offenders is a developing, highly specialized field. Many decisions regarding the Criteria must be made in the absence of clear research findings. Such decisions will be directed by the governing philosophy of public safety and a common sense interpretation of the guiding principles in the original *Standards*. The SOMB will remain current on the emerging literature and research in the field and will modify the Criteria periodically on the basis of new findings.

ADDITIONAL GUIDING PRINCIPLES FOR WORKING WITH SEX OFFENDERS ON LIFETIME SUPERVISION

These Guiding Principles serve as a part of the philosophical foundation of these Criteria. They are not to be used alone. They are intended to be used in conjunction with the Guiding Principles in the *Standards and Guidelines for the Assessment, Evaluation, Treatment and Behavioral Monitoring of Adult Sex Offenders*, located in the front section of this publication.

LS1. Because of the long term nature of the work with sex offenders on lifetime supervision, and the concomitant risks to supervising officers and treatment providers, there is greater risk of complacency and inaccurate risk assessment. Supervising officers, treatment providers and their employing agencies should take steps to ensure the following:

- Adequate clinical and administrative supervision;
- Regular case audits;
- Critical incident debriefings;
- Support for trauma reactions;
- Methods for transferring cases as needed; and
- Adequate self care.

Colorado Standards and Guidelines for the Treatment, Assessment, Evaluation, Treatment and Behavioral Monitoring of Adult Sex Offenders

LS 1.00

CRITERIA FOR RELEASE FROM PRISON TO PAROLE

1.010 In order to demonstrate that the sex offender would not pose an undue threat to the community if released from prison to parole, he or she must meet the criteria in each of the following areas of focus:

A. Criminal Behavior Past and Present

1. The offender acknowledges and takes full responsibility for the crime of conviction.
2. The offender has adequate plans to address components of the crime(s) that pose current risk as identified in the mental health sex offense-specific evaluation, treatment plan or relapse prevention plan. Such components may be, but are not limited to:
 - Initial charge versus the conviction or plea
 - Facts and circumstances of the crime
 - Premeditation, grooming or predatory behavior
 - Nature of the crime was incidental to another crime or was spontaneous
 - The use of threats, violence or weapons
 - Age of victim(s) or the presence of any mental or physical disability in the victim(s)
 - Any conviction other than the instant offense for a violent crime per CRS 16-11-309

B. Sentence Failures

1. The offender acknowledges reasons for sentence failures (which could include, but are not limited to deferred prosecutions or judgments, probation, community correction, or parole), as verified by official record, and has made progress in addressing those reasons or demonstrates the presence of a plan that addresses those issues.

C. Participation in Programs

1. Required participation in the Sex Offender Treatment and Management Program (SOTMP). SOTMP program staff report offender compliance with recommended program plan and sufficient progress in treatment.
2. Demonstrated participation in all recommended programs. Positive participation and recommendations from staff of each program (based on program compliance) or a clearly established plan to obtain recommended programming in the community where placement in the community does not pose an undue risk.

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3. If the offender is placed in community corrections, he or she has demonstrated positive participation and progress as indicated by recommendation from Community Corrections staff and SOMB approved sex offense-specific treatment provider.

D. Code Of Penal Discipline Rules Convictions, Escapes or Absconds

Discussion: Non compliance with rules in a highly structured environment like DOC is highly related to risk of re-offense.

1. No COPD rules convictions in the last 12 months.
2. No drug violations and demonstrates all clean UAs for the last 12 months.
3. No sexual violations in DOC for a minimum period of the last 2 years.

E. Classification Level Changes

1. The offender has had no increase in classification level in the last 12 months.

F. Risk Assessment

1. The offender has completed the SOTMP evaluation (in adherence to SOMB *Standards* and including the administration of the DCJ Sex Offender Risk Scale) and has a recommendation from the SOTMP program staff, which is based on the evaluation, for release to parole.

G. Victim Input (Pursuant to 17-22.5-404 (2) (a) (I) this may include the victim or a relative of the victim)

1. The offender has had no contact with the victim, other than therapeutically approved contact. (Contact means any kind of communication either direct or indirect by the offender with the victim and includes but is not limited to physical proximity, written correspondence, electronic, telephone or through third parties.)
2. The offender is not engaging in victim blaming.
3. The offender is not engaging in harassment, manipulation or coercion of the victim.
4. Offender has demonstrated support for the victim's recovery, minimally at the level of no contact, as verified by SOTMP staff.

H. Age of Offender at Offense vs Date of Parole Hearing

1. The offender demonstrates the emotional maturity necessary to predict a successful release to parole.

Colorado Standards and Guidelines for the Treatment, Assessment, Evaluation, Treatment and Behavioral Monitoring of Adult Sex Offenders

I. Parole Plan

1. The offender's Parole plan minimally includes the following:

- No undue level of risk is indicated in any part of the parole plan or recommendations from any DOC staff.
- The offender has an appropriate plan to safely transition back to the community.
- The home living situation is free from former and potential victims.
- The offender has appropriate employment plans with lack of access to potential victims.
- The offender has access to and demonstrates willingness to participate in sex offense specific treatment and other recommended treatment if released on Parole.
- The appropriate level of supervision and containment is available where the offender plans to live.
- The offender has a realistic plan to pay restitution based on a his or her ability to pay.

J. Honesty

1. The offender demonstrates truthful, complete and non-evasive answers to all questions posed by the parole board members.

LS 2.00
CRITERIA FOR REDUCTION IN LEVEL OF SUPERVISION WHILE ON PAROLE AND DISCHARGE FROM PAROLE

2.010 In order to demonstrate that the sex offender would not pose an undue threat to the community if placed on a lower level of supervision while on parole, he or she must meet the reduction in supervision criteria in each of the following areas of focus; in order to demonstrate that he or she would not pose an undue threat to the community if discharged from parole, he or she must meet the discharge criteria in each of the following areas of focus:

A. Community Supervision Team Staffing

Reduced Supervision: The team considers all information below and other appropriate information to make any determination regarding movement to lower levels of supervision. All team members must agree to the reduction in the level of supervision.

No exceptions will be made for reduction in supervision from level 1 (maximum). Any exception made to the requirements for movement from levels other than level 1 must be made by a consensus of the community supervision team and the parole board. In such a case, reasons for movement to a lower level of supervision when criteria are not met must be documented as well as any resulting potential risk to the community.

Discharge: In any case when an offender is being considered for recommendation of discharge from lifetime supervision, the offender must demonstrate that he or she would not pose an undue threat to the community if allowed to live in the community without supervision. The team considers all information below and other appropriate information to make any determination regarding discharge from lifetime supervision. All team members must agree to the discharge from supervision.

The supervising officer will document what criteria are met or not met at any consideration of reduction in level of supervision or discharge and the decision of the community supervision team.

Discussion: If an offender is consistently failing to meet criteria for progression, the team should evaluate whether the current level of supervision is intensive enough to adequately contain the offender. In such cases, regression to a higher level of supervision should be considered.

B. Polygraphs

Reduced Supervision: The offender must complete at least two consecutive non-deceptive polygraph examinations before moving to the next

lower level of supervision. The examinations must be the two most recent exams each time.

Discharge: The offender must have completed a non-deceptive baseline (sex history) polygraph examination and complete at least two consecutive non-deceptive polygraph examinations for each of the three levels of supervision before discharge.

Any exception made to the requirements for movement from level to level or for discharge must be made by a consensus of the community supervision team. In such a case, reasons for movement when criteria are not met must be documented as well as any resulting potential risk to the community.

C. Progress in Treatment

Reduced Supervision: The sex offender's monthly reports are consistently indicating the following (consistency is defined as 6 months or longer):

- Regular attendance with no un-excused absences in the last 6 months.
- Active participation.
- Progression with the established treatment guidelines.
- Payment.
- The offender acknowledges and takes full responsibility for crime of conviction.
- Completion of a non-deceptive polygraph regarding the offender's sex history.
- The treatment provider reports that any other denial issues are being consistently and adequately addressed in treatment.
- The offender understands the offense cycle.
- The offender has and is utilizing an appropriate relapse prevention plan.
- No unsuccessful terminations.
- Full compliance with established treatment guidelines.
- Full compliance with recommended medications.

Discharge: For discharge from parole, the treatment provider must be reporting successful termination of treatment or successful progress in treatment to date and actively recommending discharge from parole. (Successful completion indicates active, consistent practice of a treatment aftercare program. Successful progress indicates an active plan to continue in treatment.)

D. Employment

Immediately upon release, providing there are no medical, mental or physical problems, the sex offender shall actively seek appropriate full time employment or enroll in an appropriate vocational training program, with consent of supervising officer. Appropriate employment limits contact with victims and potential victims and allows the supervising officer to consistently locate the offender.

Reduced Supervision: The offender must demonstrate of job stability, longevity and appropriate usage. In addition, a positive evaluation or progress report (written or verbal) is required from the immediate work supervisor.

An exception may be made if the sex offender becomes unemployed for reasons beyond his or her control. Any exception must be agreed to by a consensus of the community supervision team. In such a case, reasons for movement when criteria are not met must be documented as well as any resulting potential risk to the community.

Discharge: The sex offender's employment record shall reflect the ability to seek and maintain appropriate long-term employment with no periods of willful unemployment during the past 5 years.

E. Relationships

Relationships developed in the community shall be appropriate and of positive benefit to the sex offender. The safety of the community shall be considered a priority in all relationships. Appropriate relationships limit contact with all victims and potential victims and include an awareness of the offender's criminal history.

Reduced Supervision: Consideration for progression to a lower level of supervision will be based on the sex offender's ability to articulate the status and benefits of any relationships. The offender shall have had no unauthorized contact with victims or minors in the last 6 months.

Consideration for progression to level 2 (medium) will be based on the offender identifying an appropriate community support person who is willing to participate in offense specific education.

In a situation where the offender cohabits with or is in an intimate relationship, the co-habitor or significant other must be supportive of treatment, not supportive of the offenders' denial, and be willing to participate in treatment and sex offense specific education as needed. Significant other(s) and co-habitors, should also be able to articulate the status and benefits of relationship, demonstrate an awareness of the sex offender's criminal history including the current offense and have knowledge and awareness of the sex offender's risk to children and potential victims.

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Exceptions may be made and documented when the offender is residing in a residential facility or hospital and it would be inappropriate to disclose the offender's history to all other residents. In such cases, the safety of the other residents shall be the determining factor regarding disclosure, not the offender's desire for confidentiality. In no case is it appropriate to keep any information regarding the offender and his or her history from staff of any facility in which they are being treated or in which they reside.

Discharge: The sex offender shall have demonstrated, over the course of supervision, the ability to maintain age appropriate, professional and personal relationships that are non-criminal. The sex offender shall demonstrate an understanding of how positive relationships in the community have influenced non-criminal behavior and thinking.

F. Sex Offender Registration

Each sex offender, domestic or interstate, if required by statute to register, shall upon becoming a temporary or permanent resident, register with the law enforcement agency within the jurisdiction where the offender's residence is located.

Reduced Supervision: Consideration for progression to a lower level of supervision will be based on consistent compliance with re-registration requirements, advising law enforcement of current residence, appropriately notifying original jurisdiction and timely filing of a change of residency card with law enforcement when moving to a new jurisdiction.

Progression to a lower level of supervision will not be considered if sex offender is not in compliance with state registration laws.

Discharge: The sex offender must currently be registered and have been in compliance with sex offender registration laws for the (5) five consecutive years immediately preceding consideration for discharge.

G. Leisure Activities:

Immediately upon release, leisure activities engaged in or developed within the community shall be appropriate, legitimate, legal and of benefit to the sex offender. Appropriate leisure activities limit contact with victims and potential victims and allow the supervising officer to consistently locate the offender.

Reduced Supervision: Consideration for progression to a lower level of supervision will be based on sex offenders' ability to identify appropriate leisure activities and the benefit of each activity. In addition, the

offender must be able to articulate how the relapse prevention plan is used when engaging in leisure activities.

Discharge: To be considered for discharge, the sex offender must have demonstrated the ability to participate in appropriate, legitimate and legal leisure activities from which he/she has benefited. In addition, the offender must have demonstrated consistent use of a relapse prevention plan as needed during leisure activities.

H. Compliance with Conditions of Supervision

On a regular basis, the sex offender demonstrates compliance with all conditions of supervision.

Reduced Supervision: Consideration for progression to a lower level of supervision will be based on the sex offender's attitude, progress, participation and consistent compliance with all conditions of supervision.

The sex offender will not be considered for progression to a lower level of supervision if not actively in compliance with all offense specific conditions of supervision, or if the offender has a pending summons or complaint for any parole violation(s).

Discharge: To be considered for discharge sex offender must be in compliance with all conditions of supervision including successful discharge from treatment and active participation in an aftercare program.

LS 3.00
CRITERIA FOR REDUCTION IN LEVEL OF SUPERVISION WHILE ON PROBATION AND DISCHARGE FROM PROBATION

3.010 In order to demonstrate that the sex offender would not pose an undue threat to the community if placed on a lower level of supervision while on probation, he or she must meet the reduction in supervision criteria in each of the following areas of focus (For the purpose of these Criteria, reduction in level of supervision while on probation means movement from Sex Offender Intensive Supervision Probation to Regular Probation). For criteria that refer to reduction in levels of supervision while on Sex Offender Intensive Supervision Probation, please refer to the *Sex Offender Intensive Supervision (SOISP) Guidelines and Standards* published by the Colorado Judicial Branch, Office of Probation Services.

In order to demonstrate that the sex offender would not pose an undue threat to the community if discharged from probation, he or she must meet the discharge criteria in each of the following areas of focus:

A. Compliance with the Treatment Contract to the Treatment Provider's Satisfaction

Reduced Supervision: The treatment provider is indicating a recommendation for reduced supervision based on the following indicators of progress in treatment:

- Regular attendance and active participation in sex offense specific treatment.
- Demonstrates increased internal motivation for treatment.
- The offender admits to committing the offense and acknowledges sexual assault intent.
- The offender demonstrates understanding and use of a written offense cycle.
- Completion of a written relapse prevention plan and demonstrated ability to use it.
- The offender appropriately confronts others in group treatment.
- Completion of non-deceptive maintenance polygraph examinations at least every 6 months.
- Completion of all homework assignments and evidence of an attempt to do a quality job.
- No violations of the treatment contract.
- A reduction in attempts to Asplit@ team members.
- Demonstrates increased awareness of victim impact and the development of victim empathy.
- Verification that the offender is using techniques, such as covert sensitization, to interrupt deviant arousal.
- Non-deceptive disclosure polygraph. (Any exception to this criteria must be consistent with the requirements in the SOMB *Standards* located in the front section of this publication.)
- Demonstrates ability to recognize and correct thinking errors.
- Demonstrated the ability to express anger appropriately and without aggression.
- Full and consistent compliance with any medication requirements.

Discharge: For discharge from probation, the treatment provider must be reporting successful termination of treatment or successful progress in treatment to date and actively recommending discharge from probation. (Successful completion indicates active, consistent practice of a

treatment aftercare program. Successful progress indicates an active plan to continue in treatment.)

B. Consistency Between Words and Behavior

Reduced Supervision:

- The offender can identify inconsistencies in his or her words and behavior and makes attempts to correct them.
- Evidence of consistency in what is said to the members of the community supervision team.

Discharge: The offender consistently displays consistency between his or her words and behavior in all areas of his life.

C. Appropriate Relationships and Community Support

Reduced Supervision: The offender recognizes and terminates inappropriate relationships. The offender has establishment of some appropriate social relationships and community support. This may include a community chaperone if deemed necessary by the community supervision team. In a situation where the offender cohabits with or is in an intimate relationship, the co-habitor or significant other must be supportive of treatment, not supportive of the offenders' denial, and be willing to participate in treatment and sex offense specific education as needed. Significant other(s) and co-habitors, should also be able to articulate the status and benefits of relationship, demonstrate an awareness of the sex offender's criminal history including the current offense and have knowledge and awareness of the sex offender's risk to children and potential victims.

Exceptions may be made and documented when the offender is residing in a residential facility or hospital and it would be inappropriate to disclose the offender's history to all other residents. In such cases, the safety of the other residents shall be the determining factor regarding disclosure, not the offender's desire for confidentiality. In no case is it appropriate to keep any information regarding the offender and his or her history from staff of any facility in which they are being treated or in which they reside.

Discharge: The sex offender shall have demonstrated, over the course of supervision, the ability to maintain age appropriate, professional and personal relationships that are non-criminal. The sex offender shall demonstrate an understanding of how positive relationships in the community have influenced non-criminal behavior and thinking.

D. Stable and Safe Residence

Reduced Supervision : The offender shall maintain a stable and safe residence. A safe residence is one that limits the offender's contact with victims, potential victims and minors and where any co-habitors are aware of the offender's criminal history including the current offense and have knowledge and awareness of the sex offender's risk to children and potential victims.

Discharge: The offender shall have demonstrated, over the course of supervision the ability to maintain a stable and safe residence.

E. Stable and Safe Employment

Reduced Supervision: The offender shall demonstrate the ability to maintain stable and safe employment. Safe employment limits contact with victims and potential victims and allows the supervising officer to consistently locate the offender.

Discharge: The offender's employment record shall reflect the ability to maintain stable and safe employment with no periods of willful unemployment during the past 5 years.

F. Substance Abuse Treatment

This criteria applies only to those offenders who are recommended for substance abuse treatment.

Reduced Supervision: The offender has entered a recommended substance abuse treatment program and is making and maintaining consistent progress in the program.

The offender has not used drugs or alcohol for at least 6 months prior to any reduction in level of supervision.

Discharge: The offender has completed any recommended substance abuse program and is actively and consistently involved in any recommended aftercare or maintenance programs.

G. Leisure Activities

Leisure activities engaged in or developed within the community shall be appropriate, legitimate, legal and of benefit to the sex offender. Appropriate leisure activities limit contact with victims and potential victims and allow the supervising officer to consistently locate the offender.

Reduced Supervision: Consideration for progression to a lower level of supervision will be based on sex offenders' ability to identify appropriate leisure activities and the benefit of each activity. In addition, the offender must be able to articulate how the relapse prevention plan is used when engaging in leisure activities.

Discharge: To be considered for discharge, the sex offender must have demonstrated the ability to participate in appropriate, legitimate and legal leisure activities from which he has benefited. In addition, the offender must have demonstrated consistent use of a relapse prevention plan as needed during leisure activities

H. Compliance with Conditions of Supervision

Reduced Supervision: Consideration for progression to a lower level of supervision will be based on the sex offender's attitude, progress, participation and consistent compliance with all conditions of supervision including but not limited to the following:

- Keeps probation and other related appointments and is generally on time.
- Is open to discussing the offense and treatment progress.
- The offender does not try to control the probation officer or content of visits.
- No technical violations within the last 6 months of probation related to the offense cycle.
- No alcohol or drug use at least 6 months preceding a supervision reduction.
- No unauthorized contact with the victim(s) or with minors.

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- Full compliance with requirements for registration and DNA Genetic Marker collection.
- Consistent payment of restitution and fines imposed by the court.
- Any community complaints regarding the offender have been adequately addressed to the treatment team's satisfaction.

I. Community Supervision Team Staffing

Reduced Supervision: The team considers all information above and other appropriate information to make any determination regarding movement to a lower level of supervision. All team members must agree to the reduction in the level of supervision.

Discharge: In any case when an offender is being considered for recommendation of discharge from lifetime supervision, the offender must demonstrate that he or she would not pose an undue threat to the community if allowed to live in the community without supervision. The team considers all information below and other appropriate information to make any determination regarding discharge from lifetime supervision. All team members must agree to the discharge from supervision.

The supervising officer will document what criteria are met or not met at any consideration of reduction in level of supervision or discharge and the decision of the community supervision team.

Discussion: If an offender is consistently failing to meet criteria for progression, the team should evaluate whether the current level of supervision is intensive enough to adequately contain the offender. In such cases, regression to a higher level of supervision, or revocation, should be considered.

LS 4.000 CRITERIA FOR SUCCESSFUL PROGRESS IN TREATMENT

4.100 Criteria for Successful Progress in Sex Offense Specific Treatment

4.110 In order to demonstrate successful progress in treatment, the offender must meet the progress criteria in each of the following areas of focus; in order to meet the criteria for successful completion of treatment, the offender must meet all of the progress and completion criteria in each of the following areas of focus.

For the purposes of these criteria, successful progress in treatment indicates an active plan to continue treatment and supervision; successful completion of treatment indicates active, consistent participation in a treatment aftercare program, containment and monitoring to manage lifelong risk.

A. Relapse Prevention Criteria

1. Reduction in Denial

Progress:

- The offender discloses all victim(s) and sexual offending behavior in detail.
- The offender's account must reasonably match or surpass the victim(s) accounts.
- The offender recognizes and admits the purposes of their sexually assaultive/offending behavior including sexual gratification, deviant sexual arousal and power and control.
- The offender completes non-deceptive polygraph examination(s) regarding sexual history.

Completion:

- The offender has met all progress criteria and continues to complete non-deceptive polygraph examinations.
- The offender no longer uses denial of responsibility in any arena of his or her life as a primary coping mechanism.

2. Decreased deviant sexual urges, arousal, and fantasies:

Progress:

- The offender demonstrates knowledge of his or her historical offense and relapse cycles including awareness of thoughts, emotions and behaviors that could facilitate sexual re-offenses or other assaultive behaviors.
- The offender demonstrates knowledge of his or her cognitive distortions and is working to correct them.
- The offender has developed and implemented a plan to alter his or her lifestyle to limit their ability to plan or groom potential victims and has

developed skills to interrupt fantasies and inappropriate masturbatory behaviors and utilizes them.

- The offender has developed a comprehensive relapse prevention plan.
- Is, and consistently has been, in compliance with all recommended prescribed psychiatric medications used to reduce arousal or manage behaviors related to risk.
- The offender can identify objectification and inappropriate sexual gratification in relationships and is developing skills to address them.

Completion:

- The offender demonstrates control over arousal or interest through Plethysmograph or Abel Screen Aimprovement@.
- The offender consistently completes non-deceptive polygraphs regarding planning behavior or masturbation to arousal and fantasies.
- The offender consistently demonstrates self motivated use of the relapse prevention plan and has distributed written copies of the plan to any co-habitators or significant others.
- The offender consistently demonstrates self motivated use of a plan for identifying and correcting cognitive distortions.
- The offender demonstrates the development and maintenance of appropriate adult relationships. Appropriate relationships value the quality of the relationship over sexual gratification.
- The offender demonstrates an ongoing commitment to and active engagement in treatment or an aftercare treatment program, containment and monitoring to manage lifelong risk.

Discussion: Demonstrating improvement on these measures does not necessarily indicate reduced risk or that the offender will utilize his or her ability to control arousal or interest appropriately.

B. Environment Management Criteria

Progress:

- The offender demonstrates willing, active and knowledgeable participation in the treatment process and/or a milieu or residential treatment setting.
- The offender demonstrates the ability to identify anti-social behaviors and is working toward pro-social skills to replace them.
- The offender has disengaged from relationships that support his or her denial, minimization, and resistance to treatment.

- The offender is engaged in relationships which are supportive of treatment, and the people engaged in relationships with the offender demonstrate an awareness of the sex offender's criminal history including the current offense and of the sex offender's risk to children and potential victims. These people actively assist in limiting the offender's contact with children and potential victims. Additionally, those who are in either in intimate relationships with the offender or are co-habiting with the offender are willing to participate in treatment and sex offense specific education as needed.
- The offender's support system has been given permission by the offender to question and confront the offender about his or her behavior and to report their concerns to the community supervision team and law enforcement authorities when appropriate.
- The offender has demonstrated consistent and full compliance with all conditions of supervision and the treatment contract.
- The offender has demonstrated consistent ability to avoid high risk environments.

Completion:

- The offender demonstrates willing and active participation in only pro-social behaviors.

C. Community & Victim Responsiveness Criteria

Progress:

- The offender acknowledges the full impact of his or her sexually assaultive and offending behavior.
- The offender understands that the protection of victims and potential victims from unsafe and or unwanted contact with the offender outweighs the needs or desires of the offender.
- The offender changes his or her behavior to prevent unsafe or unwanted contact with victims or potential victims.
- The offender has started to pay restitution and has a realistic plan to continue.
- The offender has demonstrated consistent compliance with all registration, notification, HIV testing and DNA testing requirements and has an active plan to continue.

Completion:

- The offender has successfully completed victim clarification with his or her victims and secondary victims or victim surrogates when victim needs or desires indicate non-participation.

- The offender demonstrates the capacity, knowledge, willingness and ability to empathize.

Discussion: It should be noted that it can be dangerous to attempt empathy work with those offenders who may not have the capacity to develop real empathy (such as psychopaths and sadists). These offenders may utilize information about others = pain as a means to learn how to harm victims more effectively.

D. Offender Criteria

Progress:

- The offender recognizes and acknowledges his or her lifelong risk.
- The offender does not project blame for his or her offending behavior.
- The offender does not present himself or herself as entitled or as a victim.
- The offender has identified cognitive distortions and has demonstrated a consistent ability to change them.
- The offender has been able to demonstrate a primarily positive attitude toward supervision and treatment.
- The offender has identified problems with stress management, social skills and anger management and is developing pro social skills to address them.
- The offender can identify his or her unhealthy attitudes and behavior regarding sex roles and sexuality and is working to change them.
- The offender can identify his or her misuse of power and control and is working to eliminate it.

Completion:

- The offender consistently maintains a positive attitude toward supervision and treatment.
- The offender is committed to permanently altering his or her lifestyle to reduce and control his or her lifelong risk.
- The offender does not project blame or minimize personal responsibility.
- The offender assumes full and appropriate responsibility for his or her actions.
- The offender demonstrates primarily non-distorted thinking.
- The offender has accepted and is actively and consistently working to address any diagnosed personality disorders.
- The offender has addressed in treatment and demonstrated the ability to practice ongoing self care regarding: 1) previous

trauma, 2) social skills, 3) stress management, 4) anger management, and 5) independent living skills.

- The offender has consistently demonstrated realistic and healthy attitudes and behavior about sexuality and sex roles.
- The offender has addressed power and control issues in treatment and has consistently demonstrated an ability to engage with others without abusing power and control.
- The offender has willingly engaged in risk assessment and physiological monitoring and has an active plan to continue.
- The offender has developed a positive life purpose which is internally oriented, value driven and not outcome dependent.

E. Co-morbidity and Adjunctive Issues

Progress:

- The offender is addressing any domestic violence history with appropriate domestic violence treatment and has not engaged in domestic violence.
- The offender is addressing drug and alcohol problems in treatment and is maintaining abstinence of recommended.
- The offender is addressing any psychiatric conditions in treatment and is in compliance with all recommended medications.

Completion:

- The offender has not committed any new incidents of domestic violence, has addressed domestic violence in treatment and demonstrates a commitment to continue domestic violence treatment as needed.
- The offender demonstrates an ongoing commitment to participate in recommended substance abuse treatment and maintenance programs.
- The offender has addressed any psychiatric conditions in treatment and demonstrates an ongoing commitment to participate in recommended treatment, maintenance and medication programs.

4.200

Criteria for Successful Progress in Treatment in Prison: Sex Offender Treatment and Management Program, Colorado Department of Corrections

4.210 Sex offender treatment in the prison setting is always preliminary to continued treatment and supervision in the community post release from prison. Since sex offenders who participate in treatment in the prison setting cannot complete treatment in prison, the Sex Offender Treatment and Management Program has developed three formats for sex offender participation in prison treatment based on differing minimum sentences and time to parole eligibility.

It should be understood that the availability of these specialized formats does not ensure sex offender cooperation with or success in treatment. The eligibility requirements for SOTMP apply for all of these formats.

Sex offenders must meet all of the criteria for their assigned format to receive a recommendation for release to parole from the Sex Offender Treatment and Monitoring Program staff.

A. Criteria for the Standard Format

Offenders with 6 years or more minimum sentence will be assigned to the Standard Format.

1. The offender must be actively participating in treatment and applying what he or she is learning.
2. The offender must have a complete full disclosure of their sexual history as verified by a non-deceptive polygraph assessment of his or her deviant sexual history.
3. The offender must have completed a comprehensive Personal Change Contract (relapse prevention plan) which is approved by the SOTMP team.
4. The offender must have, at a minimum, one approved support person who has participated in SOTMP family/support education. They also must have and has received an approved copy of the Offender's Personal Change Contract through their participation in a SOTMP therapist facilitated disclosure session with the offender.
5. The offender must be practicing relapse prevention as verified by any recent monitoring polygraphs and no institutional acting out behaviors within the past

year (e.g. a history of engaging in high risk behavior or committing violations of institutional rules reflective of ongoing criminal behavior).

6. The offender must be compliant with any DOC psychiatric recommendations for medication which may enhance his or her ability to benefit from treatment and or reduce his or her risk of re-offense.
7. The offender must be able to be supervised in the community without presenting an undue threat (e.g., indications of undue threat may include a history of sadistic behavior or fantasy, a diagnosis of psychopathy based on the PCL-R, or a history of lethality in offense behavior or fantasy).

B. Criteria for the Modified Format

Offenders with 2 years to 5 years minimum sentence will be assigned to the Modified Format.

1. The offender must be actively participating in treatment and applying what he or she is learning.
2. The offender must have a complete full disclosure of their sexual history as verified by a non-deceptive polygraph assessment of his or her deviant sexual history.
3. The offender must have defined and documented his or her sexual offense cycle.
4. The offender must have, at a minimum, one approved support person who has participated in SOTMP family/support education. They also must have received an approved copy of the offender's sexual offense cycle through their participation in a SOTMP therapist facilitated disclosure session with the offender.
5. The offender must be practicing relapse prevention as verified by any recent monitoring polygraphs and no institutional acting out behaviors within the past year (e.g. a history of engaging in high risk behavior or committing violations of institutional rules reflective of ongoing criminal behavior).
6. The offender must be compliant with any DOC psychiatric recommendations for medication which may enhance his or her ability to benefit from treatment and or reduce his or her risk of re-offense.
7. The offender must be able to be supervised in the community without presenting an undue threat (e.g., indications of undue threat may include a history of sadistic behavior or fantasy, a diagnosis of psychopathy based on the PCL-R, and a history of lethality in offense behavior or fantasy)..

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C. Criteria for the Foundation Format

Sex Offenders with less than 2 years minimum sentence will be assigned to the Foundation Format.

1. The offender must be actively participating in treatment and applying what he or she is learning.
2. The offender must have a complete full disclosure of their sexual history as verified by a non-deceptive polygraph assessment of his or her deviant sexual history.
3. The offender must participate in a comprehensive sex offense-specific evaluation and have a SOTMP approved individual treatment plan.
4. The offender must have a plan to establish at least one approved support person.
5. The offender must be practicing relapse prevention as verified by any recent monitoring polygraphs and no institutional acting out behaviors within the past year (e.g. a history of engaging in high risk behavior or committing violations of institutional rules reflective of ongoing criminal behavior).
6. The offender must be compliant with any DOC psychiatric recommendations for medication which may enhance his or her ability to benefit from treatment and or reduce his or her risk of re-offense.
7. The offender must be able to be supervised in the community without presenting an undue threat (e.g. a history of sadistic behavior or fantasy, a diagnosis of psychopathy based on the PCL-R, and a history of lethality in offense behavior or fantasy).

**APPENDIX B:
THE SEXUALLY VIOLENT PREDATOR ASSESSMENT
SCREENING INSTRUMENT (2010 VERSION)**

COLORADO SEXUALLY VIOLENT PREDATOR ASSESSMENT SCREENING INSTRUMENT(SVPASI)

Pursuant to 18-3-414.5, C.R.S.

This assessment must be completed for all adult cases convicted on or after July 1, 1999 for specific sex crimes—including attempt, solicitation or conspiracy to commit those crimes—on or after July 1, 1997. The completed assessment must accompany the pre-sentence report and the mental health sex offense specific evaluation submitted to the court/parole board. According to 18-3-414.5(2) and (3), C.R.S.: "Based on the results of such assessment, the court/parole board shall make specific findings of fact and enter an order" concerning whether the defendant is a sexually violent predator. This assessment instrument combines empirical research conducted by the Division of Criminal Justice (Part 3B) with additional criteria specified by the Colorado Sex Offender Management Board (Parts 2, 3A and 3C).

Review the 2010 SVPASI handbook prior to completion of this form for additional information and instructions.

ASSESSMENT SUMMARY:

Probation officers or trained DOC staff/contractors, based on the information provided on the following pages, please check the boxes that apply. Check the appropriate boxes below to indicate that the offender satisfies the legislative criteria for the definition of sexually violent predator pursuant to 18-3-414.5(1), C.R.S.

- The defendant is 18 years of age or older or has been tried as an adult, and has been convicted of, or received a deferred judgment and sentence for, one of the five crimes defined in Part 1, pursuant to 18-3-414.5(1)(a)(II) C.R.S., as revised to include attempt, solicitation, or conspiracy. **AND**
- The conviction occurred on or after July 1, 1999 for a crime committed on or after July 1, 1997, pursuant to 18-3-414.5, C.R.S. **AND**
- The victim was a stranger to the offender (Part 2A), **OR** the defendant established a relationship primarily for the purpose of sexual victimization (Part 2B), **OR** the defendant promoted a relationship primarily for the purpose of sexual victimization (Part 2C), pursuant to 18-3-414.5(1)(a)(III), C.R.S. If the offender refuses to participate in the assessment, this criteria is automatically affirmative. **AND**
- The defendant meets the prior conviction criterion (Part 3A). **OR**
- The defendant scores 8 or more on the Sex Offender Risk Scale (SORS, Part 3B), pursuant to 18-3-414.5 and 16-11.7-103(4)(c.5), C.R.S. **OR**
- Meets additional risk criteria (Part 3C), pursuant to 16-11.7-103(4)(c.5), C.R.S.
- YES, the offender DID meet SVP criteria.**
- NO, the offender DID NOT meet SVP criteria.**
- The offender refused to participate but DID meet SVP criteria.**
- The offender refused to participate but DID NOT meet SVP criteria.**

COURT OR PAROLE BOARD FINDING:

18-3-414.5(2) and 18-3-414.5(3), C.R.S. state in part that based on the results of this assessment, the court or the parole board shall make specific findings concerning whether the defendant is a sexually violent predator. Probation officer or trained DOC staff, based on the court or parole board decision, check the box that applies.

- The court or the parole board finds this offender to meet the criteria specified in 18-3-414.5, C.R.S. and finds that the offender **IS** a sexually violent predator.
- The court or the parole board finds this offender to meet the criteria specified in 18-3-414.5(1), C.R.S. and does **NOT** find the offender to be a sexually violent predator.
- The court or the parole board finds this offender does **NOT** meet the criteria specified in 18-3-414.5, C.R.S. and finds that the offender is **NOT** a sexually violent predator.

Following the court finding, *Probation Officers* must mail or fax *all completed pages* within one month to:

Office of Research and Statistics
Division of Criminal Justice
700 Kipling Street, Ste 1000
Denver, CO 80215
Fax: (303) 239-4491

BACKGROUND

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Probation officers and sex offender evaluators listed on the Sex Offender Management Board (SOMB) provider list or trained DOC staff/contractors will complete this instrument on every sex offender that meets the following criteria:

(I) Is 18 years of age or older at the date of the offense, or who is younger but is tried as an adult pursuant to section 19-2-517 or 19-2-518, C.R.S.

(II) Has been convicted¹ on or after July 1, 1999 of one of the following offenses, including an **ATTEMPT, SOLICITATION OR CONSPIRACY TO COMMIT** one of the following, on or after July 1, 1997:

- Sexual assault, in violation of section 18-3-402, C.R.S., or sexual assault in the first degree, in violation of section 18-3-402, C.R.S. as it existed prior to July 1, 2000;
- Sexual assault in the second degree, in violation of section 18-3-403,² C.R.S. as it existed prior to July 1, 2000;
- Unlawful sexual contact, in violation of section 18-3-404(1.5) or (2), C.R.S., or sexual assault in the third degree, in violation of section 18-3-404(1.5) or (2), C.R.S. as it existed prior to July 1, 2000;
- Sexual assault on a child, in violation of section 18-3-405, C.R.S.; or
- Sexual assault on a child by one in a position of trust, in violation of section 18-3-405.3, C.R.S.

(III) Whose victim was one of the following (per 18-3-414.5(1)(a)(III), C.R.S.):³

- A stranger to the offender (see Part 2A on page 5 of this form), or
- A person with whom the offender established a relationship primarily for the purpose of sexual victimization (see Part 2B on page 5 of this form),⁴ or
- A person with whom the offender promoted a relationship primarily for the purpose of sexual victimization (see Part 2C on page 6 of this form).

(IV) Pursuant to 18-3-414.5(1)(a)(IV), C.R.S., and 16-11.7-103(4)(c.5), C.R.S., is likely to subsequently commit one or more of the offenses specified in 18-3-414.5(1)(a)(II), C.R.S., under the circumstances described in 18-3-414.5(1)(a)(III), C.R.S., according to the scores derived from the SOMB actuarial risk assessment instrument (Part 3A, Part 3B, or Part 3C of this form), specifically pursuant to 16-11.7-103(4)(c.5), C.R.S.

Once the form is completed by the probation officer and the evaluator or trained DOC staff or contractor, it should be forwarded to the court/parole board, pursuant to 18-3-414.5(2) and (3) C.R.S. Based on the results of the assessment (included on the following pages of this form), the court/parole board shall make specific findings of fact and enter an order concerning whether the defendant is a sexually violent predator.

An offender found to be a sexually violent predator is required to register with the local law enforcement agency in the jurisdiction in which they reside within five days of becoming a temporary or permanent resident, and on a quarterly basis thereafter, for the remainder of his or her natural life, pursuant to Section 16-22-108(1)(d), C.R.S. Offenders found to be sexually violent predators will also be placed on the Internet listing of sex offenders maintained by the Colorado Bureau of Investigations (CBI) and linked to the State of Colorado's homepage, pursuant to Section 16-22-111, C.R.S., and shall be subject to community notification pursuant to Section 16-13-903, C.R.S.

¹ Convicted includes having pleaded guilty or nolo contendere, or having a received a deferred judgment and sentence per 18-3-414.5(b).

² Section 18-3-403 C.R.S. was repealed in 2000.

³ The relationship categories are specified in federal and state statute. The SOMB defined each relationship category for the purposes of this assessment.

⁴ The members of the Sex Offender Management Board determined that the three relationship categories are mutually exclusive. This document reflects the Board's decision.

INSTRUCTIONS

OVERVIEW

- o This instrument may require information from both the Pre-Sentence Investigation writer and an SOMB-listed sex offender evaluator; once complete, the instrument must be forwarded to the court.
- o For **Department of Corrections** cases, a trained DOC staff member or contractor must complete the instrument and forward it to the parole board when the offender is considered for release.
- o All completed forms for **Probation** must be faxed or mailed to the **Division of Criminal Justice** (see cover page).
- o A copy of the SVPASI handbook can be obtained from the Sex Offender Management Board (SOMB) or downloaded from http://dcj.state.co.us/ors/risk_assessment.htm.

PROBATION OFFICER

The probation officer completes Part 1, Part 3A, Part 3B, the corresponding items on the Instrument Summary, and upon completion of this instrument, the Assessment Summary. The probation officer then forwards the instrument to the SOMB-listed sex offender evaluator *along with police reports and victim statements*. If the offender refuses to participate in the assessment, the probation officer shall, in coordination with the evaluator, complete the SVPASI (18-3-414.5(2)) based on a review of available records. If either police reports or victim statements are NOT forwarded with this instrument to the SOMB evaluator, please indicate why here:

Sections of this instrument to be completed by the probation officer are designated with: **P**

SOMB LISTED EVALUATOR

The SOMB listed evaluator completes Part 2, Part 3C if available, and the corresponding items on the Instrument Summary. The SOMB evaluator then returns the completed instrument to the probation officer, along with the completed mental health sex offense specific evaluation, pursuant to C.R.S. 16-11.7-104(1).

Sections of this instrument to be completed by the mental health evaluator are designated with: **E**

TRAINED DOC STAFF

The trained DOC staff or contractor must complete the entire form (Parts 1, 2, 3A, 3B, 3C, the Instrument Summary, and the Assessment Summary).

Data sources used to complete this instrument must be identified:

Please circle the data sources utilized to complete Parts 2 and 3.

1. Criminal History
2. Pre-Sentence Investigation Process
3. Police Report
4. Mental Health Evaluation
5. Official Record/Documentation
6. Child Protection or Social Service Records
7. Demographic Information
8. NCIC
9. Education Records
10. Victim Report (self report or from any data source)
11. Sexual History (official record, self report)
12. Sex Offense Specific Mental Health Evaluation
13. Prison Record
14. Self-Report
15. CCIC
16. Results of a Plethysmograph Examination or VRT Assessment
17. Polygraph
18. Other (Specify) _____

PART 1

COLORADO	SEXUALLY VIOLENT PREDATOR	ASSESSMENT SCREENING INSTRUMENT
P	Probation Officer or Trained DOC Staff/Contractor Please Complete Part 1	P 4 of 7
CLIENT INFORMATION		
Offender's First Name:		Offender's Last Name:
CC#: (Court Case Number)		
SS#:	SID#:	ML# / DOC# (circle ID type):
DOB: (MM-DD-YYYY)		
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Ethnicity: <input type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Other
PO Name: (Does not apply to DOC cases)		PO Telephone Number: (Does not apply to DOC cases)
Date Forwarded to SOMB Evaluator: (Does not apply to DOC cases)		Judicial District: (Does not apply to DOC cases)
SOMB Evaluator/Trained DOC Staff Name:		Evaluator/Trained DOC Staff Telephone Number:
Date of Evaluation:		Date Returned to PO: (Does not apply to DOC cases)
DEFINING SEXUAL ASSAULT CRIMES (18-3-414.5(1) C.R.S.)		
<p>The offender is 18 years of age or older as of the date the crime was committed or is tried as an adult pursuant to 19-2-517 or 19-2-518, C.R.S.; the offender was convicted on or after July 1, 1999 of one of the following crimes committed on or after July 1, 1997. Attempts, solicitations, and conspiracies to commit the following crimes apply. Conviction includes receiving a verdict of guilty by a judge or jury, pleading guilty or nolo contendere, or having received a deferred judgment and sentence.</p> <p>Please check the box indicating which of the five crimes qualifies the offender for this assessment. Please include attempts, solicitations, and conspiracies to commit any of the following.</p> <p><input type="checkbox"/> Sexual assault in violation of section 18-3-402, C.R.S., or sexual assault in the first degree, in violation of section 18-3-402, C.R.S. as it existed prior to July 1, 2000;</p> <p><input type="checkbox"/> Sexual assault in the second degree, in violation of section 18-3-403, C.R.S. as it existed prior to July 1, 2000;</p> <p><input type="checkbox"/> Unlawful sexual contact, in violation of section 18-3-404(1.5) or (2), C.R.S. as it existed prior to July 1, 2000;</p> <p><input type="checkbox"/> Sexual assault on a child, in violation of section 18-3-405, C.R.S.; or</p> <p><input type="checkbox"/> Sexual assault on a child by one in a position of trust, in violation of section 18-3-405.3.</p> <p>Meets DEFINING SEXUAL ASSAULT CRIMES Criterion: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>This crime was an Attempt, Solicitation, or Conspiracy: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		

PROCEED TO PART 2

PART 2

COLORADO	SEXUALLY VIOLENT PREDATOR	ASSESSMENT SCREENING INSTRUMENT
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P/E	SOMB Evaluator, Trained DOC Staff or Probation Officer Complete Part 2.	P 5 of 7
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The relationship categories are identified in state statute. The following definitions were developed by representatives of the Sex Offender Management Board, the Judicial Department and the Department of Corrections to assist in the identification of sexually violent predators as outlined in 18-3-414.5(III) C.R.S.

If the offender refuses to participate in the assessment, other collateral sources of information, such as victim statements or police reports, should be utilized to determine the relationship criterion. Refer to the manual for further information and examples.

THE OFFENDER MUST MEET ONE OF THE FOLLOWING THREE SEXUALLY VIOLENT PREDATOR RELATIONSHIP DEFINITIONS: 1) STRANGER, OR 2) ESTABLISHED A RELATIONSHIP, OR 3) PROMOTED A RELATIONSHIP.

A. STRANGER

Pursuant to 18-3-414.5(1)(a)(III), C.R.S., the victim is a **stranger** to the offender when the victim has never known or met the offender, or has met the offender but has little or no familiar or personal knowledge of said offender, prior to the current offense. See the manual if Internet or child pornography offenses are involved.

Meets **STRANGER** Criterion: Yes No

B. ESTABLISHED A RELATIONSHIP

Pursuant to 18-3-414.5(1)(a)(III), C.R.S., the offender **established a relationship** primarily for the purpose of sexual victimization when **any two** of the following criteria are present (*check all that apply*). List all data sources used in the boxes below.

- The offender has a history of sexual offending involving similar behavior.
- The offender manipulated the environment to gain access to this victim.
- The offender introduced sexual content into the relationship prior to committing the initial sexual offense.
- The offender engaged in sexually inappropriate behavior with the victim despite the lack of consent or an inability to consent.

Meets **ESTABLISHED A RELATIONSHIP** Criteria (*At least two of the above items apply*): Yes No

C. PROMOTED A RELATIONSHIP

Pursuant to 18-3-414.5(1)(a)(III), C.R.S., the offender **promoted an existing relationship** primarily for the purpose of sexual victimization when the **first item below is present and any other item is present** (*check all that apply*).

- The offender took steps to change the focus of an existing relationship to facilitate the commission of a sexual assault such as but not limited to planning, increasing frequency of contact, introduction of inappropriate sexual contact, stalking, seduction or drugging of the victim,
- AND**
- The offender engaged in contact with the victim that was increasingly sexually intrusive over time, or
 - The offender used threat, intimidation, force or coercion in the relationship, or
 - The offender engaged in repetitive non-consensual sexual contact, or
 - The offender established control of the victim through means including but not limited to emotional abuse, physical abuse, financial control or isolation of the victim in order to facilitate the sexual assault.

Meets **PROMOTED A RELATIONSHIP** Criteria: (*The promoted criteria are met when the first bullet and at least one of the bottom four bullets apply*): Yes No

SELECT THE DATA SOURCE(S) USED TO DETERMINE RELATIONSHIP CRITERIA

- | | |
|--|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> 1. Criminal History <input type="checkbox"/> 2. Pre-Sentence Investigation Process <input type="checkbox"/> 3. Police Report <input type="checkbox"/> 4. Mental Health Evaluation <input type="checkbox"/> 5. Official Record/Documentation <input type="checkbox"/> 6. Child Protection or Social Service Records <input type="checkbox"/> 7. Demographic Information <input type="checkbox"/> 8. NCIC <input type="checkbox"/> 9. Education Records | <ul style="list-style-type: none"> <input type="checkbox"/> 10. Victim Report (self report or from any data source) <input type="checkbox"/> 11. Sexual History (official record, self report) <input type="checkbox"/> 12. Sex Offense Specific Mental Health Evaluation <input type="checkbox"/> 13. Prison Record <input type="checkbox"/> 14. Self-Report <input type="checkbox"/> 15. CCIC <input type="checkbox"/> 16. Plethysmograph Examination or VRT Assessment <input type="checkbox"/> 17. Polygraph <input type="checkbox"/> 18. Other (Specify) |
|--|--|

PROCEED TO PART 3

PART 3

3A. PRIOR SEX CRIME CONVICTION

The defendant has previously been convicted as an adult of at least one felony or two misdemeanor sex crimes as defined by C.R.S. 16-11.7-102(3). This INCLUDES court established factual basis sex crimes, hands off sexual offenses, Internet sex crimes and out of state sex crime convictions. This EXCLUDES deferred judgments and sentences, failure to register and juvenile adjudications. Please refer to the 2010 SVPASI handbook for further details regarding this item.

Yes
 No

PROCEED TO PART 3B REGARDLESS OF RESULTS IN PART 3A

3B. SOMB SEX OFFENDER RISK SCALE (SORS) 2009

Pursuant to 16-11.7-103(4)(c.5), C.R.S., the Division of Criminal Justice worked in consultation with the Sex Offender Management Board (SOMB) to develop an actuarial risk assessment scale to be used in the identification of an offender's risk to be rearrested for a new sex crime. This research is described in the SVPASI handbook. Failure was measured as a new sexual arrest within 5 years. A score of 8 or above reflects that the individual is 5 times as likely to commit a new sex crime compared to those scoring 0-7

Each item is scored with either 0, 1 or 2. Check the appropriate response for each item. See the SVPASI handbook for further details on calculating the total score.

- | YES | NO | |
|---|----------------------------|--|
| <input type="checkbox"/> 2 <input type="checkbox"/> 1 | <input type="checkbox"/> 0 | 1. Age of the offender at the time of the index offense: Score 2 if offender was 25 or under, score 1 if offender was between 26 and 35, score 0 if over 35.
<i>Age at earliest event recorded in official records for the actual index/instant offense.</i> |
| <input type="checkbox"/> 2 | <input type="checkbox"/> 0 | 2. The offender was known to the victim. <i>The victim was not a stranger, but was the spouse, relative, friend, or acquaintance of the offender. Internet offenders may be considered strangers. See SVPASI handbook for more detail.</i> |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 0 | 3. The offender has been revoked from community supervision as an adult 2 or more times in the past. <i>Refers to revocations on probation, parole, and community corrections, regardless of consequences or sanctions. Includes probation reinstatements. Includes revocations related to current and prior convictions.</i> |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 0 | 4. The offender had NOT graduated from high school at the time of arrest. <i>If the offender did not graduate, score 1. The definition of graduation EXCLUDES the receipt of a GED UNLESS the offender has also attended any post-secondary educational program, including college, trade school or community college. If unknown, score 1 and list sources utilized to attempt to obtain this information: _____</i> |
| <input type="checkbox"/> 2 | <input type="checkbox"/> 0 | 5. The offender has one or more prior adult convictions. <i>Includes adult felony and misdemeanor convictions and deferred judgments and sentences that occurred prior to the index sex offense, but does not include adjudications as a juvenile. Includes misdemeanor traffic convictions. Does not include lesser traffic citations. Excludes convictions related to the current/index offense (e.g. multiple cases related to a singular incident).</i> |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 0 | 6. The offender moved 2 or more times in the 2 years prior to arrest for the actual index/current offense. <i>Offender resided at 3 or more different addresses during this time frame. Score 1 if there has been any period of transience in the past 2 years. If unknown, score 0 and list sources utilized to attempt to obtain this information: _____</i> |

TOTAL SCORE *(Add up the scores for the items checked in Part 3B)*

Total score of 8 or more: Yes No

PROCEED TO PART 3C

PART 3

3C. MENTAL ABNORMALITY

Mental abnormality is referenced in 16-11.7-103(4)(c.5), C.R.S. Mental abnormality, according to statute, "means a congenital or acquired condition that affects the emotional or volitional capacity of a person in a manner that predisposes that person to the commission of a criminal sexual act...." One of the following instruments must be completed by the evaluator, who must meet the minimum qualifications for administering the instrumentation utilized to make the following determination. Refer to the SVPASI handbook for more details regarding these qualifications. SKIP THIS SECTION IF THE OFFENDER REFUSES TO PARTICIPATE IN THE ASSESSMENT.

DCJ research has found that an offender may be at additional risk when he or she scores:

		Check the appropriate box:		
		Yes	No	N/A
<ul style="list-style-type: none"> ▪ 30 or more on the Psychopathy Check List Revised (PCL-R), OR 	PCL-R score 30+	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> ▪ 85 or more on each of the following Millon Clinical Multiaxial Inventory (MCMI-III) scales: narcissistic, antisocial, and paranoid, OR 	MCMI-III score 85+	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> ▪ 70 or more on each of the following Coolidge Correctional Inventory (CCI) scales: narcissistic, antisocial, and paranoid. 	CCI score 70+	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If the offender is assessed with more than one of the specified instruments and a 'Yes' is indicated in any of the above boxes, the offender meets the mental abnormality criteria.

Meets Mental Abnormality Criteria: Yes No

PROCEED TO THE INSTRUMENT SUMMARY

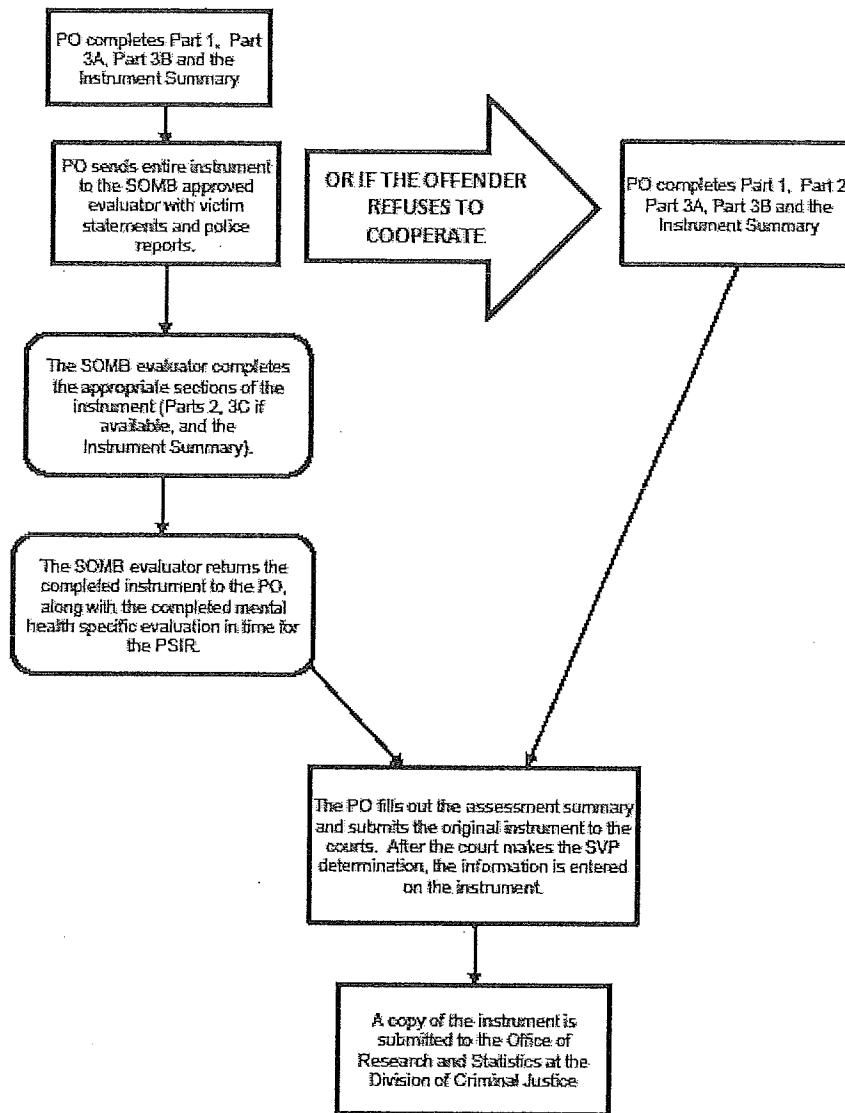
INSTRUMENT SUMMARY

To be identified a sexually violent predator, the offender must meet the criteria defined in Parts 1 and 2, as well as one of the following: Part 3A or 3B or 3C

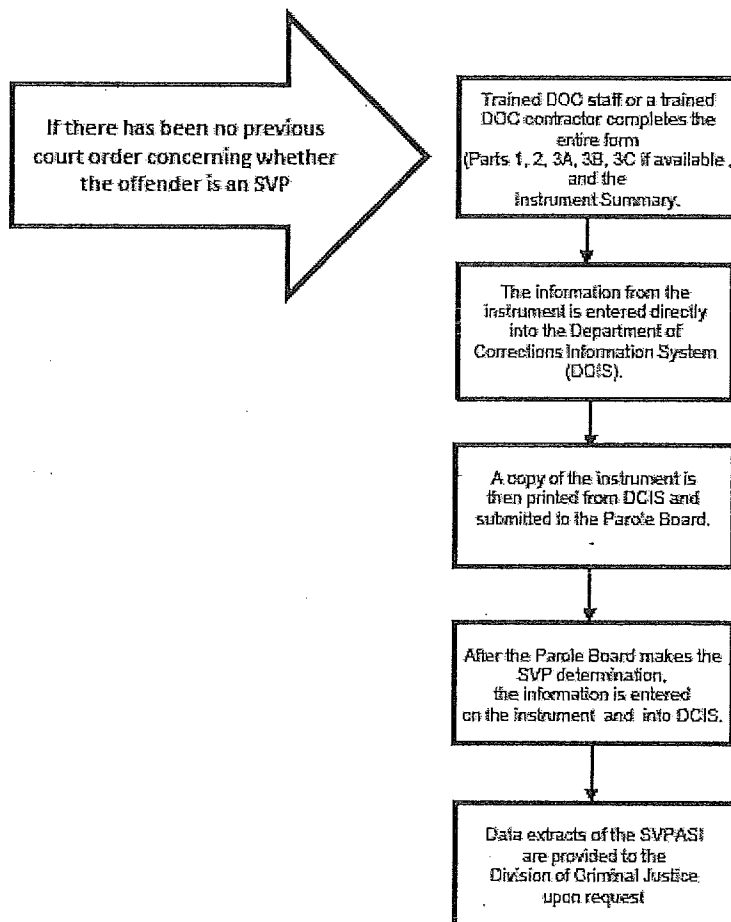
Meets Defining Sexual Assault Crimes Criterion (Part 1) AND	<input type="checkbox"/> Yes <input type="checkbox"/> No
Meets Date Requirement (Per Statute) AND	<input type="checkbox"/> Yes <input type="checkbox"/> No
Meets Relationship Criteria (Part 2) AND	<input type="checkbox"/> Yes <input type="checkbox"/> No
Meets Prior Conviction Criterion (Part 3A) <u>OR</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Scored 8 or More on the DCJ SORS 2009 Scale (Part 3B) <u>OR</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Meets Mental Abnormality Criteria (Part 3C)	<input type="checkbox"/> Yes <input type="checkbox"/> No
DID OFFENDER MEET THE SEXUALLY VIOLENT PREDATOR CRITERIA? <i>Must meet the criteria defined in Part 1 AND Part 2 AND one of the following: Part 3A OR Part 3B OR Part 3C.</i>	<input type="checkbox"/> Yes <i>(Record this response on page 1 as well.)</i> <input type="checkbox"/> No

**APPENDIX C:
SEXUALLY VIOLENT PREDATOR ASSESSMENT
SCREENING INSTRUMENT FLOWCHART**

Process for Probation Officers



Process for the Department of Corrections



HANDBOOK

SEXUALLY VIOLENT PREDATOR ASSESSMENT SCREENING INSTRUMENT (SVPASI)

August 2010 Revision

Background and Instructions

Prepared on behalf of the
Colorado Sex Offender Management Board

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ACKNOWLEDGMENTS

The Division of Criminal Justice's Office of Research and Statistics (ORS) would like to thank the dozens of people who worked on the original development and implementation of the sexually violent predator (SVP) criteria. Dedicated members of the Sex Offender Management Board (SOMB), in particular, worked very hard to define subtle and overt aspects of dangerousness. In 1998, representatives from probation, parole, corrections, the Parole Board, and victims' programs collaborated with the SOMB to develop risk criteria that supplements the empirically-based actuarial scale. Dr. Paul Retzlaff of the University of Northern Colorado provided psychometric expertise and data analysis in the development of the original scale. The probation departments in Jefferson, Arapahoe, Denver and El Paso counties, along with parole officers in Denver and El Paso, the staff of ComCor, Inc., and therapists at the Colorado Department of Corrections Sex Offender Treatment and Management Program (SOTMP) were key participants in the actuarial research, as were dozens of private therapists who worked closely with the ORS to forward data on offenders in their programs.

Many individuals have assisted the ORS in additional research efforts since the original development of the instrument. Most recently, the ORS has benefited greatly from a small group of professionals who devoted considerable time towards the development of the new instrument. We are very grateful to Merve Davies, Cheryl Davis, Missy Gursky, Chris Lobanov-Rostovsky, Suzanne MacKinnon, Cathy Rodriguez and Greig Veeder, among others.

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INTRODUCTION TO THIS HANDBOOK

The General Assembly requires that special precautions should be taken in the community management of sexually violent predators. Pursuant to 18-3-414.5, C.R.S., the Colorado Division of Criminal Justice's Office of Research and Statistics worked in consultation with representatives of the Colorado Sex Offender Management Board (SOMB) to develop a risk assessment screening instrument for use in the identification of *sexually violent predators (SVPs)*. The Division of Probation Services in the Judicial Branch, the Department of Corrections' Sex Offender Treatment and Management Program staff, and the Office of Research and Statistics (ORS) in the Colorado Department of Public Safety work jointly to implement the use of the SVP Instrument among Probation Offices, the Department of Corrections, and SOMB-approved sex offender and mental health evaluators statewide.

The intent of Colorado statute 18-3-414.5, C.R.S. is to identify convicted sex offenders who are at higher risk of committing subsequent sex crimes. These offenders will be designated sexually violent predators. The Sexually Violent Predator Assessment Screening Instrument (SVPASI) identifies the most dangerous offenders among those assessed. The final legal determination of sexually violent predator is at the discretion of the court and/or the Parole Board.

CHANGES SINCE THE ORIGINAL EDITION

Since the original inception of this instruction handbook, there have been changes to the SVP statute along with changes in practice. These are briefly summarized below:

- In May 2006 the specific crimes that qualified a sex offender for an SVP assessment were expanded to include inchoate crimes.
- The defining crimes now include one misdemeanor (unlawful sexual contact) per 18-3-404(1.5) or (2), C.R.S.
- Also in May 2006, changes were made to Section 16-13-903(1), C.R.S. indicating that sexually violent predators shall be subject to community notification.
- Prior sex crime convictions have been included as an identifying factor in the determination of SVP status.
- Completion of Parts 3A, 3B and 3C in their entirety is now required, regardless of the findings in the prior section.
- The SOMB checklist has been removed.
- The Sex Offender Risk Scale (SORS) has been revised to a six-item scale. A recent study by the ORS found that the instrument predicts re-arrest for a serious sexual crime.
- The dynamic items based on the SOMB checklist which were included in the original SORS are now excluded.
- The abbreviated SORS applied to offenders who refused to participate (originally contained in Part 3C) was eliminated. The current version of the SORS may be completed without the cooperation of the offender.
- The Coolidge Correctional Inventory (CCI), currently used by the Department of Corrections, has been added to the instrumentation used in the determination of mental abnormality.
- The Psychopathy Check List Short Version has been eliminated from the instrumentation used in the determination of mental abnormality.

BACKGROUND

Legislation

Legislation was passed by the Colorado General Assembly in 1997 regarding the identification and registration of sexually violent predators. An adult convicted of at least one of the following offenses and found to be a sexually violent predator is required for the remainder of his or her natural life to register his or her residential address with local law enforcement every three months rather than annually. Information describing the offender is placed on the Internet listing of sex offenders maintained by the Colorado Bureau of Investigations (CBI) and linked to the State of Colorado's homepage. Further, the offender is subject to community notification by the local law enforcement agency. The offenses specified in 18-3-414.5 (A through E), C.R.S. describe sexual assault "as it existed prior to July 1, 2000." The qualifying crimes, which include attempt, solicitation, and conspiracy to commit one of the following, are:

- Sexual assault, in violation of section 18-3-402, C.R.S., or sexual assault in the first degree, in violation of section 18-3-402, C.R.S. as it existed prior to July 1, 2000;
- Sexual assault in the second degree, in violation of section 18-3-403, C.R.S. as it existed prior to July 1, 2000 (*Note: Section 18-3-403 was repealed in 2000*);
- Unlawful sexual contact, in violation of section 18-3-404(1.5) or (2), C.R.S., or sexual assault in the third degree, in violation of section 18-3-404(1.5) or (2), C.R.S. as it existed prior to July 1, 2000;
- Sexual assault on a child, in violation of sections 18-3-405, C.R.S.; or
- Sexual assault on a child by one in a position of trust, in violation of section 18-3-405.3, C.R.S.

The offender must be convicted of one of the above on or after July 1, 1999 for offenses committed on or after July 1, 1997.

Background

In the mid-1990s, federal law mandated that each state develop a mechanism to identify "sexually violent predators." The federal legislation identified the offender's behavior present in the current crime and his/her risk of committing future similar crimes as primary criteria for the states to use in the designation of sexually violent predators (SVPs). The Colorado General Assembly complied with the federal SVP mandate during its 1998 session by enacting section 18-3-414.5, C.R.S. Note that the state law requires the assessment and designation process on active cases only.

Pursuant, then, to 18-3-414.5, C.R.S, the Colorado Division of Criminal Justice (DCJ) worked in conjunction with representatives of the Colorado Sex Offender Management Board (SOMB) to develop specific behavioral criteria consistent with the language in the statute. To comply with the portion of the statute that addressed the risk for future crimes, the ORS worked with many therapists and supervision officers to conduct a study of nearly 500 convicted sex offenders to develop an empirically-based, actuarial risk assessment scale for use in the identification of sex offenders at significant risk to commit a subsequent serious crime. The overall screening instrument is the *Colorado Sexually Violent Predator Assessment Screening Instrument (SVPASI)* and, within this, the Sex Offender Risk Scale (SORS) provides information about the probability of future reoffending. The behavioral criteria—those pertaining to the relationship to the victim--were defined by representatives from the SOMB, the Parole Board, the Division of

Parole, the private treatment community, and the victim services agencies during a three-day meeting in 1998. The basis of the behavioral criteria (Part 2 of the SVPASI) was the wording in federal and Colorado SVP laws. The actuarial scale (Part 3B of the SVPASI) was developed by the DCJ's Office of Research and Statistics (ORS) and requires periodic updating to ensure continued predictive ability. The most recent revision was finalized in 2009. The ORS also conducts ongoing analysis of the instruments completed on eligible cases. Please refer to Section Three for a discussion of the actuarial risk scale research.

Implementation

Pursuant to legislation, the Division of Probation Services in the Judicial Department, the Department of Corrections (DOC), and DCJ's Office of Research and Statistics (ORS) are responsible for implementing the SVPASI. Training is available from the ORS upon request.

HOW TO USE THIS HANDBOOK

Probation officers, SOMB approved evaluators, and trained DOC staff or contractors will complete the assessment instrument on men and women who qualify for screening as described on page 15 of this handbook.

Section One provides instructions for completing the Sexually Violent Predator Assessment Screening Instrument.

Section Two provides information on the common errors found when completing the instrument and frequently asked questions.

Section Three provides a description of the research study and findings that resulted in the development of Part 3 of the SVPASI.

Statutory directives are included in Appendix A. Appendix B provides an example of the SVPASI. Appendix C contains a diagram of the procedures to be followed in the completion of the SVPASI.

**SECTION ONE:
COMPLETING THE SEXUALLY VIOLENT PREDATOR
ASSESSMENT SCREENING INSTRUMENT (SVPASI)**

OVERVIEW

Only probation officers, SOMB-approved evaluators and SVP-trained DOC staff or contractors are qualified to complete the Sexually Violent Predator Assessment Screening Instrument.¹

The completion of the Sexually Violent Predator Assessment Screening Instrument (SVPASI) for qualifying cases is mandated in 18-3-414.5, C.R.S. The qualifying crime categories are listed below.¹ The law requires the assessment and designation process on active cases only, not cases in which the sentence has been previously discharged.

The offender must have been convicted on or after July 1, 1999 of one of the following offenses committed on or after July 1, 1997. Attempt, solicitation, or conspiracy to commit one of the following crimes are also considered to be qualifying offenses. Conviction is defined to include verdicts of guilty, pleas of guilty and nolo contendere, or having received a deferred judgment and sentence: Offender must be 18 years or older on the date of the offense or be tried as an adult.

- Sexual assault, in violation of section 18-3-402, C.R.S., or sexual assault in the first degree, in violation of section 18-3-402, C.R.S. as it existed prior to July 1, 2000;
- Sexual assault in the second degree, in violation of section 18-3-403, C.R.S. as it existed prior to July 1, 2000 (*Note: Section 18-3-403 was repealed in 2000*);
- Unlawful sexual contact, in violation of section 18-3-404(1.5) or (2), C.R.S., or sexual assault in the third degree, in violation of section 18-3-404(1.5) or (2), C.R.S. as it existed prior to July 1, 2000;
- Sexual assault on a child, in violation of section 18-3-405, C.R.S.; or
- Sexual assault on a child by one in a position of trust, in violation of section 18-3-405.3, C.R.S.

For cases when **Probation** is involved, the probation officer is responsible for completing certain portions of the instrument and forwarding it to the SOMB-listed sex offender evaluator for completion. The evaluator then returns the completed form to the probation officer. In cases in which the offender has refused to cooperate with the assessment, the probation officer may complete the form in its entirety. The probation officer assures that each item and data source is entered on the form, and then faxes or mails a photocopy of the completed instrument to the Sex Offender Management Coordinator of the Division of Probation Services. The probation officer forwards the original instrument to the sentencing judge who makes the final Sexually Violent Predator (SVP) determination and enters the SVP order in the record.

For the **Department of Corrections** cases, trained DOC staff or contractors are responsible for completing the entire instrument. The trained staff member or contractor makes sure that each item and data source is filled out and entered into the Department of Corrections Information System (DCIS). A copy of the instrument is then submitted to the Parole Board. The Parole Board makes the final Sexually Violent Predator (SVP) determination and enters the SVP order in the record.

¹ Staff or contractors must be trained in the administration of the SVP by DCJ or DOC SVP instrumentation experts. Shadowing a trained individual does not qualify.

Following these instructions is required by state statute. The DCJ and the SOMB must ensure that the statute is implemented as the General Assembly intended according to 18-3-414.5 (2) and (3), C.R.S.: subsection (2) describes the probation and court process and subsection (3) describes the Department of Corrections and Parole Board process.

An offender found to be a sexually violent predator by the court or the Parole Board is required to register his or her residential address with law enforcement pursuant to 16-22-108(1)(d) and is subject to community notification by the local law enforcement agency.

Sexually violent predator status requires the offender to register with local law enforcement every ninety days for the rest of their natural life (see 16-22-108(1)(d), C.R.S.). The offender must register in the jurisdiction where they live within five business days of becoming a temporary or permanent resident. The offender must re-register if they legally change their name. Upon changing residences, the offender must deregister and re-register accordingly to ensure that the address documentation is correct. Failure to comply with these requirements is a felony crime (per C.R.S 18-3-412.5).

Summary

All offenders 18 years or older on the date of the offense or tried as adults, and convicted (including guilty and nolo contendere pleas or having received a deferred judgment and sentence) on or after July 1, 1999 of one or more of the qualifying crimes committed on or after July 1, 1997, must be assessed using the SVP Assessment Screening Instrument (SVPASI). The probation officer and the SOMB-approved sex offender evaluator or the trained DOC staff or contractor must complete each item on the SVPASI and document the data source for each item on the instrument. DOC staff or contractors must enter the SVPASI information into the Department of Corrections Information System (DCIS) and follow other DOC administrative regulations regarding this process. The SVPASI is forwarded with the PSIR and the mental health sex offense specific evaluation to the court or Parole Board that then makes the final determination and enters the order into the record. Those individuals found to be SVPs must register every ninety days with the local law enforcement agency in the jurisdiction in which he or she establishes residence. SVPs must register within five business days of being released from incarceration for the commission of the offense requiring registration or after receiving notice of the duty to register. Following the finding by the court, probation officers must fax or mail copies of the SVPASI to the Division of Probation Services (*see cover page of instrument for contact information*).

INSTRUCTIONS *(Found also on page 3 of the instrument)*

Probation Officers

Probation officers are to complete Part 1, Part 3A, Part 3B, the corresponding items on the Instrument Summary and the Assessment Summary on the SVPASI. If the offender refuses to cooperate, the probation officer may also complete Part 2.

When these sections are completed, probation officers should forward the form and copies of any police reports and victim statements to the SOMB approved evaluator (unless the offender has refused to cooperate and the entire form has been completed by the probation officer). If the accompanying documentation is not available, it is the responsibility of the probation officer to explain the absence of these materials on the provided space. The ORS is tracking the availability of these documents.

SOMB Evaluators

The SOMB approved evaluator is selected by the probation officer pursuant to the SOMB's *Statewide Standards*. The evaluator is required to complete the following:

- Part 2
- Part 3C
- Corresponding items on the Instrument Summary

Upon completion of the form, the evaluator will return it to the probation officer with the mental health sex offense specific evaluation. Both the evaluation and the sexually violent predator assessment instrument will be attached to the PSIR. **Where necessary, the evaluator must expand the data obtained during the evaluation to acquire the information necessary to complete the form.**

Trained DOC Staff or Contractors

The trained DOC staff or contractor must complete the entire form (Parts 1, 2, 3A, 3B, 3C, the Instrument Summary and the Assessment Summary).

Data Sources

A list of potential data sources is provided on page 3 of the SVPASI for use by both the probation officer and SOMB-listed evaluator or trained DOC staff or contractor when completing the assessment screening instrument. It is important that all data sources that apply be clearly identified and documented when requested on the instrument. The form will become a part of the court record and officials may be asked to testify on the sources of the information used to classify the offender. Self-report should be used only when other data sources are not available, though it may be the only available source for this instrument.

1. *Criminal History*
2. *Pre-Sentence Investigation Process*
3. *Police Report*
4. *Mental Health Evaluation*
5. *Official Record/Documentation*
6. *Child Protection or Social Service Records*
7. *Demographic Information*
8. *NCIC*
9. *Education Records*
10. *Victim Report (self report or from any data source)*
11. *Sexual History (official record, self report)*
12. *Sex Offense Specific Mental Health Evaluation*
13. *Prison Record*
14. *Self-Report*
15. *CCIC*
16. *Results of a Plethysmograph Examination or VRT Assessment*
17. *Polygraph*
18. *Other (Specify)_____*

Probation officers only: send the completed form to the Division of Probation Services
After the court makes the finding of fact, the probation officer must forward a copy of the instrument to the Division of Probation Services (DPS) *within one month*.

PART 1 (Page 4 of the instrument)

Entire section is to be filled out by the probation officer, trained DOC staff, or a trained DOC contractor.

Client Information

Please ensure that all of the requested client information is provided. This information will assist in the ongoing research and analysis of this group of offenders.

First and Last Name
CC#: Court Case Number
SS#: Social Security Number
SID#: State Identification Number
ML#/DOC#: Master List Number or DOC Number
DOB: Date of Birth (mm-dd-yyyy)
Gender: Male or Female
Ethnicity: Caucasian, African American, Hispanic
or Other

Eligible Cases for Screening

Probation officers, SOMB-listed sex offender evaluators, trained DOC staff, or trained DOC contractors will complete the entire instrument for every sex offender that meets the following criteria:

- Is 18 years of age or older on the date of the offense, or has been tried as an adult pursuant to section 19-2-517 or 19-2-518, C.R.S.

Has been convicted (including verdicts of guilty, pleas of guilty and nolo contendere, or receiving a deferred judgment and sentence) on or after July 1, 1999 of one of the following offenses committed on or after July 1, 1997, including an attempt, solicitation or conspiracy to commit one of the following:

- Sexual assault, in violation of section 18-3-402, C.R.S., or sexual assault in the first degree, in violation of section 18-3-402, C.R.S. as it existed prior to July 1, 2000;
- Sexual assault in the second degree, in violation of section 18-3-403, C.R.S. as it existed prior to July 1, 2000 (*Note: Section 18-3-403 was repealed in 2000*);
- Unlawful sexual contact, in violation of section 18-3-404(1.5) or (2), C.R.S., or sexual assault in the third degree, in violation of section 18-3-404(1.5) or (2), C.R.S. as it existed prior to July 1, 2000;
- Sexual assault on a child, in violation of sections 18-3-405, C.R.S.; or
- Sexual assault on a child by one in a position of trust, in violation of section 18-3-405.3, C.R.S.

Please proceed to Part 2.

PART 2 (Page 5 of the instrument)

This entire section is to be completed by the SOMB evaluator or trained DOC staff or contractor, unless the offender refuses to participate in the assessment. In this case, this section shall be completed by the probation officer using collateral sources of information.

These relationship criteria were defined by an expanded committee of the SOMB because the SVP statute does not provide definitions. Without clear descriptions of these relationship criteria, arbitrary and subjective scoring methods could result.

Note that these definitions clarify the law but are not related to the statistical probability of being rearrested for a new sex crime. This part of the SVPASI is independent of item 2 of the Sex Offender Risk Scale (SORS) in Part 3B.

A. Stranger

- Please check either the 'Yes' or 'No' box presented after the statement "Meets STRANGER Criterion."
- Internet or child pornography offenders MAY or MAY NOT fall under this category. Situations such as Internet sting operations or child pornography cases in which the victim did not know the offender do meet the stranger criterion.
- If the offender *met* this criterion, the SOMB evaluator, the probation officer, or the trained DOC staff or contractor must indicate the data source(s) used to make this determination in the section at the bottom of the page, and then proceed to Part 3 of the SVPASI.

If the offender *did not meet* this criterion, continue to the ESTABLISHED A RELATIONSHIP criteria.

B. Established a Relationship

At least **two** of the listed criteria must be checked in order to affirm that the offender established a relationship with the victim.

- *The offender has a history of sexual offending involving similar behavior* – The offender has a history of establishing a relationship for the purposes of sexual victimization. Does not require documentation in official court records. Self-report, clinical records, prison or community supervision records are important sources of this information.
- *The offender manipulated the environment to gain access to this victim* – this includes use of the offender's residence, workplace, and leisure activities. Examples include befriending parents, offering transportation to school, or offering assistance with child care in order to gain access to child. Creating an environment attractive to an intended victim, by providing access to video games, pornography, drugs or alcohol, or a pet would also be included. Using the Internet to gain access to the victim also falls under this criterion.
- *The offender introduced sexual content into the relationship prior to committing the initial sexual offense* – this criterion indicates that content such as inappropriate sexual discussions or pornographic material was introduced into the relationship. The introduction of sexual content is a deliberate attempt to gauge the victim's interest or curiosity in sexual issues. This criterion should not be confused with the one listed below

referring to *sexual contact*.

- *The offender engaged in sexually inappropriate behavior with the victim despite lack of consent or an inability to consent* – Non-consensual activity is the emphasis of this criterion. Not only must a lack of consent be taken into consideration, but also the inability of an individual to give appropriate consent. Individuals who are under the legal age for giving consent or who are developmentally disabled would fit this criterion, for example.

Please check either the 'Yes' or 'No' box presented after the statement "Meets Established Criteria." If the offender *met* this criterion, the SOMB evaluator, the trained DOC staff or contractor, or the probation officer must indicate the data source(s) used to make this determination in the section at the bottom of the page, and then proceed to Part 3 of the SVPASI. If the offender *did not meet* this criterion, continue to the PROMOTED A RELATIONSHIP criteria.

C. Promoted a Relationship

The presence of the first item and the presence of any one or more factors will make the determination for this criterion. The SOMB evaluator, the trained DOC staff or contractor, or the probation officer must check the first item to proceed to the other factors.

- *The offender took steps to change the focus of an existing relationship to facilitate the commission of a sexual assault such as but not limited to planning, increased frequency of contact, introduction of inappropriate sexual contact, stalking, seduction or drugging of the victim.* There must be an existing relationship between the offender and victim such as parent, step-parent, intimate partner, co-worker, or teacher/student. This can include incest offenders.

AND

- *The offender engaged in contact with the victim that was increasingly sexually intrusive over time.* The emphasis of this criterion is the sexually intrusive nature of the relationship that is promoted over time.
- *The offender used threat, intimidation, force or coercion in the relationship.* The use of such behavior makes the victim more vulnerable.
- *The offender engaged in repetitive non-consensual sexual contact.* Not only a lack of consent must be taken into consideration, but also the inability of an individual to give appropriate consent. Individuals who are under the legal age for giving consent or who are developmentally disabled would fit this criterion, for example.
- *The offender established control of the victim through means including but not limited to emotional abuse, physical abuse, financial control or isolation of the victim in order to facilitate the sexual assault.* The emphasis of this criterion is the establishment of control over or the infliction of some type of abuse on the victim.

Please check either the 'Yes' or 'No' box presented after the statement "Meets Established Criteria."

If the offender *met* this criterion, the SOMB evaluator, the trained DOC staff or contractor, or the probation officer must indicate the data source(s) used to make this determination in the section at the bottom of the page, and then proceed to Part 3 of the SVPASI. If the offender *does not* meet the relationship criterion, do not continue with the assessment.

Select the Data Source(s) Used to Determine Relationship Criteria

Regardless of the relationship criterion determined, at least one data source must be documented. The SOMB evaluator, the probation officer, or the trained DOC staff or contractor must check the appropriate box in the section at the bottom of page 5 of the instrument to indicate the data source(s) utilized to make this determination. The potential data sources include:

1. *Criminal History*
2. *Pre-Sentence Investigation Process*
3. *Police Report*
4. *Mental Health Evaluation*
5. *Official Record/Documentation*
6. *Child Protection or Social Service Records*
7. *Demographic Information*
8. *NCIC*
9. *Education Records*
10. *Victim Report (self report or from any data source)*
11. *Sexual History (official record, self report)*
12. *Sex Offense Specific Mental Health Evaluation*
13. *Prison Record*
14. *Self-Report*
15. *CCIC*
16. *Results of a Plethysmograph Examination or VRT Screen*
17. *Polygraph*
18. *Other (Specify)*

If a source other than those listed was utilized, check item 18 and specify the data source.

Please proceed to Part 3.

PART 3

Completion of Parts 3A, 3B and 3C in their entirety is now required, regardless of the findings in the previous part. However, if the offender refuses to participate in the assessment, Part 3C may be omitted.

PART 3A *(Page 6 of the instrument)*

If the defendant has previously been convicted as an adult of at least one felony or two misdemeanor sex crimes as defined by C.R.S. 16-11.7-102(3), check 'Yes'. Otherwise, check 'No'.

The qualifying crimes, which include attempt, solicitation, and conspiracy to commit one of the following, include:

- Sexual assault, in violation of section 18-3-402, C.R.S. or sexual assault in the first degree, in violation of section 18-3-402, C.R.S., as it existed prior to July 1, 2000;
- Sexual assault in the second degree, in violation of section 18-3-403, C.R.S., as it existed prior to July 1, 2000;
- Unlawful sexual contact, in violation of section 18-3-404, C.R.S. or sexual assault in the third degree, in violation of section 18-3-404, C.R.S., as it existed prior to July 1, 2000;
- Sexual assault on a child, in violation of section 18-3-405, C.R.S.;
- Sexual assault on a child by one in a position of trust, in violation of section 18-3-405.3, C.R.S.;
- Sexual assault on a client by a psychotherapist, in violation of section 18-3-405.5, C.R.S.;
- Enticement of a child, in violation of section 18-3-305, C.R.S.;
- Incest, in violation of section 18-6-301, C.R.S.;
- Aggravated incest, in violation of section 18-6-302, C.R.S.;
- Trafficking in children, in violation of section 18-6-402, C.R.S.;
- Sexual exploitation of children, in violation of section 18-6-403, C.R.S.;
- Procurement of a child for sexual exploitation, in violation of section 18-6-404, C.R.S.;
- Indecent exposure, in violation of section 18-7-302, C.R.S.;
- Soliciting for child prostitution, in violation of section 18-7-402, C.R.S.;
- Pandering of a child, in violation of section 18-7-403, C.R.S.;
- Procurement of a child, in violation of section 18-7-403.5, C.R.S.;

- Keeping a place of child prostitution, in violation of section 18-7-404, C.R.S.;
- Pimping of a child, in violation of section 18-7-405, C.R.S.;
- Inducement of child prostitution, in violation of section 18-7-405.5, C.R.S.;
- Patronizing a prostituted child, in violation of section 18-7-406, C.R.S.;
- Class 4 felony internet luring of a child, in violation of section 18-3-306 (3), C.R.S.; or
- Internet sexual exploitation of a child in violation of section 18-3-405.4, C.R.S.

“Convicted” is defined as a verdict or plea of guilty or nolo contendere. Court established factual basis sex crimes and out of state sex crime convictions are included in the definition of conviction. However, deferred judgments and sentences, failure to register and juvenile adjudications are EXCLUDED.

The criteria for defining a prior conviction follows the case law identified in section 18-1.3-801 of the Colorado Revised Statutes. To qualify, the date of the offense for which the offender is being assessed must have occurred after a conviction for one of the sexual crimes defined above. The prior conviction must be based upon charges separately brought and tried, and arising out of separate and distinct criminal episodes, either in this state or elsewhere.

Therefore, convictions related to the current/index offense, such as situations in which multiple cases result from a singular offense, are excluded. For example: if in the case of the current/index offense an offender assaulted a victim in two different counties, which resulted in convictions in both counties, both convictions would be related to a singular offense and would not be considered a prior conviction.

Single cases with multiple conviction charges are considered a single conviction. For example, if an offender had two victims within a single jurisdiction and was prosecuted for two counts of sexual assault in a single case, this would be a single conviction (though with multiple counts). If this was the situation in the current/index offense, this would not count as a prior conviction.

For further clarification regarding the definition of prior conviction, refer to section 18-1.3-801, C.R.S.

If this item is answered with a yes, the offender qualifies for designation as an SVP.

Complete Parts 3A, 3B and 3C, regardless of findings in each subsection, with the exception that Part 3C may be omitted if the offender refuses to participate in the assessment. While a ‘Yes’ response in Part 3A is sufficient to qualify an individual for SVP designation, it is necessary to complete Parts 3B and 3C to ensure the validity of the instrument over time.

Please proceed to Part 3B.

PART 3B *(Page 6 of the instrument)*

Each item in the Sex Offender Risk Scale (SORS) is assigned a score of 1 or 2 for each 'Yes' response, and a score of 0 for each 'No' response. Refer to page 3 of the SVPASI instrument for possible sources of the information required to complete this section.

Item 1: Age of offender at the time of the index offense.

This is the age of the offender at the time of the offense, or the earliest offense date recorded in official records for the actual index/instant offense.

Score 2 if the offender was age 25 or under, score 1 if the offender was between the ages of 26 and 35, or score 0 if the offender was over the age of 35.

For example, if the offender was age 24 through 26 at the time of commission of the current offense, score 2 because the offender was under the age of 25 at the earliest offense date.

If there are multiple index offenses (such as in the case of multiple victims or charges), score this item based upon the age of the offender at the time of the earliest offense.

Item 2: The offender was known to the victim.

This includes any person who is not a stranger to the victim, such as the spouse, relative, friend, or an acquaintance of the offender. Internet offenders MAY be considered strangers. However, they may be considered to be known to the victim if they were previously acquainted or if the offender developed a relationship with the victim.

If there are multiple victims involved, score 2 if the offender was known to at least one of the victims.

For more information concerning the offender being 'known', refer to the definition of 'stranger' in Part 2A. If the victim is a stranger as defined in Part 2A, the offender would not be known to the victim.

Score 2 if the victim was acquainted with the perpetrator, otherwise score 0.

Note that this item relates to the statistical probability of being rearrested for a new sex crime. As such, it is independent of the relationship criteria outlined in section 2 of the SVPASI. Congress identified the relationship between the perpetrator and the victim to be a critical element for consideration of SVP designation and thus it is included in section 2. DCJ's statistical analysis included more than 200 potential risk factors for use in the SORS. This analysis found that item 2, in combination with the other five factors in the scale, predicted new arrest for a sex crime. Therefore, both factors are included in this instrument

Item 3: The offender has been revoked from community supervision as an adult 2 or more times in the past.

This refers to revocations of probation, parole, community corrections, deferred judgments and deferred sentences, regardless of consequences or sanctions. Revocations resulting in a probation reinstatement are included, as are revocations related to both the current and prior convictions. However, bond and bail revocations are NOT included. Revocation from a work release program without a concurrent probation or parole revocation are also excluded.

For example, if an offender was sentenced to probation for the current crime and was revoked while serving the term of that probation, this would count as a revocation.

Score 1 if the offender has received 2 or more probation, parole, community corrections or deferred judgment/sentence revocations. Score 0 if the offender has received 1 or no revocations.

Item 4: The offender had NOT graduated from high school at the time of arrest.

This excludes the receipt of a GED UNLESS the offender has also attended any post-secondary educational program, including college, trade school or community college, or the equivalent level of secondary education.

Score 1 if the offender did not graduate, and score 0 if the offender did graduate from high school OR did attend a post secondary program after receiving their GED.

Offender self-report should not be overridden unless there is credible, corroborating evidence to suggest the offender is not being truthful about having graduated.

The evaluator must make efforts to obtain this information. However, if the offender's educational status remains unknown, score 1 and list the sources utilized in the attempt to obtain this information in the space provided.

Item 5: The offender has one or more prior adult convictions.

This includes adult felony and misdemeanor convictions and deferred judgments and sentences that occurred prior to the index sex offense. Misdemeanor traffic convictions such as DUI are also included, but lesser traffic citations are not. Adjudications as a juvenile are EXCLUDED.

Prior convictions do not include convictions related to the current/index offense, such as situations in which multiple cases result from a singular offense. For example: if in the case of the current/index offense an offender assaulted a victim in two different counties, which resulted in convictions in both counties, both convictions would be related to a singular offense and would not be considered a prior conviction.

Single cases with multiple conviction charges are also considered a single conviction. For example, if an offender had two victims within a single jurisdiction and was prosecuted for two counts of sexual assault in a single case, this would be a single conviction (though with multiple counts). Therefore, if this was the situation in the current/index offense, this would not count as a prior conviction.

Score 2 if the offender has one or more prior convictions as an adult. Score 0 if the offender has no prior adult convictions.

Item 6: The offender moved 2 or more times in the 2 years prior to arrest for the actual index/current offense.

The offender has resided at 3 or more different addresses during the two years prior to arrest for the current offense. This includes those who are transient for any period of time in the past 2 years. Additionally, military transfers are considered moves.

If the offender was incarcerated at any point during the 2 years prior to arrest for the current offense, do not count this a move. However, if the offender is living at one residence prior to incarceration and returns to a different residence upon release, this is considered one move.

If the offender has moved 2 or more times in the 2 years prior to arrest, score 2. If not, score 0. The evaluator must make efforts to obtain this information. However, if the offender's status remains unknown, score 0 and list the sources utilized in the attempt to obtain this information in the space provided.

Total Score:

Each item on the scale answered in the affirmative earns one or two points (depending on the item), which are totaled. The highest possible score is 9.

A score of 8 or above is considered high risk and qualifies the offender for designation as an SVP. Enter the total score in the space provided.

An example of the scoring process is provided below.

- Item 1: The offender was 27 years of age at the time of the index offense – scores 1 point
- Item 2: The offender was not known to victim – scores 0 points
- Item 3: The offender has previously been revoked from probation AND from a community corrections placement (2 total revocations) – scores 1 point
- Item 4: The offender did not graduate from high school, obtained a GED, and has not participated in any post-secondary education - scores 1 point
- Item 5: The offender has previously been convicted on a felony burglary charge – scores 2 points.
- Item 6: Information regarding the number of residences the offender has had in the two years prior to arrest is not available – scores 0 points (and document the sources utilized in the effort to obtain this information).

Adding these scores together gives a total score of 5, so **enter a "5"** in the space provided next to "Total Score". Since the total score for the offender is less than 8, this individual would not qualify for the SVP designation based solely on the results of the SORS. If, however, they score 'Yes' on any of the elements in Part 3A or Part 3C, they may still qualify.

Please proceed to Part 3C.

PART 3C (Page 7 of the instrument)

The SOMB evaluator or trained DOC staff or contractor must complete at least one of the following three assessment instruments UNLESS the offender refuses to participate in the assessment:

*The Hare Psychopathy Check List Revised (PCL-R),
The Millon Clinical Multiaxial Inventory (MCMI-III)² or
The Coolidge Correctional Inventory (CCI)³*

The evaluator or the trained DOC staff must meet the minimum qualifications to administer the instrumentation as determined by the author of the instrument. An offender who meets the Part 3C criterion is at significantly higher risk to reoffend.

Prior to administering the Hare PCL-R, a clinician is required to attend a training with Dr. Hare or his appointee. A certificate is provided after the training. The use of the PCL-R is not allowed without this formalized training, per the requirements of the instrument.

Users of the MCMI-III must have completed graduate-level courses in tests/measurements or have received equivalent documented training.

The CCI should be used only on incarcerated populations with the same stipulations outlined above for the MCMI-III.

Mental Abnormality

The offender meets the mental abnormality criterion when he or she scores:

- 30 or more on the Hare Psychopathy Check List Revised (PCL-R), OR
- 85 or more on each of the following Millon Clinical Multiaxial Inventory (MCMI-III) scales – narcissistic, antisocial, and paranoid, OR.
- 70 or more on each of the following Coolidge Correctional Inventory (CCI) scales – narcissistic, antisocial, and paranoid.

Indicate whether the score of the applicable test met the criteria defined above in the checkboxes provided, or indicate 'N/A' if the specified instrument was not used.

² The MCMI-III (Millon Clinical Multiaxial Inventory-III) is a 240-item self-administered questionnaire that generates 26 subscales and assesses for 13 personality disorders and 9 clinical syndromes in adult patients.

³ The CCI (Coolidge Correctional Inventory) is a 250 item self-report psychological inventory that measures Axis I clinical syndromes and Axis II personality disorders as well as neuropsychological symptoms such as memory problems, inattention, language dysfunction, neurosomatic problems, neuropsychological syndromes, adult ADHD, and executive function deficits of the frontal lobes. This instrument is used within DOC only.

If the offender did meet the criteria defined above, check 'Yes' in the boxes provided under "Meets Mental Abnormality Criteria." Otherwise, check 'No'.

If the offender is assessed with more than one of the specified instruments and a 'Yes' is indicated in any of the boxes, the offender qualifies for the Sexually Violent Predator designation.

Please proceed to the Instrument Summary.

INSTRUMENT SUMMARY *(Page 7 of the instrument)*

After the probation officer, the SOMB evaluator, or the trained DOC staff or contractor completes Parts 1, 2, 3A, 3B, and 3C, the findings need to be summarized in the Instrument Summary.

Please check either the 'Yes' or 'No' box presented after the statements:

- Meets Defining Sexual Assault Crimes Criterion **(Part 1)**?
- Meets Date Requirement **(Per Statute)**?
- Meets Relationship Criteria **(Part 2)**?
- Meets the Prior Conviction Criterion **(Part 3A)**?
- Scored 8 or More on DCJ 2009 Sex Offender Risk Scale **(Part 3B)**?
- PCL, MCMI-III or CCI scores were available and meets the Mental Abnormality Criteria **(Part 3C)**?
- Did the offender meet the SVP Criteria? *In order for an offender to qualify for designation as a sexually violent predator, a YES is required on Part 1 and Part 2 and either Part 3A, Part 3B, or Part 3C.*

Please record this information in the assessment summary on page 1 of the instrument as well.

SECTION TWO:
**Common Errors in Completing the Sexually Violent
Predator Assessment Screening Instrument and
Frequently Asked Questions**

COMMON ERRORS IN COMPLETING THE SEXUALLY VIOLENT PREDATOR ASSESSMENT SCREENING INSTRUMENT

An analysis of 1,300 completed SVPASI instruments revealed some common coding problems. Errors are common when busy professionals work with complicated and confusing forms. The ORS appreciates the feedback it receives from many in the field who are working with the SVPASI, and we will continue our efforts to improve the instrument based on this important feedback from users. The following is a list of errors from a large sample of completed SVPASIs we have received from the Department of Corrections and Probation.

- About 20 percent of the SVPASIs had problems; most often, the form was incomplete or had missing data.
- Ten percent of the SVPASIs reviewed had missing data
- About four percent of the SVPASIs were incomplete (more than simply missing data)
- About four percent of the SORS scales were totaled incorrectly
- About two percent had errors in the relationship section
- About two percent had errors in the Assessment Summary

FREQUENTLY ASKED QUESTIONS

1. Who can complete or modify the items in the SVPASI?

Only probation officers, trained DOC staff or contractors who have been trained to complete the instrument can complete the instrument. These individuals must be trained in the administration of the SVP by DCJ or DOC SVP instrumentation experts. Shadowing a trained individual does not qualify. The SVPASI is not intended to be modified or updated once completed.

2. Can the relationship definitions in Part 2B be changed?

Yes and no. Part 2 of the SVPASI was developed by stakeholders (parole and probation officers, SOMB members, Parole Board members, probation and parole officials, treatment providers, and DCJ staff) to clarify the definitions provided in statute. These can be changed but would require the SOMB and others to convene a meeting and agree on specific modifications.

3. I think some of the risk factors in the 6-item Sex Offender Risk Scale (SORS) are confusing. Can you explain them?

In Section One of this handbook, each item is explained in detail. Please turn to pages 29-32 for more information.

**SECTION THREE:
ACTUARIAL RISK RESEARCH**

ACTUARIAL RISK RESEARCH

Risk assessment is a key component of correctional population management. Research pertaining to offender risk of supervision failure dates back to the 1920s (Warner, 1923; Hart, 1923; Warner, 1928). Research specifically targeting risk assessment of adult sexual offenders has occurred only within the past two decades. Important work was reviewed prior to the 1998 Sex Offender Risk Assessment study conducted by DCJ,⁴ and risk factors identified and studied by other researchers were incorporated in this research. These risk factors included the factor of *psychopathy* (Hare, 1991; Harris et al., 1991; Hart, Kropp and Hare, 1988; Serin et al., 1990) as measured by the Hare Psychopathy Checklist.

While other actuarial risk instruments for sex offenders exist today, this was not the case when the SORS was developed in 1998. Currently existing instruments such as the Rapid Risk Assessment of Sexual Offense Recidivism (RRASOR) and the Violence Risk Assessment Guide (VRAG) are likely to have less statistical power to discriminate between the low and high risk groups of Colorado offenders, since actuarial risk instruments developed on the population of interest, in the jurisdiction of interest (such as the state of Colorado), provide the most accurate predictions of future criminal behavior. Testing the efficacy of these alternative instruments would require a comprehensive study of these instruments on Colorado sex offenders.

The research design for developing the SORS was the product of the SOMB's Risk Assessment Subcommittee working collaboratively with the ORS. The research study described here exemplifies the multi-agency, multi-disciplinary collaborative process necessary for meaningful sex offender containment strategies.

Factors that predict risk vary considerably across studies because the studies and the samples vary considerably in a number of ways. First, studies often vary in how risk and recidivism is defined. Recidivism may be defined as: rearrest for any crime; violent rearrest; violent conviction; sex crime rearrest; or sex crime conviction and recommitment. These common measures rely on official records of police and criminal justice system intervention. Official record data will always under-report actual offending behavior because many sex offenses go unreported.

A less common outcome variable is treatment or supervision compliance, a measure that does not depend completely on official records. This was the outcome measure used in the original 1998 SORS study. Subsequent research revealed that such failure indeed predicted later arrest for a serious crime.⁵ In the development of the 2009 version of the SORS, the outcome measure used was new arrest for a sexual crime.

The reliance on official records to obtain information about new assaults leads to another problem in risk prediction: Official reports of offending behavior likely reflect the type of victim targeted and so the outcome data may be systematically biased by victim type. For example, if

⁴ See English, K., Retzlaff, P. and Kleinsasser, D. (2002). The Colorado Sex Offender Risk Scale. *Journal of Child Sexual Abuse*, 11, 77-96

⁵ Harrison, L. and English, K. (May, 2008). Colorado Adult Sex Offender Risk Scale (SORS): Nine Year Follow-Up. *Elements of Change*, 12(1). Colorado Department of Public Safety, Division of Criminal Justice.

certain types of victims are less likely to report the assaultive behavior, say incest victims or victims of acquaintance rape, then these crime types will be underrepresented in all of our offender samples. Some study samples, such as those used to build the RRASOR (Hanson 1998) and the Minnesota Sex Offender Screening Tool (MnSOST) (Epperson et al, 1998), specifically excluded incest offenders and so the instruments will miss the risk presented to this victim type. In other words, these tools may lack power with regards to predicting recidivism among incest offenders.

Another research challenge involves the availability of data across jurisdictions. If available, data may vary in reliability, completeness, and accuracy. Characteristics of offenders will vary across studies. Only those factors that were identified as relevant to the study when the research project was designed will be collected and incorporated into any new risk models.

Finally, the at-risk study period varies considerably across studies. The longer the at-risk period, the greater the likelihood of failure. Typical observation periods range from 2 to 5 years. In the original 1998 SORS study, a 12 month follow-up period was used due to legislation requiring the development of the scale within a short time period. The sample was studied again at 30 months and the predictive power remained consistent with the 12-month findings. For the 2009 SORS revision, members of the study sample had up to nine years at risk in the community.

The Theory Behind Statistical Risk Prediction

Statistical predictions of behavior sort individual offenders into subgroups which have the behavior of interest occurring at different rates, such as more vs. fewer traffic accidents, or in the case of the SORS, new offenses. *Individual behavior* is not being predicted. Rather, statistical risk tools predict an individual's *membership in a subgroup* that is correlated with future offending. Individuals falling into a statistically determined high risk group may be considered dangerous, whether or not the offender actually reoffends upon release.

In summary, an instrument that predicts reoffending (such as the SORS) does so by considering each assessed offender's characteristics. If these characteristics are similar enough to those offenders who were found to later reoffend, the assessed offender is considered "high risk." If the assessed offender does not share characteristics similar to those offenders who later offended, this offender is considered "low risk."

SUMMARY OF THE 1998 COLORADO SEX OFFENDER RISK SCALE STUDY DESIGN

Description of the Sample

The sample consisted of adult male sex offenders who were placed on probation supervision, in community corrections (court diversion or prison transition), parole, and prison treatment (Phase One and Phase Two) in the following jurisdictions between December 1, 1996 and November 30, 1997. A total of 494 cases from the following jurisdictions participated in the study:

Probation Districts:

- 18th (Arapahoe County)
- 2nd (Denver County)
- 4th (El Paso County)
- 1st (Jefferson County)

Community Corrections:

- ComCor, Inc. in El Paso County

Parole:

- Denver County
- El Paso County

Department of Corrections (DOC):

- Sex Offender Treatment Program, Phase One, Fremont Correctional Facility
- Sex Offender Treatment Program, Phase Two, Arrowhead Correctional Facility

Phase One of the Department of Corrections' Sex Offender Treatment and Management Program (SOTMP) is a six month psycho-educational program for inmates; It is a prerequisite for entering Phase Two. Phase Two is a prison-based therapeutic community. Participants are involved in treatment activities for at least four hours each day.

These jurisdictions and programs were selected because the sites, in general, processed the largest number of sex offender cases in the state, and because professionals in those jurisdictions were willing to work with the SOMB and DCJ research staff. Sex offenders in probation, community corrections, prison and parole were included in the sample.

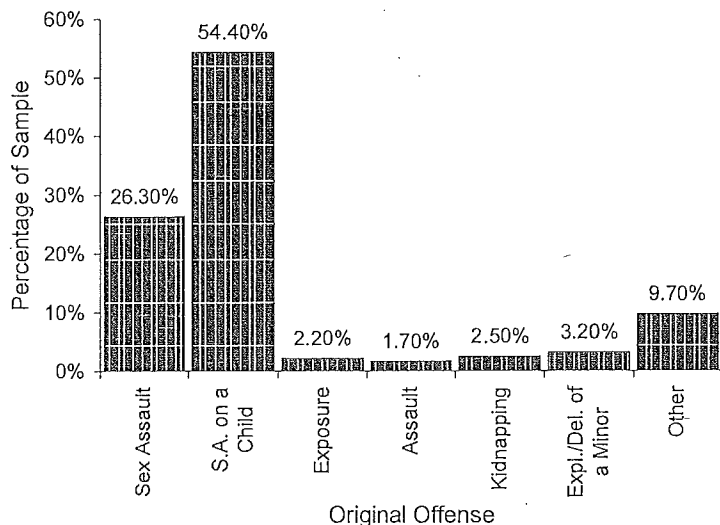
The total number of cases from each placement is as follows:

Probation	221	44.7%
Department of Corrections	226	45.8%
Parole	47	9.5%
TOTAL	494	

Eighty percent (80%) of the study sample consisted of adult sex offenders convicted of one of the defining crimes, i.e., first, second or third degree sexual assault, sexual assault on a child, or sexual assault on a child by a person in a position of trust.

Figure 1 reflects the conviction crime of the offenders in the original sample. Note that these offenders were convicted before the SVP law went into effect, so none of the offenders in the sample were subject to community notification. Most were required to annually register their residential address with local law enforcement.

Figure 1. Conviction Crime of SORS Development Sample.



Data Collection

Data were collected on a number of dimensions considered to be related to failure in sex offender treatment and reoffense, according to the research literature and the clinical experience of members of the SOMB Assessment Committee. The constructs that the group agreed to attempt to measure were:

- Personality Descriptions
- Psychopathy
- Cognitive Distortions
- Criminal History
- Juvenile Criminal History
- Sexual History
- Characteristics of the Current Offense
- Demographic Information
- Substance Abuse History
- Dynamic Indicators of:
 - Motivation for Treatment
 - Denial
 - Empathy
 - Readiness to Change
 - Social Competence and Relationships
 - Deviancy
 - Pro-Social Behaviors

The original study design allowed for measures of both static and stable dynamic variables for predictor variables. Working with private treatment providers in the Denver Metro Area and Colorado Springs, and the clinical staff of the Sex Offender Treatment Program of the Department of Corrections, the following data collection instruments were used.

1. **Personality Disorders.** The MCMI-III² is a personality inventory scored on all inmates entering the Department of Corrections. This is a 240-item client self-report questionnaire that identified thirteen different personality or mental health diagnoses. Therapists were responsible for obtaining the MCMI forms from DCJ researchers, asking the offender to complete the form, and returning the form to DCJ for data entry and analysis. A total of 274 MCMI instruments were analyzed for this study (55.5% of the total sample).
2. **Psychopathy.** The HARE Psychopathy Checklist Revised (PCL-R) and the Screening Version (PCL-SV)⁷ identifies a particular dimension of dangerousness, and has been tested in a variety of countries, including Canada, New Zealand and Australia. Offenders who score 18 or above on the PCL-R have been found to be at considerable risk for violent reoffense. The SOMB invited Dr. Robert Hare and Dr. Steven Hart to Colorado for a 3-day training for therapists who agreed to participate in the study and paid for their certification in the use of the tool. The PCL-SV forms were supplied to therapists by the SOMB (using research grant funds) for completion on study cases and returned to DCJ for data entry and analysis. A total of 196 PCL-SV were analyzed (39.7% of the total sample).
3. **Sexual History.** Dr. Jack Gardner from Greeley, a member of the SOMB Research Assessment Committee in 1997, developed a Sexual History Questionnaire based on a literature review, clinical discussions within the Committee, and Dr. Gardner's experience. This 50-item questionnaire was completed by the therapists after the offender had entered treatment. 190 of these forms were returned to DCJ for analysis (38.5% of the total sample). This instrument proved to be extremely valuable and will be included in the SOMB's future data collection and case tracking research mandated by the General Assembly.
4. **DCJ Criminal Justice Data Collection Form.** This data collection instrument had been used by ORS researchers for more than a decade. It focuses on demographic items, juvenile and criminal history, current crime factors, victim characteristics, substance abuse and other case descriptions that are typically used by decision makers who handle the case. ORS researchers used this form to collect data from case files on 460 offenders in the study (93.1% of the total sample).
5. **Colorado SOMB Checklist.** The SOMB Research Assessment Committee identified several clinical issues that they believed were central to dangerousness. The Committee worked with Dr. Paul Retzlaff, an expert in psychometrics from the

⁶ The MCMI-III is the Millon Clinical Multiaxial Inventory, version three, by Theodore Millon, Carrie Millon and Roger Davis, available from National Computer Systems, phone 800.627.7271.

⁷ Hare, R.D. (1991). *Manual for the Hare Psychopathy Check List-Screening Version*. Toronto, Ontario, Canada: Multi-Health Systems.

psychology department of University of Northern Colorado, to develop an instrument that could capture and quantify these dynamic factors. The Committee identified *Motivation for Therapy, Level of Denial, Level of Empathy, Readiness to Change, Interpersonal Competence, Positive Social Support, Deviant Sexual Practices, Lifestyle Stability and Treatment Compliance*. Dr. Retzlaff constructed, with the group's considerable input, an eight-item instrument with 8-item subscales (each with a 1 through 5 measure) describing each dimension. Therapists were instructed to score the offender on the SOMB Checklist during the first month of therapy. A total of 232 forms (47% of the total sample) were completed during the first month of treatment and were analyzed for this study.

6. **Polygraph disclosures.** ORS researchers obtained polygraph data when it was available (152 cases; 30.1% of the total sample) in an effort to better understand the relationship between polygraph disclosures and risk. Because the data were unavailable in many cases, analysis of this information was considerably limited and, ultimately, none of the information was used in the SORS.

Outcome Measures

Measures of very short-term outcomes were used as the initial follow-up period was short (12 months), which was required by the length of the research grant and a legislatively mandated completion date of January 1, 1999.⁸ Therefore, multiple outcome variables were collected. Information was collected concerning whether or not the offender had:

- Committed a new crime (sex crime or other crime),
- Been revoked from supervision, was revoked and reinstated,
- Been revoked and placed on ISP, was revoked with the case pending,
- Been terminated from treatment for noncompliance,
- Been expelled from treatment and readmitted,
- Absconded from supervision,
- Successfully completed supervision and/or treatment,
- Transferred out-of-state,
- Died, or
- Was still in treatment.

Outcome data were collected by ORS researchers reviewing electronic rap sheets (obtained from the Colorado Crime Information Center and the National Crime Information Center). Because very few offenders were expected to fail by this measure in one year, additional data were collected by interviewing each supervising officer, therapists, or both to obtain details about the status of each case where the offender was not rearrested.

Considerable support in the literature exists for using revocation and treatment failure variables as risk indicators. These failures in supervision and treatment are significantly related to future rearrest. Marques et al. (1994), in the most carefully designed and executed study of sex offender treatment effects of an incarcerated population, found noncompliance with treatment to predict rearrest in the community. Epperson et al. (1995), Hanson et al. (1993), Lab et al. (1993), Pierson (1989), and Reddon (1996) have found offenders to be at high risk when they fail to

⁸ Mandated by 18-3-414.5 (a) (IV), C.R.S.

comply with institutional treatment. Hall (1995), Lab (1993) and Money and Bennet (1981) found noncompliance with community supervision to indicate high risk.

Research conducted by the sex offender treatment program at the Colorado Department of Corrections (from which nearly half of the sample was drawn) documents the link between treatment failure, dropping out, and rearrest. Problems of almost any kind are related to risk of reoffense, according to Hanson and Harris' (1998) study of dynamic predictors. Notable exceptions are problems related to life stress, length of treatment, and lack of access to fun and relaxation.

Other dimensions have also been found to correlate with sexual offending. Pithers, Beal and Buell (1988) found anger, anxiety, and depression to precede sex crimes and have explicitly defined the risk cycle as: negative affect → paraphiliac sexual fantasy → cognitive distortions → passive planning just before the assault. MacCulloch et al. (1983) identified planning and behavioral referral to precede the assault. Work on dynamic variables found social maladjustment, substance abuse, sexual pre-occupations, victim blaming and poor self-management to be significantly positively related to committing a new sex offense.⁹

For the 30-month follow-up analysis, the definition of failure was narrowed to revocation, revocation pending, negative treatment termination, absconded, or commission of a new sex crime.

Findings

Using this definition of failure, 54% of the sample failed in one year, while only 40% failed at 30 months. This is because many of the cases considered failures at 12 months were back in good standing at the 30-month follow-up. The remaining cases were considered "ok so far."

The predictive power in an actuarial scale is linked to the use of all the items in combination, which can change the relationship of any one of the variables to failure. That is, the association of each variable with failure may be increased or decreased when combined with the impact of another item in the scale.

⁹ Hanson, R.K. & Harris, A.J.R. (1998). *Dynamic predictors of sexual recidivism (User Report No. 98-01)*. Ottawa, Ontario, Canada: Department of the Solicitor General of Canada.

NINE YEAR FOLLOW-UP: THE 1998 SORS PREDICTED NEW VIOLENT ARRESTS

In 2007, the ORS undertook another study of the original 494 offenders used to develop the SORS in 1998. Enough time had elapsed for many of the offenders to acquire new arrests, allowing for testing the SORS to determine if it predicted new criminal behavior in addition to treatment/supervision noncompliance. However, for 49 cases (9.9% of the total sample), information adequate to identify new arrests was not available. In addition, 15 offenders (3% of the total sample) were incarcerated continuously since the time of the original study. These cases were excluded from the current validation analysis.

State criminal justice records (not regional or national) were used to identify recidivism crimes. After the initial search for new crimes, ORS researchers made additional efforts to identify the location and status of those who did not reappear in the state criminal justice system records. Half of these were found to have recently registered on the Colorado Sex Offender Registry, verifying their residency in Colorado. The National Sex Offender Registry, the National Crime Information Center¹⁰ and Accurint®¹¹ were used to search for the remainder of offenders to determine their location and status. This effort ensures that offenders who are not identified in state arrest records are not automatically considered "nonrecidivists." Offenders who were not actually residing in Colorado, or who died prior to release into the community were removed from subsequent analysis, leaving a sample of 405 (82% of the original sample).¹² The distribution of the original placement for the remaining sample is given in Table 1.

Table 1. Placement of 9-Year Follow-Up Sample

	N	%
Probation	193	47.7%
Department of Corrections	178	43.9%
Parole	34	8.4%
TOTAL	405	100%

Findings

In all, 226 offenders out of the sample of 405 were arrested for recidivism crimes between 1997 through 2006. The proportion of the sample arrested for new sex, violent, and any crime each year following probation or treatment intake or after prison release are presented in Table 2. Failure to register as a sex offender, failure to appear in court, and technical violations are excluded as recidivism crimes as they are status crimes and not reflective of public safety risk.

Over half of the sample had been at risk in the community for 9 years, while 88.6 percent had over 8 years at risk. Only 2.9 percent had less than 5 years at risk. Over this entire span of time, 20.0 percent of the sample had a violent arrest, 29.9 percent had a sexual arrest, and 38.5

¹⁰ National arrest data are maintained by the FBI's National Crime Information Center (NCIC). Researchers used NCIC to look up individuals not found during the recidivism and other search efforts in order to verify location only.

¹¹ Offender location and death information was obtained using the LexisNexis service Accurint®. Accurint® is a widely accepted locate-and-research tool available to government and law enforcement.

¹² Eleven were found on sex offender registries in other states. DOC release data, NCIC and Accurint® were used to identify another 8 who were residing out of state during the entire follow-up period, 2 who were deported and 3 who were deceased. One individual was simply lost from the sample.

percent had a non-violent non-sexual arrest. Fully 55.8 percent were arrested at some point during the follow-up period. Arrest details by year for the first 5 years at risk are presented in Table 2. Table 2 can be read as follows: only 371 offenders from the original sample had been in the community (at risk) for all five years, and of these, 92 (24.8 percent) committed a new sex crime, 47 (12.7 percent) committed a violent crime, and nearly half (46.4 percent) were arrested for a felony or misdemeanor (or both) including sex and violent crimes.

Table 2. New Arrests at 1, 2, 3, 4 and 5 years.

	Sex Crime*		Violent Crime**		Any Crime***	
	N	%	N	%	N	%
New arrest 1 yr (n=403)	40	9.9%	9	2.2%	66	16.4%
New arrest 2 yr (n=401)	57	14.2%	15	3.7%	96	23.9%
New arrest 3 yr (n=395)	68	17.2%	26	6.6%	124	31.4%
New arrest 4 yr (n=383)	79	20.6%	40	10.4%	155	40.5%
New arrest 5 yr (n=371)	92	24.8%	47	12.7%	172	46.4%

*Sex crime is defined as: Rape, sexual assault, incest, indecent exposure, voyeurism and prostitution.

**Violent crime is defined as: Homicide, aggravated and other assaults, robbery, kidnap, and weapons offenses.

***Any crime includes the above and any other misdemeanor and felony crimes reported to Colorado Crime Information Center (CCIC). Arrests for failure to register are excluded.

Note: Only those at risk in the community the requisite time are included. Therefore, the total number of cases is less than 405 for each of these measures.

New Sex Crimes

Over the entire span of time at risk, up to 9 years for most offenders, 121 individuals (29.0 percent) had new arrests for sex crimes. Of these, 23 had hands-off crimes. These hands-off crimes were most often indecent exposure and some manner of prostitution. Five of these offenders eventually had a sexual assault arrest. Two more also had kidnapping charges, three had child abuse charges, and four had assault charges. Nine had property or miscellaneous other offenses. Only five had no arrests involving another type of crime. Table 3 provides details regarding the types of sexual offenses involved in the arrests that occurred during the first 5 years of the follow-up period.

Failure to Register

Fourteen percent (56 offenders) of the study sample was arrested for failure to register as a sex offender, which was not placed in any crime category and not considered a recidivism event in the analysis. However, 26 of these individuals (46.4%) were arrested for actual sex crimes and 10 more (17.9%) for violent crimes. Thus, 64 percent of those who failed to register also committed a sex and/or violent crime. Only nine (16.1%) of those who failed to register did not receive an arrest of any sort. The remaining 11 were arrested for crimes that were not sexual or violent in nature.

Table 3. New Arrests Involving Sex Crimes: Offense Detail.

	Number of Offenders who received each Sex Crime Charge Type	
	n	% of total offenders*
1st Degree Sexual Assault	15	11.9%
2nd Degree Sexual Assault	17	13.5%
3rd Degree Sexual Assault	18	14.3%
Attempted Sexual Assault	3	2.4%
Sexual Assault on a Child	59	46.8%
Sexual Assault on a Client	2	1.6%
Enticement of a Child	3	2.4%
Exploitation of a Child	3	2.4%
Indecent Exposure	8	6.3%
Incest with Minor	2	1.6%
Prostitution	4	3.2%
Child/Position of Trust	14	11.1%
Promoting Obscenity to a Minor	1	0.8%
Unspecified Sexual Assault	22	17.5%
TOTAL	121	100%

*Percentages total more than 100% since multiple charges may be associated with each offender.

Predicting new arrest

The original 1998 study found that offenders scoring four or more on the SORS were at greater risk of supervision or treatment failure than those scoring less than four. Such failure was found in the current study to correlate with all arrest types, particularly violent arrests (see Table 4). This finding supports the argument that treatment and supervision failure in the first few years of supervision is linked with rearrest. Those who failed treatment and supervision were 7.3 times as likely to be arrested for a violent crime.

The current study also found that a score of 4 or more was predictive of new arrest. As with treatment and supervision failure, the greatest predictive power was found with arrests for violent crimes. A score of 4 or more on the SORS yielded an odds ratio of 2.84 against new violent arrest at five years, as shown in Table 4. This means that those scoring at least 4 were almost 3 times as likely to be arrested for a violent crime.

Table 4: Predicting Risk for Violent Arrests*

	Odds Ratio	Tx failure % arrested	Tx success % arrested	P***
Treatment/Supervision Outcome	7.269	16.9	2.7	<.0001
	Odds Ratio	Score 4 + % arrested	Score <4 % arrested	P***
Sex Offender Risk Scale Score	2.841	25.9	11.0	.005

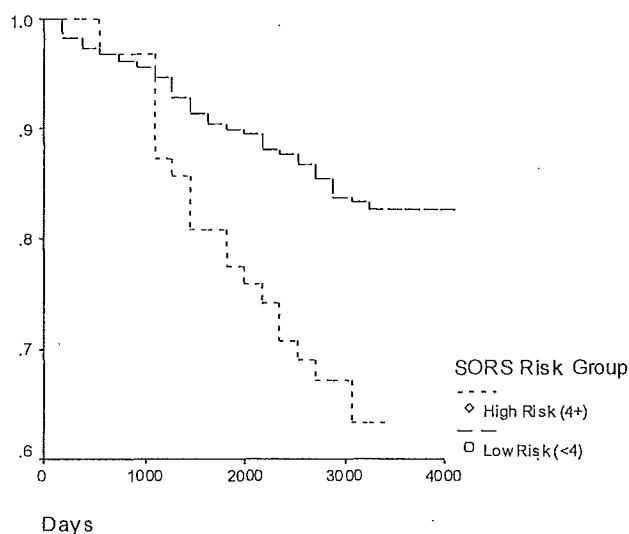
N=371. Only those at risk in the community for a minimum of five years are included.

** From 1998 study.

***Statistical significance determined using Fisher's Exact Test.

A valuable measure of recidivism is found in the interval of time over which an individual remains arrest-free. Survival analysis was used to compare time to new arrest and arrest-free time up to nine years post-intake for those scoring 4 or more to those scoring under 4. As can be seen in Figure 3, individuals in the low-risk group (scoring less than 4 on the SORS) remained arrest-free, or 'survived', for longer periods of time than did those in the high-risk group (scoring 4 or more). In the accompanying figure, the increasing separation of the lines representing each risk group indicates that the difference between the risk groups becomes greater with increasing time. Even after 9 years, the rate of failure for the high-risk group remains consistent. This again highlights the import of long-term follow-up.

Figure 2. Days to New Violent Arrest.



P=.004, using Tarone-Ware statistic. N=405

The Consequences of Incomplete Data

During the course of examining new arrests, it was found that a certain group of offenders that were scored as low risk on the SORS appeared to be failing very rapidly. Further investigation revealed that these offenders were often missing the data obtained from the SOMB checklist, which contributes three of the ten items on the scale. This artificially placed them in the low risk group. Upon further analysis it was found that this group had disproportionately higher rates of arrest than the remaining sample of low risk offenders. In fact, they had substantially higher rates of new sexual arrests than even the high-risk group. The results of this analysis, displayed in Table 4, highlights the importance of completing the SORS in its entirety. Missing information will lower the risk score, placing an unknown number of high-risk offenders into the low-risk group.

Table 4. Arrest Rates by Risk Group and Cases with Missing Data

	New Sex Arrests	New Violent Arrests	Any New Arrests
Risk group	% arrested	% arrested	% arrested
Score <4 (Low Risk)	24.5	8.2	38.8
Score 4+ (High Risk)	24.1	34.5	72.4
Missing Data	31.2	20.8	56.9
Total	29.9	20.2	46.4

Conclusion

The Colorado Adult Sex Offender Risk Scale (SORS) was found in this analysis to accurately delineate lower-risk sex offenders from those presenting a greater risk of subsequent criminal behavior, particularly as measured by new violent arrests.

The scale performs much better in detecting risk of new violent arrests than risk of new sexual arrest. Because violent crimes are almost twice as likely to be reported to law enforcement compared to sexual crimes¹³, and because research has found that only 43 percent of reported sex crimes against adults results in an arrest, and fewer still in prosecution and conviction (Thonnes and Tjaden, 2006), the ORS uses violent arrest as the recidivism measure in sex offender studies. The use of violent crime as an outcome measure is a reasonable proxy, as these crimes have a significant impact on public safety and, in the case of sex offenders, may have a sexual component or motivation (Quinsey, Harris, Rice, & Cormier, 1998).

¹³ The National Crime Victimization Survey collects crime victimization data semiannually from over 40,000 households; information is obtained on crimes committed against household members over the age of 12. In 2005, the NCVS found 61.5 percent of violent crimes were reported to law enforcement compared to 38.3 percent of rapes and sexual assaults. (see Table 93, Criminal Victimization in the United States, 2005 Statistical Tables, December 2006, available at : <http://www.ojp.usdoj.gov/bjs/abstract/cvusst.htm>).

The Development of the 2009 Revision of the Sex Offender Risk Scale

Subsequent to the 2007 validation of the original SORS, the ORS undertook the development of an actuarial instrument that would more accurately identify risk of committing a new sexual crime. The recidivism measure used in this effort was new arrest for a serious sexual crime within five years.

The development sample was comprised of the offenders who were located and at risk in the community for the 2007 SORS validation described above. Those who were not located in the State of Colorado and those who had been incarcerated continuously since the time of the original 1998 data collection were excluded from the original sample.¹⁴ Additionally, those who had less than five years at risk were excluded, leaving a sample of 371. The data collected for the original 1998 SORS development were utilized in the identification of factors correlated with a new sexual arrest.¹⁵

Almost one quarter (24.3%) of the sample was rearrested for a sexual crime within five years. Table 1 details the most serious of these crimes. Prostitution and failure to register as a sex offender were excluded as recidivism crimes.

Table 1. New Arrests for Sexual Crimes Within 5 Years: Offense Detail.

	Count	Percent
1st Degree Sexual Assault	11	12.2
2nd Degree Sexual Assault	10	11.1
3rd Degree Sexual Assault	16	17.8
Sexual Assault on a Child	36	40.0
Unspecified Sexual Assault	3	3.3
Exploitation of a Child	1	1.1
Indecent Exposure	5	5.6
Child/Position of Trust	8	8.9
Total	90	100.0

¹⁴ For further information regarding the study sample, refer to the SORS nine year follow-up of the 1998 SORS discussed on page 45.

¹⁵ For further information regarding the data collection, refer to the summary of the 1998 Colorado Sex Offender Risk Scale Study Design on page 37.

Preliminary statistical analyses were applied to identify items that were predictive of sexual rearrest. Logistic regression was then applied to reduce the pool to those that held the greatest predictive power when used in combination with one another and to develop weights for each factor. The six items that were identified for inclusion in the final scale include demographics, criminal history and information regarding the current crime. These items are listed below:

1. Age of offender at the time of the index offense
2. The offender was known to the victim.
3. The offender has been revoked from a community placement as an adult 2 or more times in the past.
4. The offender did NOT graduate from high school.
5. The offender has one or more prior adult convictions.
6. The offender moved 2 or more times in the 2 years prior to arrest.

The criteria for each of these identified factors are outlined in Table 2, along with the recidivism rates associated with each and the weights assigned to each value.

Table 2. 2009 SORS Items, Recidivism Rates and Scores

Item	Criteria	Percent with a New Sexual Arrest	Score
Age at offense	<26	32.2	2
	26-35	23.3	1
	>35	17.6	0
Acquaintance	No	4.17	0
	Yes	27.7	2
Prior Revocations	0-1	24.0	0
	2+	32.3	1
No HS Graduation	HS grad/ college	20.1	0
	<12th/GED	28.9	1
	Missing	27.3	1
Adult Convictions	none	19.5	0
	1+ prior conviction	26.8	2
Moved 2+ times	No	20.0	0
	Yes	30.9	1
	Missing	15.7	0
Total		24.3	9

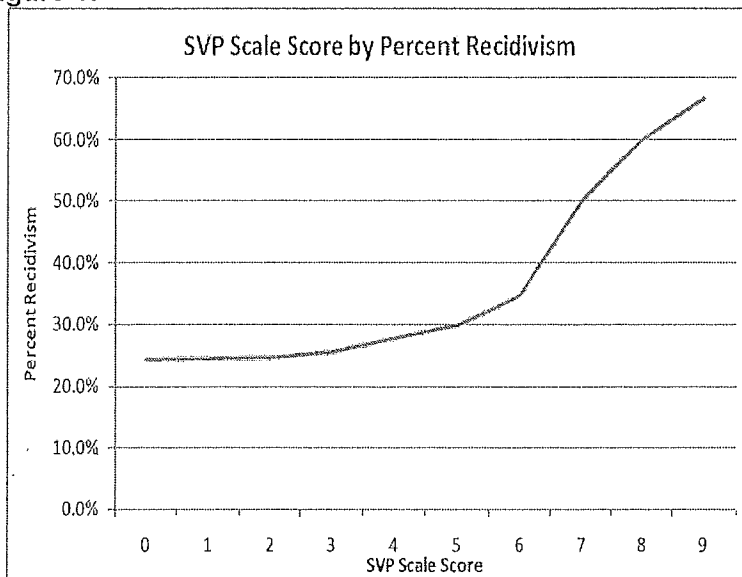
Valid scores for the final scale range from 0 to 9. The distribution of the scores among the development sample, the recidivism rate associated with each are given in Table 3. The recidivism rate associated with each potential score is graphically displayed in Figure 1. As can be seen, the recidivism rate increases dramatically for those scoring 7 and above.

The receiver operating characteristic (ROC) statistic for the 2009 SORS is .67, which is associated with good predictive accuracy and is comparable to the ROC statistic for other sex offender risk assessment instruments.

Table 3. 2009 SORS Scale Score Distribution and Recidivism

Minimum Score	Percent of Sample	Percent Recidivism
0	100.0	24.3%
1	98.4	24.4%
2	97.3	24.7%
3	88.7	25.5%
4	78.7	27.7%
5	59.6	29.9%
6	38.8	34.7%
7	18.9	50.0%
8	6.7	60.0%
9	0.8	66.7%

Figure 1.



A cutpoint of eight was selected by the Sex Offender Management Board as the threshold for the identification of sexually violent predators. Those who score 8 or above will be designated as an SVP, while those who score below 8 may or may not qualify for this designation. Offenders who score 8 or 9 on the 2009 SORS are 5.1 times as likely to recidivate with a new sexual crime as those who score below this threshold.

Reliability

The HARE Psychopathy Scale (Revised-PCL-R or Screening Version-PCL-SV) significantly correlated with the outcome measure as follows:

Hare Factor One $r=.30$ ($p < .01$)
Hare Factor Two $r=.16$ ($p < .05$)
Hare TOTAL Score $r=.28$ ($p < .01$)

Factor One measures personality characteristics such as selfishness and narcissism. It taps the psychological dimension of an individual. Factor Two measures behavior such as criminal history, and it reflects the extent to which a person is engaged in an antisocial lifestyle. Using revocation as an outcome measure, personality traits as measured by Factor One, are more predictive of failure, but Factor Two is also significantly related to outcome. This finding must be considered preliminary and viewed with caution since only 29 offenders scored 18+ on the PCL Psychopathy Checklist. Despite the small number of cases scoring in the psychopathic range, this group proved to be at very high risk: 24 out of the 29 offenders (82.8%) had a negative outcome within 12 months.

The MCMI calculates 26 personality subtypes. Factor analyses were conducted to determine if any of the subtypes "clustered" within the study sample, but this analysis proved unproductive. Twelve subtypes were identified as adding useful information about the sample: Schizoid, Narcissistic, Anti-Social, Sadistic, Negativistic, Schizotypal, Paranoid, Alcohol Abusive, Drug Abusive, Post-Traumatic Stress Disorder, Thought Disorder, and Delusional Disorder.¹⁰ Analysis of the MCMI data identified a valuable method for applying the MCMI data on this sample that is not dependent on specific MCMI diagnoses. Rather, this approach uses the *number* of diagnoses an individual scores on the MCMI. Two-thirds (67.4%, $n=64$) of the group of offenders that scored *three or more MCMI diagnoses* failed on the outcome measure, and the probability of failure averaged a probability of failure exceeding 71%. Those who had zero, one or two diagnoses had a relatively equal chance (approximately 50-50 on each score) of falling into the OK SO FAR category or the Revoked. Statistical analysis of the relationship between MCMI personality categories and sex offender risk will continue.

The CCI is a 250 item, self-report, psychological inventory. It was created (a) to be a cost-effective measure of psychological problems, (b) to be a *DSM-IV-TR* aligned measure of Axis I clinical syndromes and Axis II personality disorders, (c) to measure neuropsychological symptoms such as memory problems, inattention, language dysfunction, and neurosomatic problems, and neuropsychological syndromes such as neurocognitive disorder, adult ADHD, and executive function deficits of the frontal lobes, and (d) to allow the differential diagnosis of those inmates who have clinically diagnosable syndromes from those who do not.

The median scale reliability (Cronbach's alpha) for the 14 personality disorder scales measured by the CCI was .75. The median scale reliability for five Axis I scales was .85, and the median scale reliability for the remaining 13 scales and subscales was .78.17

¹⁶ Two MCMI subtypes were excluded because they were significantly related to errors in prediction in the final regression model. The Self-Defeating subscore increased the rate of false negatives (those predicted to succeed who actually failed) and Anxiety increased the rate of false positives (those predicted to fail who actually succeed).

¹⁷ Coolidge, F.L. (2006, December). *An Introduction to the Coolidge Correctional Inventory (CCI)*. Presentation given at

LIMITATIONS OF ACTUARIAL PREDICTION

In 1978, the American Psychological Association (APA) withdrew its support of members who testified to the dangerousness of individual offenders. The APA's position was based on a number of studies that revealed the error rate of clinical prediction was intolerably high. Studies of clinical prediction indicated that experts were wrong in their predictions of dangerousness, on average, two out of three times.¹⁸ While actuarial (statistical) prediction is not an ideal solution to the prediction of dangerousness, the approximate error rate of group predictions is known. Policy decisions about the cost of errors—over predicting and under predicting dangerousness—can be made in light of known probabilities.

The science of risk prediction is imperfect, however. Prediction variables are limited to data available and to items that have a practical or theoretical link. The research literature is quite clear that criminal history, lifestyle, social adjustment and opportunity are relevant and statistically powerful indicators of risk. However, actuarial methods are limited because offenders in any study group may vary on factors not measured. Additionally, prediction tools may lose efficiency over time and generalizability of prediction tools across jurisdictions is suspect: As stated by Farrington, "...it is essential that the sample from which it is derived is drawn from the population on which it is to be used" (Farrington and Tarling, 1985). Developing the scale on sex offenders convicted of crimes in Colorado and subject to the SOMB standards of assessment, evaluation, treatment and monitoring is, in fact, the ideal research design, despite the general limitations of actuarial risk assessment discussed here.

Colorado Department of Corrections. Colorado Springs, CO.

¹⁸ Monahan, John. *The Clinical Prediction of Violent Behavior*. (1995). Northvale, New Jersey: Jason Aronson Inc.

**APPENDIX A:
STATUTES**

18-3-414.5. Sexually violent predator.

(1) As used in this section, unless the context otherwise requires:

(a) "Sexually violent predator" means an offender:

(I) Who is eighteen years of age or older as of the date the offense is committed or who is less than eighteen years of age as of the date the offense is committed but is tried as an adult pursuant to section 19-2-517 or 19-2-518, C.R.S.;

(II) Who has been convicted on or after July 1, 1999, of one of the following offenses, or of an attempt, solicitation, or conspiracy to commit one of the following offenses, committed on or after July 1, 1997:

(A) Sexual assault, in violation of section 18-3-402 or sexual assault in the first degree, in violation of section 18-3-402, as it existed prior to July 1, 2000;

(B) Sexual assault in the second degree, in violation of section 18-3-403,¹⁹ as it existed prior to July 1, 2000;

(C) Unlawful sexual contact, in violation of section 18-3-404 (1.5) or (2) or sexual assault in the third degree, in violation of section 18-3-404 (1.5) or (2), as it existed prior to July 1, 2000;

(D) Sexual assault on a child, in violation of section 18-3-405; or

(E) Sexual assault on a child by one in a position of trust, in violation of section 18-3-405.3;

(III) Whose victim was a stranger to the offender or a person with whom the offender established or promoted a relationship primarily for the purpose of sexual victimization; and

(IV) Who, based upon the results of a risk assessment screening instrument developed by the division of criminal justice in consultation with and approved by the sex offender management board established pursuant to section 16-11.7-103 (1), C.R.S., is likely to subsequently commit one or more of the offenses specified in subparagraph (II) of this paragraph (a) under the circumstances described in subparagraph (III) of this paragraph (a).

(b) "Convicted" includes having received a verdict of guilty by a judge or jury, having pleaded guilty or nolo contendere, or having received a deferred judgment and sentence.

(2) When a defendant is convicted of one of the offenses specified in subparagraph (II) of paragraph (a) of subsection (1) of this section, the probation department shall, in coordination with the evaluator completing the mental health sex offense specific evaluation, complete the sexually violent predator risk assessment, unless such an evaluation and assessment has been completed within the six months prior to the conviction or the defendant has been previously designated a sexually violent predator. Based on the results of such assessment, the court shall

¹⁹ Section 18-3-403 was repealed in 2000.

make specific findings of fact and enter an order concerning whether the defendant is a sexually violent predator. If the defendant is found to be a sexually violent predator, the defendant shall be required to register pursuant to the provisions of section 16-22-108, C.R.S., and shall be subject to community notification pursuant to part 9 of article 13 of title 16, C.R.S.

(3) When considering release on parole or discharge²⁰ for an offender who was convicted of one of the offenses specified in subparagraph (II) of paragraph (a) of subsection (1) of this section, if there has been no previous court order, the Parole Board shall make specific findings concerning whether the offender is a sexually violent predator, based on the results of a sexually violent predator assessment. If no previous assessment has been completed, the Parole Board shall order the department of corrections to complete a sexually violent predator assessment. If the Parole Board finds that the offender is a sexually violent predator, the offender shall be required to register pursuant to the provisions of section 16-22-108, C.R.S., and shall be subject to community notification pursuant to part 9 of article 13 of title 16, C.R.S.

16-11.7-103. Sex offender management board – creation – duties.

(c.5) On or before January 1, 1999, the board shall consult on, approve, and revise as necessary the risk assessment screening instrument developed by the division of criminal justice to assist the sentencing court in determining the likelihood that an offender would commit one or more of the offenses specified in section 18-3-414.5 (1) (a) (II), C.R.S., under the circumstances described in section 18-3-414.5 (1) (a) (III), C.R.S. No state general fund moneys shall be used to develop the risk assessment screening instrument. In carrying out this duty, the board shall consider sex offender risk assessment research and shall consider as one element the risk posed by a sex offender who suffers from a mental abnormality, psychosis, or personality disorder that makes the person more likely to engage in sexually violent predatory offenses. For purposes of this subsection (4) only, "mental abnormality" means a congenital or acquired condition that affects the emotional or volitional capacity of a person in a manner that predisposes that person to the commission of criminal sexual acts to a degree that makes the person a significant risk to the health and safety of other persons. If a defendant is found to be a sexually violent predator, the defendant shall be required to register pursuant to article 22 of this title and shall be subject to community notification pursuant to part 9 of article 13 of this title.

19-2-517. Direct filing.

(1) (a) A juvenile may be charged by the direct filing of an information in the district court or by indictment only when:

(I) The juvenile is fourteen years of age or older at the time of the commission of the alleged offense and is alleged to have committed a class 1 or class 2 felony; or

(II) The juvenile is fourteen years of age or older at the time of the commission of the alleged offense and:

(A) Is alleged to have committed a felony enumerated as a crime of violence pursuant to section 18-1.3-406, C.R.S.; or

²⁰ This law requires the assessment and designation process on active cases only.

(B) Is alleged to have committed a felony offense described in part 1 of article 12 of title 18, C.R.S., except for the possession of a handgun by a juvenile, as set forth in section 18-12-108.5, C.R.S.; or

(C) Is alleged to have used, or possessed and threatened the use of, a deadly weapon during the commission of felony offenses against the person, which are set forth in article 3 of title 18, C.R.S.; or

(D) Is alleged to have committed vehicular homicide, as described in section 18-3-106, C.R.S., vehicular assault, as described in section 18-3-205, C.R.S., or felonious arson, as described in part 1 of article 4 of title 18, C.R.S.; or

(III) The juvenile has, within the two previous years, been adjudicated a juvenile delinquent for a delinquent act that constitutes a felony, is sixteen years of age or older at the time of the commission of the alleged offense, and allegedly has committed a crime defined by section 18-1.3-401, C.R.S., as a class 3 felony, except felonies defined by section 18-3-402 (1) (d), C.R.S., or section 18-3-403 (1) (e), C.R.S., as it existed prior to July 1, 2000; or

(IV) The juvenile is fourteen years of age or older at the time of the commission of the alleged offense, has allegedly committed a delinquent act that constitutes a felony, and has previously been subject to proceedings in district court as a result of a direct filing pursuant to this section or a transfer pursuant to section 19-2-518; except that, if a juvenile is found not guilty in the district court of the prior felony or any lesser included offense, the subsequent charge shall be remanded back to the juvenile court; or

(V) The juvenile is fourteen years of age or older at the time of the commission of the alleged offense, has allegedly committed a delinquent act that constitutes a felony, and is determined to be an "habitual juvenile offender." For the purposes of this section, "habitual juvenile offender" is defined in section 19-1-103 (61).

(b) The offenses described in subparagraphs (I) to (V) of paragraph (a) of this subsection (1) shall include the attempt, conspiracy, solicitation, or complicity to commit such offenses.

(2) Notwithstanding the provisions of section 19-2-518, after filing charges in the juvenile court but prior to the time that the juvenile court conducts a transfer hearing, the district attorney may file the same or different charges against the juvenile by direct filing of an information in the district court or by indictment pursuant to this section. Upon said filing or indictment in the district court, the juvenile court shall no longer have jurisdiction over proceedings concerning said charges.

(3) (a) Whenever criminal charges are filed by information or indictment in the district court pursuant to this section, the district judge shall sentence the juvenile as follows:

(I) As an adult; or

(II) To the youthful offender system in the department of corrections in accordance with section 18-1.3-407, C.R.S., if the juvenile is convicted of an offense described in subparagraph (II) or (V)

of paragraph (a) of subsection (1) of this section; except that a juvenile shall be ineligible for sentencing to the youthful offender system if the juvenile is convicted of:

(A) A class 1 felony;

(B) A class 2 felony as a result of a plea agreement in cases where the juvenile is charged with a class 1 felony;

(C) A class 2 felony and the juvenile has one or more prior convictions for a crime of violence, as defined in section 18-1.3-406, C.R.S., or prior adjudications for an offense that would constitute a crime of violence if committed by an adult;

(D) A class 2 felony and the juvenile is sixteen years of age or older;

(E) Any sexual offense described in section 18-6-301 or 18-6-302, C.R.S., or part 4 of article 3 of title 18, C.R.S.; or

(F) A second or subsequent offense described in said subparagraph (II) or (V), if such person received a sentence to the department of corrections or to the youthful offender system for the prior offense; or

(III) Pursuant to the provisions of this article, if the juvenile is less than sixteen years of age at the time of commission of the crime and is convicted of an offense other than a class 1 or class 2 felony, a crime of violence as defined under section 18-1.3-406, C.R.S., or an offense described in subparagraph (V) of paragraph (a) of subsection (1) of this section and the judge makes a finding of special circumstances.

(b) Repealed.

(c) The district court judge may sentence a juvenile pursuant to the provisions of this article if the juvenile is convicted of a lesser included offense for which criminal charges could not have been originally filed by information or indictment in the district court pursuant to this section.

(4) In the case of any person who is sentenced as a juvenile pursuant to subsection (3) of this section, section 19-2-908 (1) (a), regarding mandatory sentence offenders, section 19-2-908 (1) (b), regarding repeat juvenile offenders, section 19-2-908 (1) (c), regarding violent juvenile offenders, and section 19-2-601, regarding aggravated juvenile offenders, shall apply to the sentencing of such person.

(5) The court in its discretion may appoint a guardian ad litem for any juvenile charged by the direct filing of an information in the district court or by indictment pursuant to this section.

19-2-518. Transfers.

(1) (a) The juvenile court may enter an order certifying a juvenile to be held for criminal proceedings in the district court if:

(I) A petition filed in juvenile court alleges the juvenile is:

(A) Twelve or thirteen years of age at the time of the commission of the alleged offense and is a juvenile delinquent by virtue of having committed a delinquent act that constitutes a class 1 or class 2 felony or a crime of violence, as defined in section 18-1.3-406, C.R.S.; or

(B) Fourteen years of age or older at the time of the commission of the alleged offense and is a juvenile delinquent by virtue of having committed a delinquent act that constitutes a felony; and

(II) After investigation and a hearing, the juvenile court finds it would be contrary to the best interests of the juvenile or of the public to retain jurisdiction.

(b) A petition may be transferred from the juvenile court to the district court only after a hearing as provided in this section.

(c) If the crime alleged to have been committed is a felony defined by section 18-8-208, C.R.S., and no other crime is alleged to have been committed and the juvenile has been adjudicated a juvenile delinquent for a delinquent act which constitutes a class 4 or 5 felony, then the charge for the crime may not be filed directly in the district court, but the juvenile court may transfer such charge to the district court pursuant to paragraph (a) of this subsection (1).

(d) (I) Except as otherwise provided in subparagraph (II) of this paragraph (d), in cases in which criminal charges are transferred to the district court pursuant to the provisions of this section, the judge of the district court shall sentence the juvenile pursuant to the provisions of section 18-1.3-401, C.R.S., if the juvenile is:

(A) Convicted of a class 1 felony;

(B) Convicted of a crime of violence, as defined in section 18-1.3-406, C.R.S.; or

(C) Convicted of any other criminal charge specified in paragraph (a) of this subsection (1) and the juvenile was previously adjudicated a mandatory sentence offender, a violent juvenile offender, or an aggravated juvenile offender.

(II) In cases in which criminal charges are transferred to the district court pursuant to the provisions of this section, the judge of the district court may sentence to the youthful offender system created in section 18-1.3-407, C.R.S., any juvenile who would otherwise be sentenced pursuant to the provisions of subparagraph (I) of this paragraph (d); except that a juvenile shall be ineligible for sentencing to the youthful offender system if the juvenile is convicted of:

(A) A class 1 felony;

(B) A class 2 felony as a result of a plea agreement in cases where the juvenile is charged with a class 1 felony;

(C) A class 2 felony and the juvenile has one or more prior convictions for a crime of violence, as defined in section 18-1.3-406, C.R.S., or prior adjudications for an offense that would constitute a crime of violence if committed by an adult;

(D) A class 2 felony and the juvenile is sixteen years of age or older;

(E) Any sexual offense described in section 18-6-301 or 18-6-302, C.R.S., or part 4 of article 3 of title 18, C.R.S.

(III) In cases in which criminal charges are transferred to the district court pursuant to the provisions of this section and the juvenile is not eligible for sentencing pursuant to subparagraph (I) of this paragraph (d), the judge of the district court shall have the power to make any disposition of the case that any juvenile court would have or to remand the case to the juvenile court for disposition at its discretion.

(IV) If, following transfer of criminal charges to the district court pursuant to this section, a juvenile is convicted of a lesser included offense for which criminal charges could not originally have been transferred to the district court, the court shall sentence the juvenile pursuant to the provisions of this article.

(e) Whenever a juvenile under the age of fourteen years is sentenced pursuant to section 18-1.3-401, C.R.S., as provided in paragraph (d) of this subsection (1), the department of corrections shall contract with the department of human services to house and provide services to the juvenile in a facility operated by the department of human services until the juvenile reaches the age of fourteen years. On reaching the age of fourteen years, the juvenile shall be transferred to an appropriate facility operated by the department of corrections for the completion of the juvenile's sentence.

(2) After filing charges in the juvenile court but prior to the time that the juvenile court conducts a transfer hearing, the district attorney may file the same or different charges against the juvenile by direct filing of an information in the district court or by indictment pursuant to section 19-2-517. Upon said filing or indictment in the district court, the juvenile court shall no longer have jurisdiction over proceedings concerning said charges.

(3) At the transfer hearing, the court shall consider:

(a) Whether there is probable cause to believe that the juvenile has committed a delinquent act for which waiver of juvenile court jurisdiction over the juvenile and transfer to the district court may be sought pursuant to subsection (1) of this section; and

(b) Whether the interests of the juvenile or of the community would be better served by the juvenile court's waiving its jurisdiction over the juvenile and transferring jurisdiction over him or her to the district court.

(4) (a) The hearing shall be conducted as provided in section 19-1-106, and the court shall make certain that the juvenile and his or her parents, guardian, or legal custodian have been fully informed of their right to be represented by counsel.

(b) In considering whether or not to waive juvenile court jurisdiction over the juvenile, the juvenile court shall consider the following factors:

(I) The seriousness of the offense and whether the protection of the community requires isolation of the juvenile beyond that afforded by juvenile facilities;

(II) Whether the alleged offense was committed in an aggressive, violent, premeditated, or willful manner;

(III) Whether the alleged offense was against persons or property, greater weight being given to offenses against persons;

(IV) The maturity of the juvenile as determined by considerations of the juvenile's home, environment, emotional attitude, and pattern of living;

(V) The record and previous history of the juvenile;

(VI) The likelihood of rehabilitation of the juvenile by use of facilities available to the juvenile court;

(VII) The interest of the community in the imposition of a punishment commensurate with the gravity of the offense;

(VIII) The impact of the offense on the victim;

(IX) That the juvenile was twice previously adjudicated a delinquent juvenile for delinquent acts that constitute felonies;

(X) That the juvenile was previously adjudicated a juvenile delinquent for a delinquent act that constitutes a crime of violence, as defined in section 18-1.3-406, C.R.S.;

(XI) That the juvenile was previously committed to the department of human services following an adjudication for a delinquent act that constitutes a felony;

(XII) That the juvenile is sixteen years of age or older at the time of the offense and the present act constitutes a crime of violence, as defined in section 18-1.3-406, C.R.S.;

(XIII) That the juvenile is sixteen years of age or older at the time of the offense and has been twice previously adjudicated a juvenile delinquent for delinquent acts against property that constitute felonies; and

(XIV) That the juvenile used, or possessed and threatened the use of, a deadly weapon in the commission of a delinquent act.

(c) The amount of weight to be given to each of the factors listed in paragraph (b) of this subsection (4) is discretionary with the court; except that a record of two or more previously sustained petitions for delinquent acts that constitute felonies or a record of two or more juvenile

probation revocations based on acts that constitute felonies shall establish prima facie evidence that to retain jurisdiction in juvenile court would be contrary to the best interests of the juvenile or of the community.

(d) The insufficiency of evidence pertaining to any one or more of the factors listed in paragraph (b) of this subsection (4) shall not in and of itself be determinative of the issue of waiver of juvenile court jurisdiction.

(5) When an action has been remanded to the juvenile court pursuant to section 19-2-517 (1) (a) (IV) and the prosecution seeks waiver of jurisdiction pursuant to this section, the court's findings from the prior transfer hearing regarding the factor listed in paragraph (c) of subsection (4) of this section shall establish prima facie evidence that to retain jurisdiction in juvenile court would be contrary to the best interests of the juvenile or of the community.

(6) Written reports and other materials relating to the juvenile's mental, physical, educational, and social history may be considered by the court, but the court, if so requested by the juvenile, his or her parent or guardian, or other interested party, shall require the person or agency preparing the report and other material to appear and be subject to both direct and cross-examination.

(7) (a) If the court finds that its jurisdiction over a juvenile should be waived, it shall enter an order to that effect; except that such order of waiver shall be null and void if the district attorney fails to file an information in the criminal division of the district court within five days of issuance of the written order of waiver, exclusive of Saturdays, Sundays, and court holidays. Upon failure of the district attorney to file an information within five days of the issuance of the written order of waiver, exclusive of Saturdays, Sundays, and court holidays, the juvenile court shall retain jurisdiction and shall proceed as provided in this article.

(b) As a condition of the waiver of jurisdiction, the court in its discretion may provide that a juvenile shall continue to be held in custody pending the filing of an information in the criminal division of the district court. Where the juvenile has made bond in proceedings in the juvenile court, the bond may be continued and made returnable in and transmitted to the district court, where it shall continue in full force and effect unless modified by order of the district court.

(8) If the court finds that it is in the best interests of the juvenile and of the public for the court to retain jurisdiction, it shall proceed with the adjudicatory trial as provided in part 8 of this article.

18-3-402. Sexual Assault.

1) Any actor who knowingly inflicts sexual intrusion or sexual penetration on a victim commits sexual assault if:

(a) The actor causes submission of the victim by means of sufficient consequence reasonably calculated to cause submission against the victim's will; or

(b) The actor knows that the victim is incapable of appraising the nature of the victim's conduct;
or

(c) The actor knows that the victim submits erroneously, believing the actor to be the victim's spouse; or

(d) At the time of the commission of the act, the victim is less than fifteen years of age and the actor is at least four years older than the victim and is not the spouse of the victim; or

(e) At the time of the commission of the act, the victim is at least fifteen years of age but less than seventeen years of age and the actor is at least ten years older than the victim and is not the spouse of the victim; or

(f) The victim is in custody of law or detained in a hospital or other institution and the actor has supervisory or disciplinary authority over the victim and uses this position of authority to coerce the victim to submit, unless the act is incident to a lawful search; or

(g) The actor, while purporting to offer a medical service, engages in treatment or examination of a victim for other than a bona fide medical purpose or in a manner substantially inconsistent with reasonable medical practices; or

(h) The victim is physically helpless and the actor knows the victim is physically helpless and the victim has not consented.

(2) Sexual assault is a class 4 felony, except as provided in subsections (3), (3.5), (4), and (5) of this section.

(3) If committed under the circumstances of paragraph (e) of subsection (1) of this section, sexual assault is a class 1 misdemeanor and is an extraordinary risk crime that is subject to the modified sentencing range specified in section 18-1.3-501 (3).

(3.5) Sexual assault is a class 3 felony if committed under the circumstances described in paragraph (h) of subsection (1) of this section.

(4) Sexual assault is a class 3 felony if it is attended by any one or more of the following circumstances:

(a) The actor causes submission of the victim through the actual application of physical force or physical violence; or

(b) The actor causes submission of the victim by threat of imminent death, serious bodily injury, extreme pain, or kidnapping, to be inflicted on anyone, and the victim believes that the actor has the present ability to execute these threats; or

(c) The actor causes submission of the victim by threatening to retaliate in the future against the victim, or any other person, and the victim reasonably believes that the actor will execute this threat. As used in this paragraph (c), "to retaliate" includes threats of kidnapping, death, serious bodily injury, or extreme pain; or

(d) The actor has substantially impaired the victim's power to appraise or control the victim's conduct by employing, without the victim's consent, any drug, intoxicant, or other means for the purpose of causing submission.

(e) (Deleted by amendment, L. 2002, p. 1578, § 2, effective July 1, 2002.)

(5) (a) Sexual assault is a class 2 felony if any one or more of the following circumstances exist:

(I) In the commission of the sexual assault, the actor is physically aided or abetted by one or more other persons; or

(II) The victim suffers serious bodily injury; or

(III) The actor is armed with a deadly weapon or an article used or fashioned in a manner to cause a person to reasonably believe that the article is a deadly weapon or represents verbally or otherwise that the actor is armed with a deadly weapon and uses the deadly weapon, article, or representation to cause submission of the victim.

(b) (I) If a defendant is convicted of sexual assault pursuant to this subsection (5), the court shall sentence the defendant in accordance with section 18-1.3-401 (8) (e). A person convicted solely of sexual assault pursuant to this subsection (5) shall not be sentenced under the crime of violence provisions of section 18-1.3-406 (2). Any sentence for a conviction under this subsection (5) shall be consecutive to any sentence for a conviction for a crime of violence under section 18-1.3-406.

(II) The provisions of this paragraph (b) shall apply to offenses committed prior to November 1, 1998.

(6) Any person convicted of felony sexual assault committed on or after November 1, 1998, under any of the circumstances described in this section shall be sentenced in accordance with the provisions of part 10 of article 1.3 of this title.

18-3-403. Sexual assault in the second degree. (Repealed)

18-3-404(1.5) or (2). Unlawful sexual contact.

(1.5) Any person who knowingly, with or without sexual contact, induces or coerces a child by any of the means set forth in section 18-3-402 to expose intimate parts or to engage in any sexual contact, intrusion, or penetration with another person, for the purpose of the actor's own sexual gratification, commits unlawful sexual contact. For the purposes of this subsection (1.5), the term "child" means any person under the age of eighteen years.

(2) (a) Unlawful sexual contact is a class 1 misdemeanor and is an extraordinary risk crime that is subject to the modified sentencing range specified in section 18-1.3-501 (3).

(b) Notwithstanding the provisions of paragraph (a) of this subsection (2), unlawful sexual contact is a class 4 felony if the actor compels the victim to submit by use of such force,

intimidation, or threat as specified in section 18-3-402 (4) (a), (4) (b), or (4) (c) or if the actor engages in the conduct described in paragraph (g) of subsection (1) of this section or subsection (1.5) of this section.

18-4-405. Sexual assault on a child.

(1) Any actor who knowingly subjects another not his or her spouse to any sexual contact commits sexual assault on a child if the victim is less than fifteen years of age and the actor is at least four years older than the victim.

(2) Sexual assault on a child is a class 4 felony, but it is a class 3 felony if:

(a) The actor applies force against the victim in order to accomplish or facilitate sexual contact; or

(b) The actor, in order to accomplish or facilitate sexual contact, threatens imminent death, serious bodily injury, extreme pain, or kidnapping against the victim or another person, and the victim believes that the actor has the present ability to execute the threat; or

(c) The actor, in order to accomplish or facilitate sexual contact, threatens retaliation by causing in the future the death or serious bodily injury, extreme pain, or kidnapping against the victim or another person, and the victim believes that the actor will execute the threat; or

(d) The actor commits the offense as a part of a pattern of sexual abuse as described in subsection (1) of this section. No specific date or time must be alleged for the pattern of sexual abuse; except that the acts constituting the pattern of sexual abuse, whether charged in the information or indictment or committed prior to or at any time after the offense charged in the information or indictment, shall be subject to the provisions of section 16-5-401 (1) (a), C.R.S., concerning sex offenses against children. The offense charged in the information or indictment shall constitute one of the incidents of sexual contact involving a child necessary to form a pattern of sexual abuse as defined in section 18-3-401 (2.5).

(3) If a defendant is convicted of the class 3 felony of sexual assault on a child pursuant to paragraphs (a) to (d) of subsection (2) of this section, the court shall sentence the defendant in accordance with the provisions of section 18-1.3-406.

18-3-405.3. Sexual assault on a child by one in a position of trust.

(1) Any actor who knowingly subjects another not his or her spouse to any sexual contact commits sexual assault on a child by one in a position of trust if the victim is a child less than eighteen years of age and the actor committing the offense is one in a position of trust with respect to the victim.

(2) Sexual assault on a child by one in a position of trust is a class 3 felony if:

(a) The victim is less than fifteen years of age; or

(b) The actor commits the offense as a part of a pattern of sexual abuse as described in subsection (1) of this section. No specific date or time need be alleged for the pattern of sexual abuse; except that the acts constituting the pattern of sexual abuse whether charged in the information or indictment or committed prior to or at any time after the offense charged in the information or indictment, shall be subject to the provisions of section 16-5-401 (1) (a), C.R.S., concerning sex offenses against children. The offense charged in the information or indictment shall constitute one of the incidents of sexual contact involving a child necessary to form a pattern of sexual abuse as defined in section 18-3-401 (2.5).

(3) Sexual assault on a child by one in a position of trust is a class 4 felony if the victim is fifteen years of age or older but less than eighteen years of age and the offense is not committed as part of a pattern of sexual abuse, as described in paragraph (b) of subsection (2) of this section.

(4) If a defendant is convicted of the class 3 felony of sexual assault on a child pursuant to paragraph (b) of subsection (2) of this section, the court shall sentence the defendant in accordance with the provisions of section 18-1.3-406.

16-22-108(1)(d). Registration.

(d) (I) Any person who is a sexually violent predator and any person who is convicted as an adult of any of the offenses specified in subparagraph (II) of this paragraph (d) has a duty to register for the remainder of his or her natural life; except that, if the person receives a deferred judgment and sentence for one of the offenses specified in subparagraph (II) of this paragraph (d), the person may petition the court for discontinuation of the duty to register as provided in section 16-22-113 (1) (d). In addition to registering as required in paragraph (a) of this subsection (1), such person shall reregister ninety days after the date he or she was released from incarceration for commission of the offense requiring registration, or ninety days after the date he or she received notice of the duty to register, if the person was not incarcerated, and every ninety days thereafter until such person's birthday. Such person shall reregister on his or her birthday and shall reregister every ninety days thereafter. If a person's birthday or other reregistration day falls on a Saturday, Sunday, or holiday, the person shall reregister on the first business day following his or her birthday or other reregistration day. Such person shall reregister pursuant to this paragraph (d) with the local law enforcement agency of each jurisdiction in which the person resides on the reregistration date, in the manner provided in paragraph (a) of this subsection (1).

16-22-1111. Internet posting of sex offenders-procedure.

(1) The CBI shall post a link on the state of Colorado homepage on the internet to a list containing the names, addresses, and physical descriptions of certain persons and descriptions of the offenses committed by said persons. A person's physical description shall include, but need not be limited to, the person's sex, height, and weight, any identifying characteristics of the person, and a digitized photograph or image of the person. The list shall specifically exclude any reference to any victims of the offenses. The list shall include the following persons:

(a) Any person who is a sexually violent predator;

(b) Any person sentenced as or found to be a sexually violent predator under the laws of another state or jurisdiction;

(c) Any person who is required to register pursuant to section 16-22-103 and who has been convicted as an adult of two or more of the following offenses:

(I) A felony offense involving unlawful sexual behavior; or

(II) A crime of violence as defined in section 18-1.3-406, C.R.S.; and

(d) Any person who is required to register pursuant to section 16-22-103 because the person was convicted of a felony as an adult and who fails to register as required by section 16-22-108.

(1.5) In addition to the posting required by subsection (1) of this section, the CBI may post a link on the state of Colorado homepage on the internet to a list, including but not limited to the names, addresses, and physical descriptions of any person required to register pursuant to section 16-22-103, as a result of a conviction for a felony. A person's physical description shall include, but need not be limited to, the person's sex, height, weight, and any other identifying characteristics of the person. The list shall specifically exclude any reference to any victims of the offenses.

(2) (a) For purposes of paragraph (d) of subsection (1) of this section, a person's failure to register shall be determined by the CBI. Whenever the CBI's records show that a person has failed to register as required by this article, the CBI shall forward to each law enforcement agency with which the person is required to register notice of the person's failure to register by the required date. Each law enforcement agency, within three business days after receiving the notice, shall submit to the CBI written confirmation of the person's failure to register. Upon receipt of the written confirmation from the law enforcement agency, the CBI shall post the information concerning the person on the internet as required in this section.

(b) If a local law enforcement agency files criminal charges against a person for failure to register as a sex offender, as described in section 18-3-412.5, C.R.S., the local law enforcement agency shall notify the CBI. On receipt of the notification, the CBI shall post the information concerning the person on the internet, as specified in subsection (1) of this section.

(3) The internet posting required by this section shall be in addition to any other release of information authorized pursuant to this article or pursuant to part 9 of article 13 of this title, or any other provision of law.

16-13-903. Sexually violent predator subject to community notification-determination-implementation.

(1) A sexually violent predator shall be subject to community notification as provided in this part 9, pursuant to criteria, protocols, and procedures established by the management board pursuant to section 16-13-904.

(2) (Deleted by amendment, L. 2006, p. 1312, § 3, effective May 30, 2006.)

(3) (a) When a sexually violent predator is sentenced to probation or community corrections or is released into the community following incarceration, the sexually violent predator's supervising officer, or the official in charge of the releasing facility or his or her designee if there is no supervising officer, shall notify the local law enforcement agency for the jurisdiction in which the sexually violent predator resides or plans to reside upon release from incarceration. The local law enforcement agency shall notify the Colorado bureau of investigation, and the sexually violent predator's status as being subject to community notification shall be entered in the central registry of persons required to register as sex offenders created pursuant to section 16-22-110.

(b) When a sexually violent predator living in a community changes residence, upon registration in the new community or notification to the new community's law enforcement agency, that agency shall notify the Colorado bureau of investigation and implement community notification protocols.

(4) Nothing in this section shall be construed to abrogate or limit the sovereign immunity granted to public entities pursuant to the "Colorado Governmental Immunity Act", article 10 of title 24, C.R.S.

SOMB ADULT PROVIDER LIST

Adams

County Adams

Jessica Bartels
 Treatment and Evaluation Services
 13693 E. Iliff Ave., #220
 Aurora 80014
 (303) 369-4200
 J.Bartels@tescolorado.com

Clinical Supervisor Name (if applicable):
 Spanish Speaking

Treatment Provider	Evaluator	Polygraph Examiner
Adult Full Op. Treatment Provider <input checked="" type="checkbox"/>	Adult Full Op. Evaluator <input checked="" type="checkbox"/>	Adult Full Op. Polygraph Examiner <input type="checkbox"/>
Adult Assoc. Treatment Provider <input type="checkbox"/>	Adult Assoc. Evaluator <input type="checkbox"/>	Adult Assoc. Polygraph Examiner <input type="checkbox"/>
Adult Full Op. Treatment Provider DD <input type="checkbox"/>	Adult Full Op. Evaluator DD <input type="checkbox"/>	Adult Full Op. Polygraph Examiner DD <input type="checkbox"/>
Adult Assoc. Treatment Provider DD <input type="checkbox"/>	Adult Assoc. Evaluator DD <input type="checkbox"/>	Adult Assoc. Polygraph Examiner DD <input type="checkbox"/>
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Adult Full Op. Treatment Provider DD <input type="checkbox"/>	Adult Full Op. Evaluator DD <input type="checkbox"/>	Adult Full Op. Polygraph Examiner DD <input type="checkbox"/>
Adult Assoc. Treatment Provider DD <input type="checkbox"/>	Adult Assoc. Evaluator DD <input type="checkbox"/>	Adult Assoc. Polygraph Examiner DD <input type="checkbox"/>
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Adult Assoc. Treatment Provider	<input checked="" type="checkbox"/>	Adult Assoc. Evaluator	<input checked="" type="checkbox"/>	Adult Assoc. Polygraph Examiner	<input type="checkbox"/>
Adult Full Op. Treatment Provider DD	<input type="checkbox"/>	Adult Full Op. Evaluator DD	<input type="checkbox"/>	Adult Full Op. Polygraph Examiner DD	<input type="checkbox"/>
Adult Assoc. Treatment Provider DD	<input type="checkbox"/>	Adult Assoc. Evaluator DD	<input type="checkbox"/>	Adult Assoc. Polygraph Examiner DD	<input type="checkbox"/>
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Adult Assoc. Treatment Provider	<input type="checkbox"/>	Adult Assoc. Evaluator	<input type="checkbox"/>	Adult Assoc. Polygraph Examiner	<input type="checkbox"/>
Adult Full Op. Treatment Provider DD	<input type="checkbox"/>	Adult Full Op. Evaluator DD	<input type="checkbox"/>	Adult Full Op. Polygraph Examiner DD	<input type="checkbox"/>
Adult Assoc. Treatment Provider DD	<input type="checkbox"/>	Adult Assoc. Evaluator DD	<input type="checkbox"/>	Adult Assoc. Polygraph Examiner DD	<input type="checkbox"/>
Adult Provisional Treatment Provider	<input type="checkbox"/>				

**Process Evaluation of the
Colorado Sex Offender
Management Board
*Standards and Guidelines***

**A REPORT OF FINDINGS
DECEMBER 2003**

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EXECUTIVE SUMMARY

This report is a first step in meeting the legislative mandate requiring an evaluation of the effectiveness of the SOMB's Standards and Guidelines ((C.R.S. 16-11.7-103(4)(d)(I) and (II)), (referenced in detail in Section One). Evaluating the effectiveness of any program or system first requires establishing whether the program/system is actually implemented as intended and, if so, the extent to which there may be gaps in full implementation. A process evaluation examines the question of implementation and necessarily precedes an outcome or effectiveness study. Information for this study was obtained from 191 90-minute interviews and comprehensive reviews (using 18-22 page data collection instruments) of 114 case files.

The second step in evaluating effectiveness requires a study of the behavior of offenders managed according to the Standards and Guidelines. The second study will be undertaken as resources allow.

Recommendations to improve the implementation of the Standards and Guidelines follow the executive summary.

- The *Standards and Guidelines* are implemented sufficiently to warrant an outcome evaluation study. As the summary below reflects, significant efforts are underway in the community to manage adult sex offenders, and these efforts are guided by the description of policies and procedures in the *Standards and Guidelines*. However, many treatment providers must improve the documentation related to their work to ensure that program evaluators have access to sufficient information to study the relationship between services delivered and offender outcome.
- Professionals working with sex offenders found the *Standards and Guidelines* to be useful to them. During telephone interviews, 92.2% of 64 treatment providers and 98.1% of 110 probation and parole officers said that the *Standards and Guidelines* were useful in their work with adult sex offenders. In an unstructured portion of the interviews, nearly two-thirds (63.6%) of the supervising officers said the *Standards and Guidelines* gave them direction in their work and provided support in the management of offenders; over one-third said community safety was improved and offenders were held more accountable. Both groups valued the *Standards and Guidelines* for standardizing management practices and for being based on research.

- **Many of the professionals who are directed by the *Standards and Guidelines* reported that they had participated in their development, reflecting the intent of the SOMB to be inclusive in its work.** Nearly ten percent of supervising officers, one-third of therapists, and two-thirds of the polygraph examiners said they had served on a SOMB Board subcommittee; many more had attended meetings of the SOMB Board over the years.
- **Successful efforts are being made to provide judges with adequate information at sentencing.** Fifty-three pre-sentence investigation reports prepared by supervising officers were found to provide excellent descriptions of offenders, particularly in the areas of criminal history, substance abuse and education. Forty-five Mental Health Sex Offense-Specific Evaluations (MHSOSE) were carefully reviewed by researchers and were found to be comprehensive and thorough, but copies of the evaluations were not always present in professionals' files after offenders received community-based sentences. Also, mental health evaluators are required to include in the MHSOSE a recommendation regarding the appropriateness of community placement, based on the information obtained during the evaluation only 29% of the reports addressed the issue.
- **Treatment appears to be a significant intervention in the lives of sex offenders under supervision in the community.** Information was readily available regarding treatment providers' general expectations of offenders, as well as the offenders' attendance in treatment. ~~The *Standards and Guidelines* would be more fully implemented if all treatment plans were individualized and included goals with measurable objectives and a plan to achieve those objectives. Such treatment plans are considered best practice and are required by professional societies. Further, complete documentation of case management is required to study the impact and "analyze the effectiveness" of the *Standards and Guidelines* per C.R.S. 16.11.7-103(d)(I).~~
- **Interview data obtained from treatment providers and supervising officers reflected a significant exchange of information about sex offenders.** This communication is commonly but not always documented in the files; improved recording of case activities in the files will enhance future research efforts to link specific aspects of team collaboration to client outcome.
- **Professionals mentioned many barriers to the full implementation of the *Standards and Guidelines*.** The need for training, the lack of clarification of a few of the *Standards and Guidelines*, and the loss of supervising officers in the current budget reductions and the corresponding excessive caseloads were mentioned as barriers to full implementation. However, many professionals described a variety of ways they sought to overcome impediments to implementation.

- **Some evidence suggests that supervision plus treatment of offenders on parole may reduce recidivism as measured by new arrests.** A recent study tracking sex offenders released from prison found that those who received parole supervision and treatment as required by the *Standards and Guidelines*, compared to sex offenders who discharged from prison and did *not* receive supervision and treatment, were 40% less likely to get arrested for a violent crime in the year following release. The violent rearrest rate was low for both groups (14% for the group that discharged and 8% for those who received parole supervision and community based treatment) but the difference was significant and translates into greater public safety. The violent rearrest rate drops to 1% when paroled offenders have participated in very intense sex offender treatment in prison.

SECTION ONE: INTRODUCTION

Background

In 1992, the Colorado General Assembly created the Sex Offender Treatment Board to develop standards and guidelines for the assessment, evaluation, treatment and behavioral monitoring of convicted adult sex offenders who are under the supervision of the criminal justice system. In 1998, the name was changed in statute to the Sex Offender Management Board (SOMB) to better reflect the purpose and duties assigned to the board. The SOMB's *Standards and Guidelines for the Assessment, Evaluation, Treatment and Behavioral Monitoring of Adult Sex Offenders* were first published in January 1996. The *Standards and Guidelines* were revised in 1998 to include new research and evolving clinical practices. In addition, appendices were added or modified in July 2002 to clarify issues that surfaced during implementation. In 2004 a revised version of the *Standards and Guidelines* for convicted adult sex offenders will once again be published by the SOMB, reflecting a document that evolves as new information becomes available. Funding for much of the work accomplished by the SOMB has come from a portion of the sex offender surcharge fund (C.R.S. Article 21). This fund assesses fees ranging from \$150 (class 3 misdemeanor) to \$3,000 (class 2 felony) on offenders convicted sex offenders (including those granted a deferred judgment).

Purpose of this Report: A Process Evaluation

This report is a first step in meeting the legislative mandate requiring an evaluation of the effectiveness of the SOMB's *Standards and Guidelines* (referenced in detail below). Evaluating the effectiveness of any program or system first requires establishing whether the program/system is actually implemented as intended and, if so, the extent to which there may be gaps in full implementation. A *process evaluation* examines the question of implementation and necessarily precedes an outcome or effectiveness study.

The second step in meeting the legislative mandate is to conduct an *outcome evaluation*. Such a study would investigate the effectiveness of the *Standards and Guidelines* by examining whether there is a link between the behavior of offenders subject to the *Standards and Guidelines* and the delivery of services to those offenders. This step will be undertaken in the next 18-24 months, as grant funding allows.

The General Assembly, in C.R.S. 16-11.7-103(4)(d)(I) and (II), directed the SOMB to accomplish the following and report its findings on December 1, 2003:

The board shall research and analyze the effectiveness of the evaluation, identification, and treatment procedures and programs developed pursuant to this article. The board shall also develop and prescribe a system...for tracking offenders who have been subjected to evaluation, identification, and treatment

pursuant to this article.... In addition, the board shall develop a system for monitoring offender behaviors and offender adherence to prescribed behavioral changes. The results of such tracking and behavioral monitoring shall be a part of any analysis made pursuant to this paragraph.

Pursuant to C.R.S. 16-11.7-103(4)(d)(I) and (II), this study was undertaken on behalf of the SOMB by the Division of Criminal Justice (DCJ), Office of Research and Statistics (ORS). The study was funded by Byrne Memorial Fund grant number D22BD19502 from DCJ's Office of Drug Control and System Improvement Program (DCSIP). Data for the study were collected between January 2002 and September 2003.

Organization of this Report

The remainder of this **Introduction Section** provides an overview of best practices for the treatment and management of sex offenders. **Section Two** describes the research methods used in the study, and **Section Three** will describe the case management approach specified in the *Standards and Guidelines*. Following this description, the research findings will be presented in the order for which they appear in the July 2002 edition of the *Standards and Guidelines*. **Section Four** displays all the findings from the process evaluation. **Section Five** highlights the barriers to implementation of the *Standards and Guidelines* as stated by interview respondents. **Section Six** provides recommendations to the SOMB for improving the implementation of existing standards and for modifying the current set of adult *Standards and Guidelines*. The recommendations are based on the data collected and analyzed for this study, pursuant to C.R.S. 16-11.7-103(4)(d)(I) and (II). **Section Seven** presents information on tracking sex offenders.

What are Best Practices?

The set of best practices prescribed by the SOMB is founded on the containment approach, first described by researchers from the Colorado Division of Criminal Justice (DCJ). In 1992, and again in 1997, DCJ's Office of Research and Statistics successfully competed for research grants from the National Institute of Justice, the research section of the U.S. Department of Justice, to study the management of convicted adult sex offenders nationwide (English, Pullen and Jones, 1996; English, 1998; English, Jones, Patrick, Pasini-Hill, 2000; 2003). The relevance of this research activity is that it was undertaken at the same time as the drafting of the first version of the *Standards and Guidelines*. SOMB members were updated regularly on innovative and promising practices (and barriers) implemented elsewhere in the country. The research findings were incorporated into the work of the SOMB, along with information from other studies of adult sex offenders. Research on sex offenders undertaken at DCJ and the Colorado Department of Corrections (CDOC) continues to inform the SOMB and its committees. Relevant

research conducted by others studying sex offender management and related topics also inform the SOMB.

Further, the *Standards and Guidelines* are firmly based on the clinical and agency experience of the experts representing the multiple disciplines and various criminal justice sectors who serve as members of the SOMB. Committee members who may not be Board members but who share their time and expertise in specific topic areas also have made substantial contributions to the *Standards and Guidelines*. Professionals who attend the monthly SOMB meetings and discuss their concerns and experiences have provided essential information, particularly in terms of barriers to full implementation of the SOMB's prescribed approach.

The *Standards and Guidelines* require a coordinated, multi-disciplinary and public safety oriented strategy to risk management that combines comprehensive sex offender treatment and carefully structured criminal justice supervision. It applies to sex offenders serving sentences in the community as well as in prison. The roles and responsibilities of treatment providers, mental health evaluators, polygraph examiners, and supervising officers are specified in the *Standards and Guidelines*.

Offenders on probation and parole, and those in prison, may receive services only from treatment providers, evaluators and polygraph examiners who have submitted comprehensive application materials to the SOMB and, following review by the SOMB's Application Review Committee, are placed on the list of SOMB-approved providers. Once approved, these professionals must reapply to the SOMB every three years.

Training and continuing education requirements for treatment providers, mental health evaluators, and polygraph examiners who offer services to this offender population are specified in the *Standards and Guidelines*. The emphasis on developing professional expertise combined with descriptions of required practices represent the SOMB's attempt to guarantee that mandated sex offender services be of high quality and similarly delivered across the state. Requiring ongoing collaboration among the treatment provider, supervising officer and polygraph examiner ensures that all case information would be shared, risk would be evaluated on an ongoing basis, and the offender would receive clear and consistent information and direction. This approach is designed to give the offender maximum opportunity to change while enhancing public safety through individualized risk management.

In sum, the *Standards and Guidelines* were originally developed in tandem with research on sex offender management conducted at DCJ (English, Pullen and Jones, 1996). Additional research by DCJ's ORS and the Colorado Department of Corrections' Planning and Analysis Unit in collaboration with the Sex Offender Treatment and Monitoring Program (SOTMP), along with findings from other studies in the field, continue to provide the SOMB with information about issues of concern in the management of sex offenders. The value of the clinical experience of the many professionals who participate in the SOMB's cannot be underestimated and this expertise provides necessary direction when research is lacking or implementation is challenging.

SECTION TWO: RESEARCH DESIGN

Measuring Effectiveness

The first step in measuring the effectiveness of the *Standards and Guidelines* is determining the extent to which they are implemented in the field. The effectiveness of the *Standards and Guidelines* rests on professionals collaborating as required, collecting and sharing risk information on offenders, and consistently applying the protocols described by the SOMB.

One method of measuring implementation is to observe the actual delivery of services by approved providers and specially trained supervising officers. However, this is expensive and resource limitations precluded this approach. Instead, nearly 200 90-minute interviews were conducted with treatment providers, supervising officers, and polygraph examiners. Also, data were hand-collected from the electronic chronological records and paper files of supervising officers and the treatment providers delivering services to 60 offenders who had been placed under supervision in the community in the last few years and had been in treatment for at least six months. Also, collecting and analyzing data from multiple sources enhances the validity of the research findings.

Were all of the *Standards and Guidelines* studied?

Researchers met with members of the SOMB to identify which of the *Standards and Guidelines* were of the greatest concern or importance. See Appendix A for a detailed list and descriptions of the *Standards and Guidelines* selected for study. The file review focused on the presence of documentation that would provide objective information about implementation of specific *Standards and Guidelines*. The interview questionnaires were designed to address both perceptions and beliefs regarding implementation of very specific requirements (e.g. "Does the offender sign a waiver of confidentiality form?") and broader concerns (e.g. "Who is part of the offender management team?" and "Have the *Standards and Guidelines* been useful/detrimental in your work?"). Additional issues, such as whether respondents felt included in the process of developing the *Standards and Guidelines* and questions about the barriers to implementation were also included to shed light on the implementation process.

Data Collection

Telephone Interviews

Attempts were made to include information from *all* individuals who were on the approved treatment provider lists and all probation and parole officers whose responsibilities included the supervision of adult sex offenders. Sixty to 90 minute telephone interviews were conducted with 64 of 127 (50%) of the approved treatment providers and evaluators, 81 probation officers, 29 parole officers (100% of those

supervising sex offenders), and all 17 approved polygraph examiners. The interview questionnaires are included in Appendix B.

The interview questionnaire was pre-tested on therapists and supervising officers who volunteered to work with the ORS researchers to identify problems with the instrument. A final instrument was developed after incorporating information learned during the pretest. Interviewers underwent two days of training in both interviewing skills as well as on the specific instruments to ensure accuracy and consistency in data collection.

File Reviews

Determining the extent to which the *Standards and Guidelines* are implemented required examining documentation in the files that would reflect adherence to the practices required. Presumably the files would be equally consistent in documentation since that is a primary objective of statewide-standardized practice.

To obtain data on how the case was managed in the community, cases need to be under supervision for at least six months. To ensure that the findings would reflect current practices, the supervision period had to be recent. This narrowed the population from which the sample would be identified.

To qualify for entry into the sample, a case was defined as a person who had a current or past conviction for a sex crime, or a conviction for which the underlying factual basis was a sex crime. Once cases were identified, researchers abstracted data from the case files maintained by each offender's treatment provider and supervising officer. In most instances, cases were selected from jurisdictions with at least two sex offenders under supervision. Two researchers were sent to each site to maximize reliability of the data collection.¹

The data collection instruments ranged in length from 18 (for the treatment file) to 20 pages (for the supervising officer file) and took researchers, on average, 2 to 4 hours to complete. These instruments are included in Appendix C. This review, combined with the time required to set up the logistics to locate valid cases and access the active files, and travel to locations across the state, was extremely time intensive.

Probation. From a list of approximately 663 sex offenders from 63 counties,² researchers originally randomly selected 55 probationers. The status of each case was then determined using a computer on the CICJIS premises and then calling the supervising officer to verify the information. From this case review, researchers found many of the cases had been revoked and re-sentenced (some to jail, DOC, or community corrections),

¹ A minimum of two researchers traveled to most sites so that anomalies in the file could be discussed and decisions about scoring procedures would be made by more than one person.

² The list of cases was obtained using the Colorado Integrated Criminal Justice Information System (CICJIS) that allowed access to Judicial's ICON database maintained in the RS 6000. Cases charged with a sex crime and meeting the time criteria were identified as the population from which the sample would be selected.

deported, absconded, or were on interstate compact. After this review, only one-third of the cases remained (18 of the original 55) in the sample. For each non-qualifying case, a replacement was selected and the process was repeated.

Once in the field, researchers learned that some cases were not under supervision during the specified period, or were charged but not convicted of a sex crime and, most importantly, were not in sex offender treatment. These cases were also replaced. The final sample included 45 offenders from 14 counties who had been on probation for at least six months between September, 2000 and February 2002. The 45 cases represent between 10-20%³ of eligible cases that met the sampling criteria.

Ninety (45 supervising officers and 45 treatment provider) case files pertaining to these 45 offenders were reviewed for compliance with the *Standards and Guidelines*.⁴ Polygraph examination reports in these files were examined in detail for compliance with the *Standards and Guidelines*. Data were collected on probation cases before the parole sample was identified.

Parole. Efforts to identify and track parolees from the six state parole regions were more complicated. Initially 45 parolees were randomly selected from a list of 89 parolees obtained from the Department of Corrections Planning and Analysis Unit. From this list, offenders with S-Codes of 3⁵ were excluded. Further attrition occurred because at least one region did not have a DOC- approved treatment provider. In addition, several parolees absconded, were revoked and returned to prison, discharged their sentence, or were released to a detainer issued by another jurisdiction (including INS detainees). Again, the cases needed to be under active supervision at the time of the data collection to ensure access to all the necessary information.

Unfortunately, the data collection process for parolees was interrupted. The data collection was delayed and eventually terminated when the state assistant attorney general clarified that the treatment files were protected following the April 2003 enactment of the federal Health Insurance Portability Protection Act (HIPAA). This Act requires the signed informed consent of offenders whose cases were selected for this study. Many of the offenders signed consent forms, but some were unable (they were in jail or recently absconded) or unwilling to sign. These complications, combined with time and resource limitations, resulted in a final sample size of only 15 parolees for whom 9

³ The exact proportion of cases cannot be determined because the status of cases changed over the several months during which the data collection occurred. It was important to review active cases for two reasons: (1) to obtain complete information on documentation of current cases, and (2) to ensure that the data were recent.

⁴ Files were reviewed on probationers under supervision in the following counties: Adams, Alamosa, Arapahoe, Archuleta, Boulder, Denver, Douglas, El Paso, Fremont, Jefferson, Larimer, Morgan, Pueblo and Weld.

⁵ Upon entry at the Denver Reception & Diagnostic Center inmates receive a code based on their criminal history on the following sexual violence scale. The S-code determines whether the inmate will be recommended for sex offense specific treatment. S-5 is past or current conviction of sex crime, S-4 is history of sexual assault or deviance for which they have not been convicted of S-3 is documented sexual assault in prison.

treatment files were available for analysis. This resulted in a combined total of 24 treatment and parole files (including polygraph examination reports) were reviewed on site by DCJ researchers.⁶

The final case file review in the field resulted in data from 45 probationers and 15 parolees totaling 60 sex offenders and 114 files (60 officer files and 54⁷ treatment provider files) including 214 polygraph examination reports.

The sample is not representative of any single jurisdiction. The sample was designed to reflect general practices statewide. The *Standards and Guidelines* are intended to promote communication and consistency across and within jurisdictions, so this sample provides an important depiction of actual practices by the three key members of the containment team.

⁶ Parolees in the sample were under supervision in the following counties or cities: Arapahoe, Westminster, Denver, Pueblo, Canon City, Greeley, Ft. Collins, and Colorado Springs.

⁷ The HIPAA requirement interfered with the collection of data from six treatment files.

SECTION THREE: COLORADO'S SEX OFFENDER TREATMENT, MONITORING AND CONTAINMENT SYSTEM

Brief Overview

The *Standards and Guidelines for the Assessment, Evaluation, Treatment and Behavioral Monitoring of Adult Sex Offenders* apply to adult sexual offenders under the jurisdiction of the criminal justice system in Colorado. The SOMB's enabling legislation recognized that the criminal sexual behaviors of many offenders can be managed, much like high blood pressure can be managed, but there is no known "cure" for the problem. The *Standards and Guidelines* are based on best practices and, where possible, current research pertaining to the treatment and management of sex offenders.

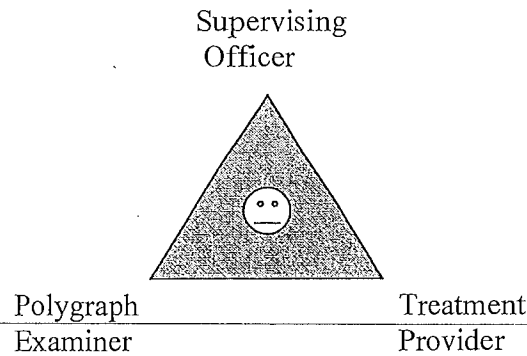
The *Standards and Guidelines* are described in a document that is over 100 pages in length, and issues are clarified and expanded in over 50 pages of appendices. The document reflects the careful thinking of a multi-disciplinary group and is founded on 13 guiding principles:

1. Sexual offending is a behavioral disorder that cannot be "cured."
2. Sex offenders are dangerous.
3. Community safety is paramount
4. Assessment and evaluation of sex offenders is an on-going process. Progress in treatment and level of risk are not constant over time.
5. Assignment to community supervision is a privilege, and sex offenders must be completely accountable for their behaviors.
6. Sex offenders must waive confidentiality for evaluation, treatment, supervision and case management purposes.
7. Victims have a right to safety and self-determination.
8. When a child is sexually abused within the family, the child's individual need for safety, protection, developmental growth and psychological well-being outweighs any parental or family interests.
9. A continuum of sex offender management and treatment options should be available in each community in the state.
10. Standards and guidelines for assessment, evaluation, treatment and behavioral monitoring of sex offenders will be most effective if the entirety of the criminal justice and social services systems, not just sex offender treatment providers, apply the same principles and work together.
11. The management of sex offenders requires a coordinated team response.
12. Sex offender assessment, evaluation, treatment and behavioral monitoring should be non-discriminatory and humane, bound by the rules of ethics and law.

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

These principles are operationalized in the *Standards and Guidelines* document. Work is underway to update the current version of the adult *Standards and Guidelines* and to include information obtained from the study findings presented here.

The *Standards and Guidelines* state that sex offenders should not be in the community without comprehensive treatment, supervision and behavioral monitoring. Treatment, supervision and monitoring reflect multi-disciplinary activities undertaken by professionals with expertise in very specific areas. The treatment provider, supervising officer and polygraph examiner comprise the basic containment team.



According to the *Standards and Guidelines*, additional members of the containment team may include the unit supervisor, other probation or parole officers, social workers/case workers, law enforcement, special population therapists (substance abuse counselor, for example), employers, and members of the offender's support system.

At the core of this management system is the intent that the offender be held consistently accountable for his or her behavior. An underlying philosophy in Colorado's containment system is placing the responsibility on the offender to demonstrate progress in treatment and risk reduction.

Sex offense-specific treatment is a comprehensive set of planned therapeutic experiences and interventions intended to provide offenders with the tools to change sexually abusive thoughts and behaviors. When treatment is encouraged by agents of the criminal justice system (the courts and the parole board), offenders are motivated to actively engage in therapy. In a recent study by DCJ of the Department of Correction's sex offender therapeutic community, the longer an offender spent in very intense treatment the more likely the offender remained arrest free in the years following release from prison. In fact, those who remained arrest free logged, on average, at least 30 months in the intense prison program.⁸

⁸ Lowden et al., July 2003.

Under the *Standards and Guidelines*, probation and parole officers are to receive special training in the risk management of sex offenders and reinforce treatment assignments and behavioral expectations along with providing careful monitoring of the individual behavior patterns of specific offenders. Specially trained polygraph examiners are to work closely with treatment providers and supervising officers to track offenders and to verify risk and behaviors reflecting compliance with supervision and treatment mandates. Additional management tools include law enforcement registration, individual treatment plans that may include important information obtained from victims' therapists, treatment contracts and written conditions of supervision, leisure time monitoring, home and employment visits, clearly specified restrictions pertaining to internet use and locations where victims may be accessed.

The supervision team works together to obtain each offender's "modus operandi" and supervision, treatment and polygraph examinations are structured to interrupt the offense pattern *before* a new sex crime is committed. This is the essence of risk management and offender containment as envisioned by the SOMB and operationalized in the *Standards and Guidelines*.

Standards are denoted by the word "shall" while guidelines are referenced with the word "should."

Limitations of this Research

This study is a process evaluation. It was conducted to determine the extent to which the *Standards and Guidelines* are actually implemented in the field. Without information about implementation and services delivered, outcome findings—including recidivism studies—cannot be linked to services provided. Outcome data were not collected and analyzed in this study.

The response rate for the telephone interviews with therapists was only 50%. Unfortunately, there is no way of knowing if the perceptions and beliefs of those who did not participate in the telephone survey differs from those who did.

Relying on information documented in files to reflect implementation assumes that all relevant case management decisions and activities are documented. This is unlikely to be the case. The extent to which the absence of documentation reflected a lack of adherence to the *Standards and Guidelines* or a lack of documentation remains unknown.

Sixty sex offenders were randomly selected from a pool of several hundred probationers and parolees under supervision in the community. These cases were identified so that probation/parole and treatment files relating to the offender could be examined for documentation reflecting adherence to the *Standards and Guidelines*. Specific criteria were used to identify cases for study. The criteria were intended to ensure access to the most complete and recent case management information. Researchers estimate that between 10% and 20% of qualifying cases were studied, but not all areas of the state had qualifying cases available for study. The sample is not intended to be representative of

any single jurisdiction. Rather, the sample was designed to reflect general practices statewide. Any sampling of files--large or small--would presumably reflect all files since compliance with the *Standards and Guidelines* is expected statewide.

SECTION FOUR: FINDINGS FROM THE PROCESS EVALUATION

1.000

GUIDELINES FOR PRE-SENTENCE INVESTIGATIONS

SUMMARY OF FINDINGS:

This Guideline appears to be implemented as planned. The Pre-Sentence Investigation Report (PSIR) was found in the probation and parole files over 85% of the time, reflecting strong adherence to this guideline. Further, the content of the 60 PSIRs examined revealed excellent coverage of criminal history information and substance abuse issues. Likewise, education history and family/marital history were adequately addressed most of the time. Nearly 80% of the probation files and two-thirds (9) of the parole files adequately addressed employment. The file review also found that financial status and residential situation was adequately addressed for 40-65% of the PSIRs.

However, content areas in 20 to 30 of the 60 PSIRs that appeared to be minimally addressed, or not discussed at all, included the following:

- Leisure/recreation activities
- Companions
- Attitude at time of interview
- Victim impact, and
- Victim grooming behaviors

Data supporting these findings are presented below.

1.010 Each sex offender should be the subject of a pre-sentence investigation, including a mental health sex offense-specific evaluation, prior to sentencing, even when by statute it is otherwise acceptable to waive the pre-sentence investigation.

Table 1: Pre-Sentence Investigation Reports (PSIR) Found in the Files

	Probation Officer Files n=45	Parole Officer Files n=15
No	13.3% (6)	6.7% (1)
Yes	86.7% (39)	93.3% (14)

1.040 A pre-sentence investigation (PSI) report should address the following:

- Criminal history
- Education/employment
- Financial status
- Assaultiveness
- Residence
- Leisure/recreation
- Companions
- Alcohol/drug problems
- Victim impact
- Emotional/personal problems
- Attitude/orientation
- Family, marital and relationship issues
- Offense patterns and victim grooming behaviors
- Mental health sex offense-specific evaluation report
- The potential impact of each sentencing option on the victim(s)

Table 2: Information Addressed in the Pre-Sentence Investigation Reports (PSIR)

	Probation Officer Files n=39*	Parole Officer Files n=14*
Criminal history		
<i>Addressed Adequately**</i>	100% (39)	100% (14)
Education history		
<i>Addressed Adequately</i>	84.6% (33)	78.6% (11)
Employment history		
<i>Addressed Adequately</i>	79.5% (31)	64.3% (9)
Financial status		
<i>Addressed Adequately</i>	59% (23)	50% (7)
Residence		
<i>Addressed Adequately</i>	66.7% (26)	42.9% (6)
Leisure/recreation activities		
<i>Addressed Adequately</i>	23.1% (9)	21.4% (3)
Companions		
<i>Addressed Adequately</i>	23.1% (9)	35.7% (5)
Drug /alcohol problems		
<i>Addressed Adequately</i>	87.2% (34)	78.6% (11)
Victim impact addressed		
<i>Addressed Adequately</i>	38.5% (15)	35.7% (5)
Emotional and personal problems		
<i>Addressed Adequately</i>	56.4% (22)	35.7% (5)

Attitude at time of interview and during process		
<i>Addressed Adequately</i>	41% (16)	35.7% (5)
Family, marital and relationship		
<i>Addressed Adequately</i>	74.4% (29)	71.4% (10)
Offense/assault patterns		
<i>Addressed Adequately</i>	59% (23)	64.3% (9)
Victim grooming behaviors		
<i>Addressed Adequately</i>	20.5% (8)	35.7% (5)
The potential impact of each sentencing option on the victim(s)		
<i>Addressed Adequately</i>	25.6% (10)	14.3% (2)
Additional information: Criminal orientation		
<i>Addressed Adequately</i>	46.2% (18)	64.3% (9)

*The number of files containing PSIRs.

**The term "addressed adequately" means that there was a sufficient level of descriptive information for a decision maker to assess the appropriateness of community placement and level of supervision.

STANDARDS FOR MENTAL HEALTH SEX OFFENSE-SPECIFIC EVALUATIONS

SUMMARY OF FINDINGS:

As intended by the Standards and Guidelines, the 45 Mental Health Sex Offense-Specific Evaluations (MHSOSE) examined by researchers were found to be comprehensive and thorough, but copies of the evaluations were not always present in professionals' files. Most of the time (83.3%), the MHSOSE was found in the treatment provider files and it was found in nearly all of the probation officer files. However, researchers found the MHSOSEs in only 4 of the 15 parole officer files examined. Since the Colorado Department of Corrections (DOC) maintains multiple files on offenders, it is possible that the MHSOSE was located in another file; researchers only examined parole officers' "active" files.

In the 45 treatment provider files that included the MHSOSE, researchers found the use of 51 different assessment tools and procedures. The most commonly used instruments were the Millon Clinical Multiaxial Inventory (73% of files) and the Multiphasic Sex Inventory (58%). Table 4 includes a list of the most commonly used instruments. Most of the 45 evaluations reviewed by researchers included recommendations for offense-specific treatment; the *Standards* require that the level and intensity of offense-specific treatment be recommended by the evaluator. The 45 evaluations addressed the issue of community placement in only 15 (29%) although the *Standards* require the evaluator to recommend the appropriateness of community placement.

Data supporting these findings are presented below.

2.010 In accordance with Section 16-11-102(1)(b) C.R.S., each sex offender shall receive a mental health sex offense-specific evaluation at the time of the presentence investigation.

Table 3: Mental Health Sex Offense-Specific Evaluation Found in the Files

	Probation Officer Files n=45	Parole Officer Files n=15	Treatment Provider Files n=54
No	4.4% (2)	73.35 (11)	16.7% (9)
Yes	95.6% (43)	26.7% (4)	83.3% (45)

2.060 Because of the uncertainty of risk prediction for sex offenders, the Board recommends the following approaches to evaluation:

- Use of instruments that have specific relevance to evaluating sex offenders
- Use of instruments with demonstrated reliability and validity
- Integration of collateral information
- Use of multiple assessment instruments and techniques
- Use of structured interviews
- Use of interviewers who have been trained to collect data in a non-pejorative manner

AND

2.070 Unless otherwise indicated below, the following evaluation modalities are all required in performing a mental health sex offense-specific evaluation:

- Examination of criminal justice information, including the details of the current offense and documents that describe victim trauma, when available
- Examination of collateral information, including information from other sources on the offender's sexual behavior
- Structured clinical and sexual history and interview
- Offense-specific psychological testing
- Standardized psychological testing if clinically indicated
- Medical examination/referral for assessment of pharmacological needs if clinically indicated
- Testing of deviant arousal or interest through the use of the penile plethysmograph or the Abel Screen

Table 4: Most Commonly Used Instruments for the Mental Health Sex Offense-Specific Evaluation

Instruments Used	Frequency of Use
	n=45
• Structured Interview	95.6% (43)
• Collateral Information	86.7% (39)
• MCMI-II or III	73.3% (33)
• MSI (Multiphasic Sex Inventory)	57.8% (26)
• Shipley Institute Of Living Scale	51.1% (23)
• Plethysmograph	44.4% (20)*
• Abel	
• Wilson Sexual Fantasy Questionnaire	37.8% (17)
• MMPI or MMPI 2	35.6% (16)*
• STATIC 99	
• HARE	31.1% (4)*

<ul style="list-style-type: none"> • SONE • Abel And Becker Cognition • SONAR 	
<ul style="list-style-type: none"> • Beck Depression Scale • RRASOR 	28.9% (13)*
<ul style="list-style-type: none"> • Abel And Becker Card Sort • SVP Instrument (Includes The DCJ Risk Assessment) 	20% (9)*

*Multiple tests grouped in this table reflect the number (frequency) of evaluations that included all of these in the tests.

2.090 A mental health sex offense-specific evaluation of a sex offender shall consider the following:

- Sexual evaluation, including sexual developmental history and evaluation for sexual arousal/ interest, deviance and paraphilias
- Character pathology
- Level of deception and/or denial
- Mental and/or organic disorders
- Drug/alcohol use
- Stability of functioning
- Self-esteem and ego-strength
- Medical/neurological/pharmacological needs
- Level of violence and coercion
- Motivation and amenability for treatment
- Escalation of high-risk behaviors
- Risk of re-offense
- Treatment and supervision needs
- Impact on the victim, when possible

Table 5: Areas Addressed and Considered to be Problem from the Mental Health Sex Offense-Specific Evaluation

Evaluation Area	Addressed in Treatment Provider Files n=45	Determined to be a Problem for the Offender n varies
EVALUATE MENTAL AND/OR ORGANIC DISORDERS		
<i>IQ Functioning</i> (Mental retardation, learning disability, and literacy)	86.7% (39)	10.3% (4)
<i>Organic Brain Syndrome (OBS)</i>	46.7% (21)	0
<i>Mental Illness</i> (DSM-IV diagnosis or other clearly stated disorder)	95.6% (43)	39.5% (17)

EVALUATE DRUG/ALCOHOL USE*		
<i>Alcohol and Drug Use/Abuse</i>	97.8% (44)	34.1% (15)
EVALUATE CHARACTER PATHOLOGY		
<i>Degree of Impairment</i>	86.7% (39)	41% (16)
EVALUATE STABILITY OF FUNCTIONING		
<i>Marital/Family Stability</i> <i>(Past, current, familial violence familial sexual, financial housing)</i>	95.6% (43)	31.8% (14)
<i>Employment/Education</i> <i>(completion of major life tasks)</i>	95.6% (43)	11.6% (5)
<i>Social Skills</i> <i>Aability to form and maintain relationships, courtship/dating skills, ability to demonstrate assertive behavior)</i>	82.2% (37)	50% (19)
DEVELOPMENTAL HISTORY		
<i>Disruptions in parent/child relationship</i> <i>History of bed wetting, cruelty to animals</i> <i>History of behavior problems in elementary school,</i> <i>History of special education services, learning disabilities, school achievement</i> <i>Indicators of disordered attachments</i>	80% (36)	18.4% (7)
EVALUATION OF SELF		
<i>Self-image, Self Esteem, Ego Strength</i>	84.4% (38)	53.8% (21)
MEDICAL SCREENING MEASURES		
<i>Pharmacological Needs</i> <i>Medical condition impacting offending behavior</i> <i>History of medication use/abuse</i>	77.8% (35)	11.1% (4)
SEXUAL EVALUATION		
<i>Sexual History (onset, intensity, duration, pleasure derived)</i> <i>Age of onset of expected normal behaviors</i> <i>Quality of first sexual experience</i> <i>Age of onset of sexually deviant behaviors</i> <i>Witnessed or experienced victimization as a child (sexual or physical)</i> <i>Genesis of sexual information</i> <i>Age/degree of use of pornography, phone sex, cable, video, or internet for sexual purposes</i> <i>Current and past range of sexual behavior</i>	97.8% (44)	100% (44)
<i>Reinforcement Structure for deviant behavior</i> <i>Culture, environment, cults</i>	37.8% (17)	21.1% (4)

Arousal Pattern <i>Sexual arousal, sexual interest</i>	88.6% (39)	43.9% (18)
Specifics of Sexual Crime(s) (<i>Onset, intensity, duration, pleasure derived</i>) <i>Detailed description of sexual assault</i> <i>Seriousness, harm to victim</i> <i>Mood during assault (anger, erotic, "love")</i> <i>Progression of sexual crimes</i> <i>Thoughts preceding and following crimes</i> <i>Fantasies preceding and following crimes</i>	93.3% (42)	97.6% (41)
Sexual Deviance	97.8% (44)	38.6% (17)
Dysfunction <i>(Impotence, priapism, injuries, medications affecting sexual functioning, etc.)</i>	40% (18)	11.1% (2)
Offender's Perception of Sexual Dysfunction	31.1% (14)	21.4% (3)
Preferences <i>(Male/female; age; masturbation targets; use of tools, utensils, food, clothing; current sexual practices, deviant as well as normal behaviors)</i>	88.9% (40)	38.5% (15)
Attitude/Cognition <i>Motivation to change/continue behavior</i> <i>Attitudes toward women, children sexuality in general</i> <i>Attitudes about offense (i.e., seriousness, harm to victim)</i> <i>Degree of victim empathy</i> <i>Presence/degree of minimalization</i> <i>Presence/degree of denial</i> <i>Ego-syntonic v s. ego-dystonic sense of deviant behavior</i>	82.2% (37)	54.1% (20)
Attitudes About Offense <i>(i.e., seriousness, harm to victim)</i> <i>Degree of victim empathy</i> <i>Presence/degree of minimization</i> <i>Presence/degree of denial</i> <i>Ego-syntonic v s. ego-dystonic sense of deviant behavior</i>	95.6% (43)	74.4% (32)
EVALUATE LEVEL OF DENIAL AND/OR DECEPTION		
<i>Level of denial</i> <i>Level of deception</i>	93.3% (42)	61.9% (26)
EVALUATE LEVEL OF VIOLENCE AND COERCION		
<i>Level of violence, pattern of assaults, victim selection, escalation of violence</i>	64.4% (29)	27.6% (8)
EVALUATE RISK		
<i>Risk of re-offense</i>	86.7% (39)	59% (23)

2.110 The evaluator shall recommend:

- The level and intensity of offense-specific treatment needs
- Referral for medical/pharmacological treatment if indicated
- Treatment of co-existing conditions
- The level and intensity of behavioral monitoring needed
- The types of external controls which should be considered specifically for that offender (e.g. controls of work environment, leisure time, or transportation; life stresses, or other issues that might increase risk and require increased supervision)
- Methods to lessen victim impact
- Appropriateness and extent of community placement.

Upon request, the evaluator (if different from the treatment provider) shall also provide information to the case management team or prison treatment provider at the beginning of an offender's term of supervision or incarceration.

Table 6: Recommendations in the Mental Health Sex Offense-Specific Evaluation

Recommendations	Frequency Topic Found in the Treatment Provider Files n=45
Offense-Specific Treatment	78.8% (41)
Referral For Medical Or Pharmacological Treatment	19.2% (10)
Treatment Of Coexisting Problems	32.7% (17)
Appropriate External Controls	11.5% (6)
Appropriateness Of Community Placement	28.8% (15)
Additional Information	
No Contact With Children	32.7% (17)
No Contact With Defendant's Children	5.8% (3)

SUMMARY OF FINDINGS:

Sex offense-specific treatment is a core component of the management of sex offenders and, as such, this *Standard* addresses a myriad of topics. According to the data collected from a limited number of case files and from interviews with 50% of the treatment providers, *the requirements specified in this Standard were generally met. It appears from the data collected for this study that treatment was indeed a significant intervention in the lives of sex offenders under supervision in the community.* Documents in the files showed that, in general, treatment providers informed offenders in writing of their expectations, including issues pertaining to restricted contact with victims, potential victims and children. Offenders were participating in group and individual treatment, and efforts by treatment providers to manage situational risk factors were common and usually documented with safety plans. Treatment progress was generally well recorded as were issues of offender denial. Nearly all treatment providers reported during interviews that they frequently work with family members of convicted offenders, an activity listed in the *Standards*: “Actively involve relevant family and support system.

The *Standards* would be more fully implemented if all treatment plans were individualized and included goals with measurable objectives along with a plan to achieve those objectives. Also, copies of relapse prevention plans were available in only 6 of the 54 treatment files reviewed. Therapist and supervising officers could ensure further compliance with the *Standards* if they provided complete and consistent documentation of rule violations and the response to that violation, and if the information in their files included more details about progress in treatment. Complete documentation of case management is required to study the impact and “analyze the effectiveness” of the *Standards and Guidelines* per C.R.S. 16.11.7-103(d)(I).

More detailed findings from this summary are bulleted below. The bulleted findings are followed by presentation of the data analyzed to assess the implementation of *Standard 3.0*.

The findings below discuss the following topics: sex-offense specific treatment, confidentiality waivers, individualized treatment contracts, relapse prevention plans, the management of offenders in denial, and the use of assessment and behavioral monitoring tools.

- *Treatment Plans.* Most (79.8%; 51 of 64) therapists said that their treatment plans are individualized but also contained standard “boilerplate” language. However,

of the 42 treatment plans found in the treatment provider files, 16 were not individualized as required by the SOMB. Three files had no treatment plan.

Nearly all (98.4%; 63 of 64) of the therapists interviewed said they addressed contact with children in their treatment plans, reflecting the importance of this issue. Yet, researchers reviewing plans found that not all (61.9%; 26 of 42) of the plans addressed this topic.

About 40% of the treatment plans did not include clear, measurable objectives and a plan to achieve those objectives, as required by the *Standards*. The areas to be addressed in the treatment plans are described in Table 13.

- ***Waivers of confidentiality.*** The file reviews indicated that most treatment providers documented the requirement that offenders waive confidentiality so that information can be shared with the supervising officer, polygraph examiner, and others as determined necessary by the therapist.
- ***Service Delivery.*** According to data obtained from 54 treatment provider files, offenders were participating in a variety of treatment services including both group therapy and individual sessions (types of services delivered according to file reviews are listed in Appendix D). Treatment contracts specified the type and frequency of treatment, and most identified how the duration of treatment would be determined. Most contracts also specified behavioral restrictions and referenced the conditions of supervision, including the requirement to participate in polygraph testing. Treatment files documented offenders' attendance and, in varying degrees of detail, progress in the program although rule violations and failed assignments were documented less consistently. Most (90%) of the treatment providers reported that they included in their work the spouses and family members in some form; over one-third had worked in some manner with offenders' children and half reported involvement with adult family members, including parents, siblings, in-laws and cousins.
- ***Relapse Prevention Plans.*** Although nearly all (90%) of the therapists interviewed said they addressed relapse prevention, only 11.1% of treatment provider files, and even fewer officer files, contained an RP plan (not all data presented). It was quite likely that offenders maintained "work-in-progress" plans as part of their homework material, however it would be valuable for therapist files to include photocopies of a recent version of the plan. Many of the therapists' files contained safety plans for specific events, however, indicating efforts to manage situational risk factors. A list of such events can be found in Appendix E.
- ***Offenders In Denial.*** Nearly three-fourths (77.7%; 42 out of 54) of the treatment provider files had some notation of offender denial and defensiveness; most often it was assessed in the mental health sex offense-specific evaluation report. Half (30 of 60) of the probation and parole files reviewed found offenders to be in

some level of denial at the start of the supervision process. Six months later it appeared that only nine remained in some level of denial, suggesting that most offenders had worked or were working through this issue while under supervision. (Only one of the nine cases was returned to court on a revocation and for this case supervision was continued.)

- ***Sanctions and Consequences.*** Sanctions and consequences included more intensive treatment, more homework, lectures by supervising officers or therapists, requirements to address their denial in group, and prohibitions from extra curricular activities and other restrictions. The types of monitoring ranged from an increase in the frequency of appointments with their supervising officer to daily call-ins and electronic monitoring. It is not clear from the data collected how frequently the polygraph may have been used to assist offenders through denial. See Appendix F for more details.
- ***Assessment and Behavioral Monitoring.*** Nearly half (25) of the 54 treatment files reviewed reflected the use of a plethysmograph for sexual arousal assessment, and 32 reflected the use of the Abel Screen to assess sexual interests. Most therapists reported during interviews that they used polygraph information in-group treatment, to focus treatment, to assess risk and monitor treatment compliance. Deceptive polygraph findings resulted in a variety of restrictions, as specified in Table 28. Out of the 64 therapists interviewed 81.3% (52) of them responded that they sanctioned or imposed consequences when an offender had deceptive polygraph results. Nearly 74% (45) of treatment providers said they sometimes imposed sanctions/consequences on offenders who have inconclusive polygraph results. Inconclusive findings can result from an offender's lack of cooperation, but there may be other reasons as well.

3.100 ♦ Sex Offense-Specific Treatment

- 3.110** Sex offense-specific treatment must be provided by a treatment provider registered at the full operating level or the associate level under these standards.

All the treatment providers interviewed as well as collected from were SOMB approved providers.

- 3.130** A provider shall develop a written treatment plan based on the needs and risks identified in current and past assessments/evaluations of the offender.

The treatment plan shall:

Provide for the protection of victims and potential victims and not cause the victim(s) to have unsafe and/or unwanted contact with the offender
Be individualized to meet the unique needs of the offender
Identify the issues to be addressed, including multi-generational issues if indicated, the planned intervention strategies, and the goals of treatment

Define expectations of the offender, his/her family (when possible), and support systems
 Address the issue of ongoing victim input

Table 7: Treatment Plans Found in Treatment Provider Files

Treatment Provider Files	
n=54	
No	22.2% (12)
Yes	77.8% (42)

Table 8: Language Contained in Treatment Plans

	Documentation in Treatment Provider Files	Treatment Provider Telephone Responses
	n=42*	n=64
Individual	21.4% (9)	15.6% (10)
Standard language	40.5% (17)	4.7% (3)
Contains both individual and standard language	**	79.7% (51)
Not individualized	38.1% (16)	**

*There were only 42 treatment plans found in the treatment provider files.

**Response not offered by this group.

Table 9: Treatment Provider Telephone Responses to Areas Addressed in the Treatment Plans

n=64*	Contact with Children**	Victim Input**	Impact on Victim**	Relapse Prevention**
No	1.6% (1)	54.7% (35)	31.3% (20)	4.7% (3)
Yes	98.4% (63)	45.3% (29)	67.2% (43)	90.6% (58)
Additional Comments from those who said YES				
	No contact clearly stated (42)	If available, discussed in treatment plan (8)	Victim empathy is part of treatment (27)	Relapse prevention is part of treatment (48)
	Requirements to have contact are listed (15)	Clarification addressed (4)		Relapse prevention addressed in group (5)
	If offender wants contact, included as a goal (5)	Victim representative input included (4)		

*The "yes" and "no" answers do not total 64 when the information from the remaining interviews was missing on that particular question.

**Other areas that identified during the interviews that are addressed in the treatment plans were social skills, medical/pharmacological needs, substance abuse, relationships, trauma and anger. The areas in the table were most commonly mentioned as key components of the treatment plan.

Table 10: Treatment Plans Found in Treatment Provider Files Address the Following Areas n=42

Provide for the protection of victims and potential victims and not cause the victim(s) to have unsafe and/or unwanted contact with the offender	
No	26.2% (11)
Yes, specifically and thoroughly*	11.9% (5)
Yes, although somewhat vague*	61.9% (26)
Identify the issues to be addressed, including multi-generational issues if indicated, the planned intervention strategies, and the goals of treatment	
No	9.5% (4)
Yes, specifically and thoroughly*	31% (13)
Yes, although somewhat vague*	59.5% (25)
Define expectations of the offender, his/her family (when possible), and support systems	
No	26.2% (11)
Yes, specifically and thoroughly*	31% (13)
Yes, although somewhat vague*	42.9% (18)
Address the issue of ongoing victim input	
No	81% (34)
Yes, specifically and thoroughly*	4.8% (2)
Yes, although somewhat vague*	14.3% (6)

*Researchers judged whether there was a sufficient level of descriptive information to guide another professional in directing treatment and assessing offender progress.

3.140 A provider shall employ treatment methods that are supported by current professional research and practice:

- A Group therapy (with the group comprised only of sex offenders) is the preferred method of sex offense-specific treatment. At a minimum, any method of psychological treatment used must conform to the standards for content of treatment (see F., below) and must contribute to behavioral monitoring of sex offenders. The sole use of individual therapy is not recommended with sex offenders, and shall be avoided except when geographical--specifically rural--or disability limitations dictate its use.

Table 11: Types of Services Documented in the Treatment Provider Files

Treatment Services Received*
<ul style="list-style-type: none"> • Group Therapy • Individual Therapy • Anger Management • Drug and Alcohol Treatment • Couples Therapy • Family Sessions • Victim Empathy

*A complete list of treatment services can be found in Appendix D.

F The content of offense-specific treatment for sex offenders shall be designed to:

14. Require offenders to develop a written relapse prevention plan for preventing a re-offense; the plan should identify antecedent thoughts, feelings, circumstances, and behaviors associated with sexual offenses;

Table 12: Relapse Prevention Plans Found in Treatment Provider Files

Treatment Provider Files	
n=54	
No	88.9% (48)
Yes	3.7% (2)
Relapse prevention plan appears to be in progress	7.4% (4)

3.150 Providers shall maintain clients' files in accordance with the professional standards of their individual disciplines and with Colorado state law on health care records. Client files shall:

A Document the goals of treatment, the methods used, the client's observed progress, or lack thereof, toward reaching the goals in the treatment records. Specific achievements, failed assignments, rule violations and consequences given should be recorded.

AND

B Accurately reflect the client's treatment progress, sessions attended, and changes in treatment.

Table 13: Treatment Plan Documentation

Documentation of Goals of Treatment and Methods Used From Treatment Provider Files	
n=42*	
All goals have objectives and methods.	59.5% (25)
Some but less than half of the goals have objectives and methods.	9.5% (4)
There are no objectives and methods to meet the goals.	14.3% (6)
No individual goals are listed. Offender must pass through a specified program.	16.7% (7)

*Treatment plans were found in 42 of 54 files.

Table 14: Progress in Treatment: Presence and Frequency of Documentation

	Documentation of the Following Areas in the Last Six Months of Treatment	Of those with documentation, Three or More References of Documentation
	n=54	n varies
Specific achievements	48.1% (26)	57.5% (15)
Failed assignments	48.1% (26)	53.8% (14)
Rule violations	75.9% (41)	41.5% (17)
Treatment progress	98.1% (53)	84.9% (45)
Lack of treatment progress	83.3% (45)	55.6% (25)
Attendance	100% (54)	90.7% (49)

3.200 ♦ Confidentiality

3.210 A treatment provider shall obtain signed waivers of confidentiality based on the informed assent of the offender. If an offender has more than one therapist or treatment provider, the waiver of confidentiality shall extend to all therapists treating the offender. The waiver of confidentiality should extend to the victim's therapist. The waiver of confidentiality shall extend to the supervising officer and all members of the team (see 5.100) and, if applicable, to the Department of Human Services and other individuals or agencies responsible for the supervision of the offender.

Table 15: Signed Waivers of Confidentiality Found in Treatment Provider Files

Treatment Provider Files	
n=54	
No	18.8% (10)
Yes	81.5% (44)

Table 16: Treatment Contract Addresses Confidentiality Waivers

Treatment Provider Files	
n=49*	
No	8.2 % (4)
Yes	91.8% (45)

*49 treatment contracts were found in 54 provider files.

3.300 ♦ Treatment Provider-Client Contract

3.310 A provider shall develop and utilize a written contract with each sex offender (hereafter called "client" in this section of the Standards) prior to the commencement of treatment. The contract shall define the specific responsibilities of both the provider and the client.

A The contract shall explain the responsibility of a provider to:

1. Define and provide timely statements of the costs of assessment, evaluation, and treatment, including all medical and psychological tests, physiological tests, and consultations;
2. Describe the waivers of confidentiality which will be required for a provider to treat the client for his/her sexual offending behavior; describe the various parties with whom treatment information will be shared during the treatment; describe the time limits on the waivers of confidentiality; and describe the procedures necessary for the client to revoke the waiver;
3. Describe the right of the client to refuse treatment and/or to refuse to waive confidentiality, and describe the risks and potential outcomes of that decision;
4. Describe the type, frequency, and requirements of the treatment and outline how the duration of treatment will be determined, and;
5. Describe the limits of confidentiality imposed on therapists by the mandatory reporting law, Section 19-3-304 C.R.S.

Table 17: Documentation from the Treatment Provider Files Regarding Content of the Treatment Contract

The Treatment Contract Shall Explain the Responsibility of a Provider to:	n=49*
Define and provide timely statements of the costs of assessment, evaluation, and treatment, including all medical and psychological tests, physiological tests, and consultations	79.6% (39)
Describe the waivers of confidentiality which will be required for a provider to treat the client for his/her sexual offending behavior; describe the various parties with whom treatment information will be shared during the treatment; describe the time limits on the waivers of confidentiality; and describe the procedures necessary for the client to revoke the waiver	91.8% (45)**
Describe the right of the client to refuse treatment and/or to refuse to waive confidentiality, and describe the risks and potential outcomes of that decision;	42.9% (21)
Describe the type, frequency, and requirements of the treatment and outline how the duration of treatment will be determined, and;	87.8% (43)
Describe the limits of confidentiality imposed on therapists by the mandatory reporting law, Section 19-3-304 C.R.S.	67.3% (33)

*49 treatment contracts were found in the 54 files reviewed by researchers.

**Sometimes the issue of non-confidentiality was included in the treatment contract and these waivers were often found as stand-alone forms requiring the offender's signature.

B The contract shall explain any responsibilities of a client (as applicable) to:

1. Pay for the cost of assessment and treatment for him or herself, and his or her family, if applicable;
2. Pay for the cost of assessment and treatment for the victim(s) and their family(ies), when ordered by the court, including all medical and psychological tests, physiological testing, and consultation;
3. Inform the client's family and support system of details of past offenses, which are relevant to ensuring help and protection for past victims and/or relevant to the relapse prevention plan. Clinical judgment should be exercised in determining what information is provided to children;
4. Actively involve relevant family and support system, as indicated in the relapse prevention plan.

Table 18: Telephone Responses from Treatment Providers about Working with Offender Family Members

Treatment Provider Telephone Responses	
n=62*	
No	3.1% (2)
Yes	93.8% (60)

*Not everyone responded.

Table 19: Treatment Provider Telephone Responses About Which Family Members They Work With

n=64	Adult Relatives (parents, siblings, aunt/uncles, cousins, in-laws)		
	Spouses	Children	
Male	48.3% (29)	31.7% (19)	53.3% (32)
Females	95.0% (57)	36.7% (22)	

* Therapists also mentioned working with partners or significant others, friends and neighbors, chaperones, employers and ministers.

5. Notify the treatment provider of any changes or events in the lives of the client and members of the client's family or support system;
6. Participate in polygraph testing as required in the Standards and Guidelines and, if indicated, plethysmographic testing as adjuncts to treatment;
7. Assent to be tested for sexually transmitted diseases and HIV, and assent for the results of such testing to be released to the victim by the appropriate person, and;
8. Comply with the limitations and restrictions placed on the behavior of the client, as described in the terms and conditions of probation, parole, or community corrections and/or in the contract between the provider and the client.

Table 20: Details of Treatment Contract

The Treatment Contract Shall Explain Any Responsibilities of a Client (as applicable) to:		n=49
Pay for the cost of assessment and treatment for him or herself, and his or her family, if applicable;		91.8% (45)
Pay for the cost of assessment and treatment for the victim(s) and their family(ies), when ordered by the court, including all medical and psychological tests, physiological testing, and consultation;		63.3% (31)
Inform the client's family and support system of details of past offenses, which are relevant to ensuring help and protection for past victims and/or relevant to the relapse prevention plan. Clinical judgment should be exercised in determining what information is provided to children;		77.6% (38)
Actively involve relevant family and support system, as indicated in the relapse prevention plan.		67.3% (33)
Notify the treatment provider of any changes or events in the lives of the client and members of the client's family or support system;		59.2% (29)
Participate in polygraph testing as required in the Standards and Guidelines and, if indicated, plethysmographic testing as adjuncts to treatment;		89.8% (44)
Assent to be tested for sexually transmitted diseases and HIV, and assent for the results of such testing to be released to the victim by the appropriate person, and;		67.3% (33)
Comply with the limitations and restrictions placed on the behavior of the client, as described in the terms and conditions of probation, parole, or community corrections and/or in the contract between the provider and the client.		75.5% (37)

C The contact shall also, (as applicable):

1. Provide instructions and describe limitations regarding the client's contact with victims, secondary victims, and children;
2. Describe limitations or prohibitions on the use or viewing of sexually explicit or violent material;
3. Describe the responsibility of the client to protect community safety by avoiding risky, aggressive, or re-offending behavior, by avoiding high risk situations, and by reporting any such forbidden behavior to the provider and the supervising officer as soon as possible;
4. Describe limitations or prohibitions on the use of alcohol or drugs not specifically prescribed by medical staff, and;
5. Describe limitations or prohibitions on employment or recreation.

Table 21: More About the Treatment Contract

The Treatment Contract Shall Also (as applicable):	n=49
Provide instructions and describe limitations regarding the client's contact with victims, secondary victims, and children;	91.8% (45)
Describe limitations or prohibitions on the use or viewing of sexually explicit or violent material;	89.8% (44)
Describe the responsibility of the client to protect community safety by avoiding risky, aggressive, or re-offending behavior, by avoiding high risk situations, and by reporting any such forbidden behavior to the provider and the supervising officer as soon as possible;	79.6% (39)
Describe limitations or prohibitions on the use of alcohol or drugs not specifically prescribed by medical staff, and;	87.8% (43)
Describe limitations or prohibitions on employment or recreation.	65.3% (32)

3.600 ♦ Community Placements and Treatment of Sex Offenders in Denial

3.620 Level of denial and defensiveness shall be assessed during the mental health sex offense-specific evaluation.

Table 22: Level of Denial Assessed During The Mental Health Sex Offense-Specific Evaluation?

Treatment Provider Files	
n=45*	
No	4.4% (2)
Yes	93.3% (42)
Can't determine	2.2% (1)

*45 mental health sex offense-specific evaluations were found in 54 treatment provider files.

3.630 When a sex offender in strong or severe denial must be in the community (e.g. on mandatory parole), offense-specific treatment shall begin with an initial module that specifically addresses denial and defensiveness. Such offense-specific treatment for denial shall not exceed six months and is regarded as preparatory for the remaining course of offense-specific treatment.

Table 23: Documenting Denial Process

At the Start of Treatment was the Offender in Denial?*			
	Probation Officer Files	Parole Officers Files	Treatment Provider Files
	n=45	n=15	n=54
No	42.2% (19)	6.7% (1)	29.6% (16)
Yes	46.7% (21)	60.0% (9)	53.7% (29)
Can't determine*	11.1% (5)	33.3% (5)	16.7% (9)

* Denial was most likely to be addressed when it was an issue for the offender.

If YES...

Table 24: Documentation Regarding Treatment for Denial

Was the Offender Offered Treatment to Address Denial?			
	Probation Officer Files	Parole Officers Files	Treatment Provider Files
	n=21	n=9	n=29
No	19% (4)	33.3% (3)	13.8% (4)
Yes	33.3% (7)	33.3% (3)	20.7% (6)
Can't determine*	47.6% (10)	33.3% (3)	65.5% (19)

* Denial was most likely to be addressed when it was an issue for the offender.

3.650 Offenders who are still in strong or severe denial and/or are strongly resistant after this six (6) month phase of treatment shall be terminated from treatment and revocation proceedings should be initiated if possible. Other sanctions and increased levels and types of supervision, such as home detention, electronic monitoring, etc., should be pursued if revocation is not an option. In no case should a sex offender in continuing denial of the facts of the offense remain indefinitely in offense-specific treatment.

Table 25: Denial Six Months Later: Documentation

After Six Months in Treatment was the Offender in Denial?			
	Probation Officer Files n=26	Parole Officers Files n=14	Treatment Provider Files n=38
No	26.9% (7)	13.3% (2)	28.9% (11)
Yes	26.9% (7)	13.3% (2)	13.2% (5)
Can't Determine*	46.2% (12)	66.7% (10)	57.9% (22)

* Denial is most likely mentioned when it is or has been an issue for the offender.

3.700 ♦ Treatment Providers' Use of the Polygraph and Plethysmograph and Abel Screen

3.720 It is recommended that a provider employ plethysmography as a means of gaining information regarding the sexual arousal patterns of sex offenders or the Abel screen as a means of gaining information regarding the sexual interest patterns of sex offenders.

Table 26: Use of Plethysmograph and Abel Screen

	Plethysmograph n=54	Abel Screen n=54
No	46.3% (25)	37% (20)
Yes	46.3% (25)	59.3% (32)
Can't determine	7.4% (4)	3.7% (2)

3.740 The case management team shall determine the frequency of polygraph examinations, and the results shall be reviewed by the team. The results of such polygraphs shall be used to identify treatment issues and for behavioral monitoring.

Table 27: Open-ended Question to Therapists: How do you use the polygraph results?

Therapist Telephone Survey Responses to How They Use the Polygraph Results: Open-ended Question	
n=64	
52.5% (32)	<ul style="list-style-type: none"> Confront the offender in group, discuss results with offender.
41% (25)	<ul style="list-style-type: none"> Meet with/call supervising officer and discuss. Review to determine areas of concern/risk to help focus treatment. Team reviews results, staff inconclusive results, decipher polygraphs.
24.6% (15)	<ul style="list-style-type: none"> Monitor compliance/progress, monitor contact, use as a monitoring tool.
18% (11)	<ul style="list-style-type: none"> Sanction offender by using the DOC sanction grid, restrictions, and increase homework.
9.8% (6)	<ul style="list-style-type: none"> Use as a reinforcement or consequence; use as a treatment tool; focus on the polygraph in treatment.
8.2% (5)	<ul style="list-style-type: none"> To increase benefits and privileges. Reward/praise offender. Gauge progress.
3.4% (4)	<ul style="list-style-type: none"> To make treatment plan changes.

Table 28: Open-ended Question to Therapists: What sanctions or consequences are imposed for deceptive results?

Ten Most Common Responses from Therapists Regarding the Types of Sanctions or Consequences Imposed for <i>Deceptive</i> Polygraph Results n=64	
1. Increase treatment, extra groups (i.e. failed polygraph group), individual sessions, daily contact with treatment provider, study hall	66.1% (39)
2. Increase restrictions (i.e. travel, curfew, etc)	47.5% (28)
3. Given more homework (i.e. journal, written clarification)	42.4% (25)
4. Retake or more frequent polygraph exams	28.8% (17)
5. Loss of privileges	23.7% (14)
6. Increase supervision, monitoring, or containment	18.6% (11)
7. Use sanction grid	15.3% (9)
8. Electronic home monitoring (EHM), Global Positioning System (GPS)	13.6% (8)
9. House arrest	13.6% (8)
10. Weekend in jail	6.8% (4)

Table 29: Open-ended Question to Therapists: What sanctions or consequences are imposed for inconclusive results?

Ten Most Common Responses from Therapists about the Types of Sanctions or Consequences Imposed for <i>Inconclusive</i> Polygraph Results n=64	
1. Increase treatment, extra groups (i.e. failed polygraph group), individual sessions, daily contact with treatment provider, study hall	34.1% (15)
2. Retake or more frequent polygraph exams	50% (22)
3. Given more homework (i.e. journal, written clarification)	22.7% (10)
4. Consider it a failed polygraph	22.7% (10)
5. Loss of privileges	9.1% (4)
6. Electronic home monitoring (EHM), Global Positioning System (GPS)	4.5% (2)
7. Weekend in jail	4.5% (2)
8. House arrest	4.5% (2)
9. Self-pay for polygraphs	2.3% (1)
10. Remove offender from home if reunited with family	2.3% (1)

Additional uses of polygraph information mentioned by therapists included: changing the offender's living situation or job, increasing the use of other monitoring methods such as urinalysis testing, prohibit contact with kids.

SUMMARY OF FINDINGS:

This section of the *Standards and Guidelines* addresses specific expectations for supervision teams. Treatment providers, supervising officers and polygraph examiners are provided direction in terms of communication, training, supervision conditions and issues of non-compliance. *With few exceptions, this comprehensive set of requirements appeared to be implemented by the majority of these professionals, reflecting a commitment to the team approach to managing risk.*

Supervising officers, polygraph examiners and treatment providers, in nearly unanimous agreement, reported in interviews that the interagency community supervision team included the supervising officer and the treatment provider. However, only 60% of the supervising officers and treatment providers considered polygraph examiners part of the containment team while nearly all of the examiners considered themselves team members. Although, about 60% of polygraph examiners reported talking to treatment providers and 70% said they talk to supervising officers at least monthly, over half reported that the amount of contact remained inadequate. Recent (within the last six months) verbal contact between the supervising officer and the treatment provider was documented in over 90% of the probation files (one probationer was discussed on 22 occasions); contact was documented in 60% of the parole files but these contacts were rarely recorded in the treatment provider files.

Teamwork is a core component of sex offender management since shared information is used to develop individualized containment strategies. Researchers asked interviewees about the extent to which conflict, which as the potential of interrupting communication, was experienced among the professionals and if so how it was resolved. Two-thirds of the supervising officers said conflict sometimes occurred; 75% said the conflict was due to differences in opinions and approaches, although nearly 20% said that conflict emerged when the therapist advocated for the offender instead of community safety. Methods to resolve conflict were described by over 80% of supervising officers and 70% of treatment providers, including compromising, talking it through and using help from a third party (data not presented).

Of some concern was a finding that one-fourth of supervising officers and about one-half of therapists reported that they talked to the polygraph examiner *before* the exam, although two-thirds of both groups said, in response to a different question, they always or almost always provide input into the question content for the exam. It is important to remember that the examiner can construct the most germane

questions when completely informed about an offender's recent progress in treatment. A focused exam provides more accurate information, and this is important since 90% of supervising officers said they always or sometimes impose consequences for deceptive polygraph results.

Documented progress reports from the treatment provider to the supervising officer are an important part of the communication process necessary to manage risk in the community. Nearly three-fourths (77.3%) of officers said they received monthly progress reports from treatment providers. A review of progress reports found probation and parole officer files contained monthly progress reports for only 60% of cases. Nine therapists said they did not provide monthly progress reports despite the requirement to do so.

Overall, the data from this study reflect a significant exchange of information by team members about offenders. This communication is commonly but not always documented in the files; improved recording of case activities in the files will enhance future research efforts to link specific aspects of team collaboration to client outcome.

Data supporting this summary is presented below.

5.100 ♦ Establishment of an Interagency Community Supervision Team

5.120 Each team at a minimum, should consist of:

- the supervising officer
- the offender's treatment provider and
- the polygraph examiner⁹

Each team is formed around a particular offender and is flexible enough to include any individuals necessary to ensure the best approach to managing and treating the offender. Team membership may therefore change over time.

The team may include individuals who need to be involved at a particular stage of management or treatment (e.g., the victim's therapist or victim advocate). When the sexual offense is incest, the child protection worker is also a team member if the case is still open.

⁹ Please see Standard 5.420 regarding the attendance of polygraph examiners at team meetings.

Table 30: Multiple Responses from Open-ended Questions: Who is Typically Part of the Interagency Community Supervision Team?

	Supervising Officer Responses	Treatment Provider Responses	Polygraph Examiner Responses
	n=110	n=64	n=17
Supervising officer	*	100% (63)	100% (17)
Treatment provider	93.6% (103)	*	100% (17)
Polygraph examiner	60.0% (66)	60.3% (38)	82.4% (14)
Other:			
Social workers/caseworkers	10.4% (5)	14.7% (6)	*
Victim Advocate/therapist	9.1% (10)	24.6% (15)	*
Co-therapists	*	92.7% (38)	*
Psychiatrist, or other mental health professionals	18.8% (9)	2.4% (1)	*
Families, friends, support system, chaperone	18.8% (9)	7.3% (3)	*
Unit Supervisor/team leader	43.8% (21)	*	*
Other probation or parole officers	33.3% (16)	2.4% (1)	*
All therapists in the office; treatment staff	*	92.7% (38)	*

*Response not offered by this group.

Table 31: Open-ended, Multiple Responses about the Advantages to a Team Approach

Advantages	Supervising Officer Telephone Responses	Treatment Provider Telephone Responses
	n=110	n=64
Shared perspective, different expertise, better understand offender	81.7% (85)	48.4% (31)
Backup; not doing it alone	*	46.9% (30)
Blending of ideas, better input, better information exchange	23.1% (24)	31.2% (20)
Prevents manipulation by offender	39.4% (41)	26.6% (17)
Increases community safety	14.4% (15)	*

*Response not offered by this group.

Table 32: Open-ended, Multiple Responses about the Disadvantages to a Team Approach

Disadvantages	Supervising Officer Telephone Responses	Treatment Provider Telephone Responses
	n=110	n=64
None	*	21.9% (14)
Time issues, large caseloads, slows decision-making process	31.3 (21)	29.7% (19)
Disagreement on risk level; treatment too lenient	13.4% (9)	32.8% (21)
Differing opinions; used to working alone	38.8% (26)	*
Communication can be difficult	19.4% (13)	*
Location; can't choose treatment providers; frustration with PO	10.7% (7)	9.4% (6)

*Response not offered by this group.

5.150 The team should demonstrate the following behavioral norms:

- A There is an ongoing, completely open flow of information among all members of the team;
- B Each team member participates fully in the management of each offender;
- C Team members settle among themselves conflicts and differences of opinion that might make them less effective in presenting a unified response. The final authority rests with the supervising officer;

Table 33: Telephone Responses about Teams Experiencing Conflict

	Supervising Officer Telephone Responses	Treatment Provider Telephone Responses
	n=109*	n=64
No, the teams they work with do not experience conflict	33.9% (37)	25% (16)
Yes, the teams they work with do experience conflict	55% (60)	75% (48)
Sometimes, some do and some don't experience conflict	11% (12)	**

*The answers do not total 65 when the information from the remaining interviews was missing on that particular question.

**Response not offered by this group.

5.160 Team members should communicate frequently enough to manage and treat sexual offenders effectively, with community safety as the highest priority.

Table 34: Treatment Provider Contact with *Probation Officers*

Treatment Providers Talking to <i>Probation Officers</i>	
n=64	
Between daily and weekly	59.4% (38)
More than monthly but less than weekly	25% (16)
Monthly	12.5% (8)
Every couple of months	1.6% (1)
Specific situations	1.6% (1)
Treatment Provider Response: Is frequency of contact with <i>probation officer</i> adequate?	
n=64	
No	4.7% (3)
Yes	81.3% (52)
Somewhat	12.5% (8)

Table 35: Treatment Provider Contact with *Parole Officers*

Treatment Providers Contact with <i>Parole Officers</i>	
n=28*	
Between daily and weekly	9.4% (6)
More than monthly but less than weekly	12.5% (8)
Monthly	14.1% (9)
Every couple of months	4.7% (3)
Specific situations	3.1% (2)
Treatment Provider Responses: Is frequency of contact with <i>parole officer</i> adequate?	
n=30*	
No	13.3% (4)
Yes	60.0% (18)
Somewhat	26.6% (8)

* Fewer than half of the treatment providers worked with parolees.

Treatment Provider Responses for the Reasons They Contact <i>Supervising Officers</i>	
n=64	
Discuss disclosures of abusive behavior	42.7% (47)
New disclosures of past victims	31.8% (35)
To discuss payment for services	24.5% (27)
Discuss result of polygraph exam	27.3% (30)
When offender is danger to self or others	20.9% (23)
Employment issues	7.3% (8)
Housing issues	7.3% (8)

Table 36: Supervising Officer Contact with *Treatment Providers*

Supervising Officers Contact with <i>Treatment Providers</i>	
n=110	
Between daily and weekly	47.3% (53)
More than monthly but less than weekly	26.8% (30)
Monthly	14.3% (16)
Specific situations	5.4% (6)
Varies	4.5% (5)
Supervising Officer Responses: Is frequency of contact with <i>treatment providers</i> adequate?	
n=109	
No	6.4% (7)
Yes	81.7% (89)
Somewhat	11.9% (13)
Supervising Officer Responses for the Reasons They Contact <i>Treatment Providers</i>	
n=110	
To discuss specific incidents	50.9% (56)
To discuss disclosures	30.0% (33)
Talk about the polygraph	21.8% (24)
To check in, get information	28.2% (31)
To report contact with victim/potential victims	24.5% (27)
To discuss offender out-of-state travel plans	17.3% (19)
Regarding violations/revocations	19.1% (21)

Table 37: Polygraph Examiner Contact with *Supervising Officers*

Polygraph Examiners Contact with <i>Supervising Officers</i>	
n=17	
Between daily and weekly	29.4% (5)
More than monthly but less than weekly	11.8% (2)
Monthly	17.6% (3)
Specific situations	23.5% (4)
Varies	17.6% (3)
Polygraph Examiner Responses: Is frequency of contact with <i>supervising officer</i> adequate?	
n=17	
No	58.8% (10)
Yes	17.6% (3)
Somewhat	23.5% (4)
Polygraph Examiner Responses for the Reasons They Contact <i>Supervising Officers</i>	
n=17	
Discuss new disclosures of information	88.2% (15)
That the offender was not prepared for the polygraph	11.8% (2)
Discuss the results of the polygraph exam	23.5% (4)
To report behaviors encountered during the exam	29.4% (5)
To schedule a polygraph	17.6% (3)
To discuss payment for the examination	11.8% (2)

Table 38: Additional Contact Information

Treatment Provider Talking to <i>Polygraph Examiner</i>	
n=64	
Between daily and weekly	14.1% (9)
More than monthly but less than weekly	12.5% (8)
Monthly	3.1% (2)
Every couple of months	3.1% (2)
Specific situations	37.5% (24)
Varies	25% (16)
Never	4.7% (3)

Polygraph Examiner Responses: Is frequency of contact with <i>treatment providers</i> adequate?	
n=17	
No	52.9% (9)
Yes	23.5% (4)
Somewhat	23.5% (4)
Polygraph Examiner Responses for the Reasons They Contact <i>Treatment Providers</i>	
n=17	
Discuss new disclosures of information	76.5% (13)
That the offender was not prepared for the polygraph	100% (17)
Discuss the results of the polygraph exam	76.5% (13)
To report behaviors encountered during the exam	47.1% (8)
To schedule a polygraph	35.3% (6)
To discuss payment for the examination	100% (17)

Table 39: Documentation in Officer Files that the Team Convened in Person, by Phone or Email

	Probation Officer Files n=45	Parole Officer Files n=15
Team Convened In Person		
No	93.3% (42)	93.3% (14)
Yes	2.2% (1)	0
Can't determine if there is a team	4.4% (2)	6.7% (1)
Team Convened by Phone or Email		
No	93.3% (42)	93.3% (14)
Yes	2.2% (1)	0

Table 40: Documentation from the Files that Officer Discussed the Offender with Therapist or Examiner, during a Six Month Time Period

	Probation Officer Files n=45		Parole Officer Files n=15	
	Treatment Provider	Polygraph Examiner	Treatment Provider	Polygraph Examiner
No	4.4% (2)	77.8% (35)	33.3% (5)	93.3% (14)
Yes	91.1% (41)	15.6% (7)	60.0% (9)	0
Can't determine	4.4% (2)	6.7% (3)	6.7% (1)	6.7% (1)
Average number of times discussed offender in the last 6 months	4.95	1.14	1.89	0

Table 41: Circumstances for When Supervising Officers Talk to Polygraph Examiners About Offenders on Their Caseloads

Most Common Responses from Supervising Officers about When they Talk to Polygraph Examiners	
1. After the exam (i.e. discuss results)	75.5%
2. Prior to the exam (i.e. schedule an exam)	52.9%
3. Problems/issues/concerns arise	34%

Table 42: Circumstances for When Treatment Providers Talk to Polygraph Examiners About Offenders on Their Caseloads

Most Common Responses from Treatment Providers about When they Talk to Polygraph Examiners	
1. Prior to the exam (i.e. schedule an exam)	68.5%
2. After the exam (i.e. discuss results)	22.9%
3. Before and after the exam	14.3%

5.200 ♦ Responsibilities of the Supervising Officer for Team Management

5.230 The supervising officer, in cooperation with the treatment provider and polygraph examiner, should utilize the results of periodic polygraph examinations for treatment and behavioral monitoring. Team members should provide input and information to the polygraph examiner regarding examination questions.

Table 43: Telephone Survey Responses to Providing Input into the Question Content for the Polygraph Exam

	Supervising Officer Telephone Responses	Treatment Provider Telephone Responses
	n=108*	n=64
Never or Seldom	4.6% (5)	4.7% (3)
Always or Almost Always	63.9% (69)	25% (16)
Sometimes	31.5% (34)	70.3% (45)

*Not everyone responded to this question.

Table 44: Supervising Officer Responses about Imposing Consequences for Polygraph Results

	Deceptive Polygraph Results
	n=109*
No	8.3% (9)
Yes	76.1% (83)
Depends/Sometimes	13.8% (15)
Don't know	1.8% (2)

*Not everyone responded to this question.

5.240 The supervising officer should require sex offenders to provide a copy of the written plan developed in treatment for preventing a relapse, signed by the offender and the therapist, as soon as it is available. The supervising officer should utilize the relapse prevention plan in monitoring offenders' behavior.

Table 45: Relapse Prevention Plans in Supervising Officer Files

	Probation Officer Files	Parole Officer Files
	n=45	n=15
No	88.9% (40)	100% (15)
Yes	2.2% (1)	0
Incomplete relapse plan	8.9% (4)	0

5.270 The supervising officer should require treatment providers to keep monthly written updates on sex offenders' status and progress in treatment.

Table 46: Supervising Officer Telephone Responses about Receiving Monthly Progress Reports

Supervising Officers Responses About Receiving Written Progress Reports from the Treatment Provider	
n=105*	
Receive them monthly	77.3% (85)
Sometimes receive written reports	7.3% (8)
Depends on the treatment provider	10.9% (12)

*Not everyone responded to this question.

Table 47: Open-ended Telephone Responses about the Types of Information Received in Progress Reports

	Supervising Officer Telephone Responses	Treatment Provider Telephone Responses
	n=110	n=64
Attendance	66.4% (73)	60.9% (39)
Participation	64.5% (71)	54.7% (35)
Polygraph results	50.9% (56)	43.8% (28)
General information	40.9% (45)	23.4% (15)
Treatment compliance	33.6% (37)	35.9% (23)
Changes in risk level	20.9% (23)	29.7% (19)

Table 48: Evidence of Monthly Progress Reports in Supervising Officer Files

	Probation Officer Files	Parole Officer Files
	n=45	n=15
No	11.1% (5)	26.7% (4)
Yes	57.8 (26)	60% (9)
Some, but not monthly	31.1% (14)	13.3% (2)

IF SOME, BUT NOT MONTHLY...

Table 49: Number of Times Found in the Supervising Officer Files

	Probation Officer Files	Parole Officer Files
	n=45	n=15
2 times	2	*
3 times	3	1
4 times	5	*
5 times	4	1

* Response not given by this group.

5.280 The supervising officer should discuss with the treatment provider, the victim's therapist, custodial parent or foster parent, and guardian ad litem specific plans for any and all contacts of an offender with a child victim and plans for family reunification.

Table 50: Telephone Responses from Team Members about Discussing Plans for Offender's Contact with Child Victim and Plans for Family Reunification

	Discuss Plans for Contact with Children	Discuss Family Reunification
Supervising officers contact treatment providers too...	14.5% (16)	6.4% (7)
Treatment providers contact supervising officers too...	18.8% (12)	30.7% (20)

5.216 The supervising officer should notify sex offenders that they must register with local law enforcement, in compliance with Section 18-3-412.5 C.R.S.

Table 51: Notification of Sex Offender Registration in Supervising Officer Files

	Probation Officer Files n=45	Parole Officer Files n=15
No	2.2% (1)	0
Yes	88.9% (40)	93.3% (14)
Not applicable	8.9% (4)	6.7% (1)

5.222 Supervising officers assessing or supervising sex offenders should successfully complete training programs specific to sex offenders.

Table 52: Multiples Responses from Supervising Officer Telephone Surveys about the Types of Trainings Officers Receive

Source of Trainings n=110	
Seminars, SOMB, COMCOR, judicial etc.	74.5% (83)
80-hour advanced training, introduction or overview to sex offenders	40.6% (43)
Special topics including lifetime supervision, the Abel, PPG, victim impact, etc.	17% (18)

Table 53: Supervising Officer Telephone Responses about when they Receive Training
When They Received the Training

n=110	
Before they started supervising sex offenders	36% (40)
Right when they began supervising sex offenders	1% (1)
After they began supervising sex offenders	59% (65)
Have not received training yet	3% (3)
Can't remember	1% (1)

5.223 On an annual basis, supervising officers should obtain continuing education/training specific to sex offenders.

Table 54: Supervising Officer Telephone Responses about Receiving Additional Training/Continuing Training

Receiving Additional Training/Continuing Education	
n=110	
Receive additional training	92% (101)
Do not receive additional training	7% (8)
Have been on the job less than a year	1% (1)

Table 55: Supervising Officer: Frequency of Additional Training/Continuing Education
Frequency of Additional Training/Continuing Education

n=100*	
Once or twice a month	16.3% (18)
Three to six times a year	21.8% (24)
Annually, twice a year, 20-40 hours annually	34.6% (38)
Bi-annually	11.8% (13)
Rarely, when offered, once in a while	6.3% (7)

*Not everyone responded.

Table 56: Additional Types of Training Mentioned

Some Additional Training Supervising Officers Have Attended	
<ul style="list-style-type: none"> • Training on the polygraph and sanctions • CASCI • PPG training • ABEL training • GPS training • ATSA training • Probation training • In house/treatment provider training • Training on legal issues, and • Changes in legislation 	

5.300 ♦ Responsibilities of the Treatment Provider within the Team

5.310 A treatment provider shall establish a cooperative professional relationship with the supervising officer of each offender and with other relevant supervising agencies.

Table 57: Telephone Survey Responses from Treatment Providers about Working with Multiple Supervising Officers

Treatment Provider Responses to the Number of Supervising Officers They Work with					
n=64					
	1-5	6-10	11-15	16+	Average
Probation Officers	44.8% (28)	33.5% (21)	11% (7)	11% (7)	8.14
Parole Officers	60.8% (28)	4.7% (3)	0	0	2.22

B A provider shall immediately report to the supervising officer evidence or likelihood of an offender's increased risk of re-offending so that behavioral monitoring activities may be increased.

Table 58: Multiple Responses from Supervising Officers about Reasons for Contact with Treatment Providers

Supervising Officers Report that Treatment Providers Contact Them for the Following Reasons	
n=110	
Discuss disclosures of abusive behavior	42.7% (47)
New disclosures of past victims	31.8% (35)
To discuss payment for services	24.5% (27)
Discuss result of polygraph exam	27.3% (30)
When offender is danger to self or others	20.9% (23)
Employment issues	7.3% (8)
Housing issues	7.3% (8)

5.400 ♦ Responsibilities of the Polygraph Examiner within the Team

5.410 The polygraph examiner shall participate as a member of the post-conviction case management team established for each sex offender.

Table 59: Polygraph Examiner Phone Survey Responses To Being Considered Part of Interagency Community Supervision Team

Polygraph Examiner Telephone Responses	
n=17	
No	11.8% (2)
Yes	82.4% (14)
Sometimes	5.9% (1)

5.420 The polygraph examiner shall submit written reports to each member of the community supervision team for each polygraph exam as required in section 6.190. Reports shall be submitted in a timely manner, no longer than two (2) weeks post testing.

Table 60: Telephone Survey Responses about Receiving Copies of Polygraph Reports from Polygraph Examiners

	Supervising Officer Telephone Responses n=108*	Treatment Provider Telephone Responses n=63*
Always or almost always	95.4%(103)	95.3% (61)
More than half the time	3.7% (4)	1.6% (1)
Less than half the time	0.9% (1)	**
Never or seldom	**	3.1% (2)

*Not everyone responded.

**Response not offered by this group.

Table 61: Copies of Polygraph Reports Found in Files

	Supervising Officer Files n=54	Treatment Provider Files n=54
No	3.7% (2)	5.6% (3)
Yes	94.4% (51)	92.6% (50)
Not applicable (i.e. offender did not show up for polygraph exam)	1.9% (1)	1.9% (1)

5.500 ♦ Conditions of Community Supervision

5.510 In addition to general conditions imposed on all offenders under community supervision, the supervising agency should impose the following special conditions on sex offenders under community supervision:

- A Sex offenders shall have no contact with their victim(s), including correspondence, telephone contact, or communication through third parties except under circumstances approved in advance and in writing by the supervising officer in consultation with the community supervision team. Sex offenders shall not enter onto the premises, travel past, or loiter near the victim's residence, place of employment, or other places frequented by the victim.

Table 62: Evidence in the Files that the Offender can have No Contact with their Victims

	Probation Officer Files	Parole Officer Files
	n=45	n=15
No	2.2% (1)	6.7% (1)
Yes	97.8% (44)	93.3% (14)

B Sex offenders shall have no contact, nor reside with children under the age of 18, including their own children, unless approved in advance and in writing by the supervising officer in consultation with the community supervision team. The sex offender must report all incidental contact with children to the treatment provider and the supervising officer, as required by the team.

Table 63: Evidence in the Files that the Offender is Prohibited Contact with Children Under Age 18

	Probation Officer Files	Parole Officer Files
	n=45	n=15
No	2.2% (1)	0
Yes	97.8% (44)	100% (15)

C Sex offenders who have perpetrated against children shall not date or befriend anyone who has children under the age of 18, unless approved in advance and in writing by the supervising officer in consultation with the community supervision team.

Table 64: Evidence in the Files that the Offender may not Date, Befriend, or Marry Anyone who has Children Under Age 18

	Probation Officer Files	Parole Officer Files
	n=45	n=15
No	2.2% (1)	6.7% (1)
Yes	93.3% (42)	93.3% (14)
Can't determine	4.4% (2)	0

D Sex offenders shall not access or loiter near school yards, parks, arcades, playgrounds, amusement parks, or other places used primarily by children unless approved in advance and in writing by the supervising officer in consultation with the community supervision team.

Table 65: Evidence in the Files that the Offender is Prohibited in Places Primarily Used by Children

	Probation Officer Files n=45	Parole Officer Files n=15
No	2.2% (1)	6.7% (1)
Yes	91.1% (41)	93.3% (14)
Can't determine	4.4% (2)	0

E Sex offenders shall not be employed in or participate in any volunteer activity that involves contact with children, except under circumstances approved in advance and in writing by the supervising officer in consultation with the community supervision team.

Table 66: Evidence in the Files of Employment or Volunteering Restrictions

	Probation Officer Files n=45	Parole Officer Files n=15
No	2.2% (1)	6.7% (1)
Yes	93.3% (42)	93.3% (14)
Can't determine	4.4% (2)	0

F Sex offenders shall not possess any pornographic, sexually oriented or sexually stimulating materials, including visual, auditory, telephonic, or electronic media, computer programs or services.

Table 67: Evidence in the Files that the Offender is Prohibited from Possessing Pornographic or Sexually Stimulating Materials

	Probation Officer Files n=45	Parole Officer Files n=15
No	2.2% (1)	6.7% (1)
Yes	95.6% (43)	93.3% (14)
Can't determine	2.2% (1)	0

G Sex offenders shall not consume or possess alcohol.

Table 68: Evidence in the Files that the Offender has been Notified that they Shall Not Consume or Possess and Drugs or Alcohol

	Probation Officer Files n=45	Parole Officer Files n=15
No	2.2% (1)	0
Yes	95.6% (43)	100% (15)
Can't determine	2.2% (1)	0

H The residence and living situation of sex offender must be approved in advance by the supervising officer in consultation with the community supervision team.

Table 69: Evidence in the Files that the Offender's Residence Must Be Approved in Advance

	Probation Officer Files n=45	Parole Officer Files n=15
No	2.2% (1)	0
Yes	95.6% (43)	100% (15)
Can't determine	2.2% (1)	0

I Sex offenders will be required to undergo blood, saliva, and DNA testing as required by statute;

Table 70: Evidence in the Files that the Offender has been Notified that they will be Required to Undergo a Blood, Saliva, and DNA test

	Probation Officer Files n=45	Parole Officer Files n=15
No	2.2% (1)	6.7% (1)
Yes	95.6% (43)	86.7% (13)
Not applicable	2.2% (1)	6.7% (1)

J Other special conditions that restrict sex offenders from high-risk situations and limit access to potential victims may be imposed by the supervising officer in consultation with the community supervision team;

Table 71: Evidence in the Files that the offender is restricted from High-Risk Situations and Potential Victims

	Probation Officer Files	Parole Officer Files
	n=45	n=15
No	17.8% (8)	40% (6)
Yes	80% (36)	60% (9)
Can't determine	2.2% (1)	0

K Sex offenders shall sign information releases to allow all professionals involved in assessment, treatment, and behavioral monitoring and compliance of the sex offender to communicate and share documentation with each other;

Table 72: Evidence in the Files that the Offender signed Releases of Information

	Probation Officer Files	Parole Officer Files
	n=45	n=15
No	2.2% (1)	20% (3)
Yes	97.8% (44)	80% (12)

L Sex offenders shall not hitchhike or pick up hitchhikers.

Table 73: Evidence in the Files that the Offender May Not Hitchhike or Pick Up Hitchhikers

	Probation Officer Files	Parole Officer Files
	n=45	n=15
No	2.2% (1)	6.7% (1)
Yes	93.3% (42)	93.3% (14)
Can't determine	4.4% (2)	0

M Sex offenders shall attend and actively participate in evaluation and treatment approved by the supervising officer and shall not change treatment providers without prior approval of the supervising officer.

Table 74: Evidence in the Files that the Offender will Attend and Actively Participated in Evaluations and Treatment and Not Change Treatment Providers Without Prior Approval

	Probation Officer Files	Parole Officer Files
	n=45	n=15
No	2.2% (1)	6.7% (1)
Yes	95.6% (43)	93.3% (14)
Can't determine	2.2% (1)	0

5.600 ♦ Behavioral Monitoring of Sex Offenders in the Community

5.610 The monitoring of offenders' compliance with treatment and sentencing requirements shall recognize sex offenders' potential to re-offend, to re-victimize, to cause harm, and the limits of sex offenders' self-reports.

Table 75: Number of times officer files document source of information regarding Non-Compliant behavior

Source of Information*	Probation Officer Files	Parole Officer Files
	n=45	n=15
Offender's self report	64	3
Home visits	6	2
Treatment provider	59	23
Disclosure during polygraph exam	63	20
Detection by supervising officer	14	23
Law enforcement	6	1
Third party	10	0
Court: Failure to appear notice	16	0
Other	10	7
Total	248	79

*Files often contained documentation of multiple instances of noncompliance and multiple sources of information.

Table 76: 204 Polygraph Exams Used to Monitor Offenders

Number of Examinations Per Offender	
n=52*	
1 exam	10
2 exams	5
3 exams	9
4 exams	12
5 exams	7
More than 5 exams	9

*There were 54 files that researchers looked at however; two of the files did not contain any polygraph reports.

Table 77: Type of Polygraph Exams used to Monitor Offenders in the Community

Number of Examination Reports Reviewed by Researchers	
n=202*	
Disclosure Polygraph Exams	56
• <i>Deceptive polygraph results</i>	33
Maintenance Polygraph Exams	113
• <i>Deceptive polygraph results</i>	48
Specific Issue Exams	33
• <i>Deceptive polygraph results</i>	26
TOTAL EXAMS	202*

*There were 204 polygraph exams done, however; there were 202 polygraph results because for two offenders their exams were terminated.

Table 78: Open-ended, Multiple Responses from Supervising Officer Telephone Surveys about the Use of the Polygraph Exam Information in Monitoring Offender Behavior

Value or Usefulness	Supervising Officer Telephone Responses
	n=110
Determine compliance	50% (55)
Gain insight about offender	51.8% (57)
Promotes honesty about behavior	57.3% (63)
For exploring high risk situations/suspicious	44.5% (49)
To address denial	29.1% (32)

Table 79: Telephone Responses from Supervising Officers about Sanctions for Deceptive or Inconclusive Polygraph Results

Sanctions n=110	Deceptive Results	Inconclusive Results
	Increase supervision	70.0% (77)
Retake the polygraph exam/specific issue exam	37.2% (41)	40.0% (44)
Increase treatment	42.7% (47)	10.9% (12)
Loss of privileges, extend probation, community service	34.5% (38)	n/a*
Treat these the same as failed polygraphs	n/a*	25.5%(28)

*Response not offered for this finding.

B Behavioral monitoring should be increased during times of an offender's increased risk to re-offend, including, but not limited to, such circumstances as the following:

1. The offender is experiencing stress or crisis;

Table 80: Documentation of Offender Experiencing Stress or Crisis in Supervising Officer File

Documentation of stress or crisis in last year?	Probation Files n=45	Parole Files n=15
No	48.9% (22)	46.7% (7)
Yes	51.1% (23)	53.3% (8)

Table 81: Officer Files: Number of Times Documentation Reflected Offenders Experienced Stress/Crisis in the Past 12 Months

Number of Stress Episodes Documented	Probation Files n=45	Parole files n=15
1	39.1% (9)	37.5% (3)
2	26.1% (6)	37.5% (3)
3	8.7% (2)	12.5% (1)
Numerous	26.1% (6)	12.5% (1)

Table 82: Monitoring Responses to the Stress/Crisis Offenders Experienced

Types of Monitoring Responses
<ul style="list-style-type: none"> ▪ Engage in budget planning ▪ Computer checked more often ▪ Evaluation for depression med ▪ Increased supervision ▪ Daily Urine Analysis (UA) ▪ Discussed with probation officer ▪ Moved to an adult community ▪ Have client bring in 3 job applications ▪ Retake polygraph ▪ Increase treatment ▪ Return to Court ▪ Moved to more intensive treatment program ▪ Fined ▪ Disconnected cable TV ▪ Imposed curfew ▪ Issued summons/complaint/revocation

5.700 ♦ Sex Offenders' Contact with Victims and Potential Victims*

SUMMARY OF FINDINGS:

The need to clarify the decision making process regarding an contact with children is underscored in the data presented in this section. Sixty-three percent (70 of 110) of supervising officers and 76.5% (49 of 64) of treatment providers responded in phone surveys that offenders they currently supervise are permitted contact with children (data not presented). Among treatment providers who work with offenders who have contact with children, most of them (80%) stated that they saw between 1 and 5 offenders who have contact with children. The type of contact varies, from unsupervised and not chaperoned to letters or cards that are first reviewed by a chaperone. Very few offenders had unsupervised physical contact with children. Most of the supervising officers and therapists described additional requirements that are placed on offenders who have contact with children.

Half (53%) of therapists and nearly half (44%) of the officers reported that the decision to allow contact is made according to compliance with the SOMB's *Standard 5.7* criteria. Among supervising officers, 26 reported that the decision to allow contact with children was made by the judge or the parole board.

Most treatment providers and supervising officers reported that a victim advocate or victim therapist is usually involved in the decision-making process regarding child contact, as required by this *Standard*. However, the review of 60 files found documentation of a victim's therapist or representative in only 10 cases (data not reported).

Unfortunately, documentation pertaining to child contact and collaboration with child victims' therapists is difficult to access. It appears to be buried in the supervising officers' chronological records or polygraph examination reports or not available at all without accessing treatment files. Should the SOMB decide to study the issues surrounding child contact, extracting the data from case files may be problematic.

Table 83: Among Treatment Providers Who Have Offenders With Child Contact On Their Caseloads: How Many Offenders Have Contact?

Treatment Provider Telephone Responses	
n=49*	
77.5% (38)	▪ Have between 1-5 offenders who have contact with children on their caseload
6.1% (3)	▪ Have between 6-10 offenders who have contact with children on their caseload
8.2% (4)	▪ Have between 11-15 offenders who have contact with children on their caseload
4.1% (2)	▪ Have between 16-20 offenders who have contact with children on their caseload
4.1% (2)	▪ Have between 20 or more offenders who have contact with children on their caseload

*49 of 64 (76.5%) treatment providers reported working with offenders who had contact with children.

Table 84: Telephone Responses to the Various Ways Offenders Have Contact With Children

Type of contact allowed	Supervising Officer Telephone Responses	Treatment Provider Telephone Responses
	n=110	n=64
No unsupervised visits; visits are monitored by treatment.	34.5% (38)	7.8% (5)
Offender lives with children and has unrestricted contact. Physical contact is okay.	30% (33)	31.5% (17)
Contact with certain children is permitted (i.e. grandchildren); face to face.	16.4% (18)	28.1% (18)
Limited contact only, offender cannot live with children, only incidental contact	14.5% (16)	20.3% (13)
Only phone contact is permitted; unmonitored phone calls.	7.3% (8)	28.1% (18)
No physical contact is permitted	6.3% (7)	7.8% (5)
Staff must be present, trained supervisor present, approved supervisor/chaperone,	0	21.9% (14)
Letters/cards (through chaperone), phone and letters are approved by therapist	0	18.9% (12)
Family gatherings; holidays; special events; must be in public places; time limited visits; special times, days, places	0	20.3% (13)

Table 85: Telephone Responses About Victim Advocates or Therapists Involvement in Decisions Regarding Offender Contact with Children

	Supervising Officer Telephone Responses	Treatment Provider Telephone Responses
	n=108*	n=52*
No	15.7% (17)	4.7% (3)
Yes	75% (81)	89.1% (57)
Most children do not have a victim advocate or therapist	9.3% (10)	3.1% (2)

*The number of cases varies due to missing data.

Table 86: Supervising Officer Telephone Responses about how these Victim Advocates or Therapists are Involved in Child Contact Decisions

Most Common Responses from Supervising Officers about the Victim Advocates or Therapist Involvement	
1.	Victim advocate or therapist meets with or staffs the case with the supervising officer.
2.	Victim advocate or therapist is involved in the oversight of the visit or the clarification process.
3.	Victim advocate or therapist completes the evaluation of the victim.
4.	Victim advocate or therapist provided general information.
5.	Victim advocate or therapist provides written documentation.

Table 87: Treatment Provider Telephone Responses about how these Victim Advocates or Therapists are Involved

Most Common Responses from Treatment Providers about the Victim Advocates or Therapist Involvement	
1.	Victim advocate or therapist are invited to team meetings and attend staffings.
2.	Treatment providers meet with victim advocates or therapists at the start of treatment, talk with advocate, send letter to victim therapist.
3.	Treatment providers set up victim clarification sessions with advocate; therapist is involved with clarification plans; helps decide if victim and offender are ready for contact.
4.	Victim advocate or therapist represents child's needs/best interest, involved all the way through, acts as a liaison.
5.	Victim advocate or therapist has the final word on contact.

Table 88: Documentation in Supervising Officer Files About Collaboration with Others Regarding Possible Communication, Visits, And Family Reunification

Documentation in the File?	Probation Officer Files	Parole Officer Files
	n=45	n=15
No	77.8% (35)	100% (15)
Yes	22.2% (10)	0

5.710 For purposes of compliance with this standard, supervising officers and providers shall:

- A Whenever possible, collaborate with an adult victim's therapist or advocate, or a child victim's therapist, guardian, custodial parent, foster parent, and/or guardian ad litem, in making *decisions* regarding communication, visits, and reunification.

Table 89: Multiple Responses from Supervising Officers about How the Child Contact Decision is Made

How?	Frequency of Supervising Officer Telephone Responses
	n=110
Offender met <i>Standard 5.7</i> criteria	44.5% (49)
Judge or parole board ordered it	23.6% (26)
Chaperone was approved/significant other is in treatment (5.7 criterion)	11.8% (13)
Contact permitted before officer got the case or before SOMB 5.7 was in place	10.9% (12)
Used assessment instruments	8.2% (9)
Team decided it was okay	7.3% (8)
Offender has strong safety plan (5.7 criterion)	3.6% (4)

Table 90: Multiple Responses from Treatment Providers about How the Child Contact Decision is Made

How?	Frequency of Treatment Provider Telephone Responses
	n=64
Offender met <i>Standard 5.7</i> criteria	53.1% (34)
Offender had non-deceptive polygraphs (5.7 criterion)	31.3% (20)
Court ordered	7.8% (5)
Entire team staffs case to make sure child is not at risk	7.8% (5)
Child was not a victim of offender	15.6% (10)
Offender shows no deviant arousal, can manage deviant sexual impulse (5.7 criterion)	12.5% (8)
No contact was damaging to children; children/victim wanted contact; reunification desired by children and/or spouse	17.2% (11)
Offender shows accountability, proven safety record, minimal thinking errors, understands victim issues (5.7 criteria)	7.8% (5)
Spouse attended informed supervisors group; adequate supervision (5.7 criterion)	4.6% (3)
Supervisor approves the safety plan (5.7 criterion)	4.6% (3)
Clarification letter completed (5.7 criterion)	3.1% (2)
Custodial parent could not handle the pressure;	10.9% (7)*

offender allowed to live at home; offender is in aftercare; offender has terminally ill daughter and is allowed to see her; offender must be in treatment a minimum of 2 years; offender petitions team for contact; PO has final decision	
Child/child advocate consults; get victim therapists input	3.1% (2)

Table 91: Multiple Responses from Supervising Officers Regarding Who Makes Child Contact Decisions

Who Makes the Decision?	Frequency of Supervising Officer Telephone Responses
	n=110
Probation/parole	12.7% (14)
Treatment and the supervising officer	19.1% (21)
The entire team	60% (66)
The court/judge	5.5% (6)
The treatment provider	5.5% (6)
No one can have contact	4.5% (5)
DOC	2.7% (3)
Victim therapist	> 1% (1)
This decision is not made by the entire team	8.2% (9)

F If contact is approved, the treatment provider and the supervising officer shall closely supervise and monitor the process.

Table 92: Multiple Responses from Telephone Surveys about Additional Requirements Placed on Offenders Who Have Contact With Children

Additional Requirements	Supervising Officer Telephone Responses	Treatment Provider Telephone Responses
	n=110	n=64
Offender has to take tests (Abel, plethysmograph, polygraph); take the polygraph after visits/prior to moving home	32.7% (36)	50% (32)
Discuss contact at treatment and probation; offender must give a full disclosure.	11.8% (13)	3.1% 2
Chaperone has to be approve; the chaperone and the	21.8% (24)	37.5% (24)

child must report back and give feedback.		
Use a safety plan for every visit, relapse prevention, strict terms and conditions are used and the offender must sign a treatment contract.	13.6% (15)	0
Increase home visits, have more frequent contact, more follow up calls.	5.5% (6)	0
Offenders fill out logs and log all incidental contact	9.1% (10)	10.9% (7)
There are no additional provisions	8.2% (9)	0
Weekly individual therapy, discussed in treatment sessions	0	6.1% (4)
Require offender and spouse to attend couples group, spouse/children are in treatment	0	9.4% (6)
Weekly form	0	4.6% (3)
Safety plan; offender is never alone with child	0	3.1% (2)

Table 93: Supervising Officers Telephone Responses about Where Documentation can be Found Allowing Offenders to have Contact with Children

Where is Documentation Located?	Frequency of Supervising Officer Telephone Responses n=70*
Documented in case plans, chrons, narratives, probation notes	35.7% (25)
Treatment provider has documentation; monthly progress reports; treatment plans, treatment notes	27.1% (19)
Said it is documented with a specific form for 5.7 criteria or memos stating the offender has met criteria	12.9% (9)
With safety plans, visitation contracts, chaperone status form	11.5% (8)
Documented by polygraph results, non deceptive results	8.6% (6)
said the court order is in the file Don't know; a signed "duty to warn" team signed off on it	4.2% (3)

*Seventy supervising officers with offenders who have contact with children.

**6.000
STANDARDS FOR POLYGRAPHY**

SUMMARY OF FINDINGS:

Reviews of 204 polygraph examination reports found that the Standards assessed below were followed for nearly every exam. Further, most polygraph examiners contact the supervising officer and the therapist when important information is obtained from offenders during the course of the exam, providing immediate feedback on potentially risky situations.

Seventeen polygraph examiners have been approved to conduct post-conviction sex offender examinations and two-thirds have worked with this population for five or more years. Two-thirds of the examiners said the team approach provides a balanced perspective and 40% said it interferes with offenders' propensity to be manipulative (data not presented). Most (77%) of examiners reported that the offenders were always or sometimes prepared for the exam; three examiners said this was not the case.

6.100 ♦ Standards of Practice for Sex Offender Clinical Polygraph Examiners

Table 94: Polygraph Examiners Telephone Responses about Conducting Post-Conviction Exams Before the *Standards and Guidelines* were Published

Polygraph Examiner Telephone Responses	
n=17	
Yes	29.4% (5)
No	70.6% (12)

Table 95: Telephone Responses from Polygraph Examiners About the Length of Time That They Have Worked with Sex Offenders

Polygraph Examiner Telephone Responses	
n=17	
Less than 5 years	35.3% (6)
Between 5 and 10 years	47.1% (8)
10 years or longer	17.6% (3)

Table 96: Telephone Responses from Polygraph Examiners about the Offender's Readiness for the Polygraph Exam

Polygraph Examiner Telephone Responses	
n=16*	
Yes	64.7% (11)
No	17.6% (3)
Sometimes	11.8% (2)

*Data missing from one case.

Table 97: Open-ended Question to Polygraph Examiners: What Are the Advantages of a Team Approach?

Most Common Responses from Polygraph Examiner Telephone Surveys About the Advantage of having a Team Approach
<ol style="list-style-type: none"> 1. Different perspectives, share views, balances decision making 2. Interferes with offender manipulation 3. Learn more about the offender 4. Improves community safety

Table 98: Open-ended Question to Polygraph Examiners: What Are the Disadvantages to a Team Approach?

Most Common Responses from Polygraph Examiner Telephone Surveys about the Disadvantages of having a Team Approach
<ol style="list-style-type: none"> 1. Time management, time constraints 2. Communication challenges 3. Polygraph examiner not considered equal member of the team 4. Have their favorite polygraph examiners and will only work with them

6.160 Examiners shall use the following specific procedures during the administration of each examination.

G All test questions must be formulated to allow only Yes or No answers;

Table 99: Evidence in Polygraph Reports that All Test Questions Allow for Yes or No Answers

Polygraph Reports	
n=52*	
No	98.1% (51)
Yes	1.9% (1)

*There were 54 files that researchers looked at however; two of the files did not contain any polygraph reports.

6.190 Examiners shall issue a written report. The report must include factual, impartial, and objective accounts of the pertinent information developed during the examination, including statements made by the subject. The information in the report must not be biased, or falsified in any way. The examiner's professional conclusion shall be based on the analysis of the polygraph chart readings and the information obtained during the examination process. All polygraph examination written reports must include the following:

- Date of test or evaluation
- Name of person requesting exam
- Name of examinee
- Location of examinee in the criminal justice system (probation, parole, etc.)
- Reason for examination
- Date of last clinical examination
- Examination questions and answers
- Any additional information deemed relevant by the polygraph examiner (e.g. examinees' demeanor)
- Reasons for inability to complete exam, information from examinee outside the exam, etc.
- Results of pre-test and post-test examination, including answers or other relevant information provided by the examinee.

Table 100: Types of Information that Should Be Included in the Polygraph Examination Written Report

	Documented in the Polygraph Report*
	n=52**
Date of test or evaluation	100% (52)
Name of person requesting exam	78.8% (41)
Location of examinee in the criminal justice system	84.6% (44)
Reason for examination	90.4% (47)
Date of last clinical examination	66.7% (28)***
Examination questions and answers	98.1% (51)
Results of pre-test and post-test examination, including answers or other relevant information provided by the examinee	100% (52)

*Researchers coded the most recent polygraph report. The frequencies refer to: yes, the information is documented in the report.

**Researchers examined reports in 54 treatment files. Two of the files did not contain polygraph reports.

*** Ten reports represented first exams. Therefore, the denominator for this figure is 42.

6.111 In order to design an effective polygraph examination and adhere to standardized and recognized procedures the relevant test questions should be limited to no more than four (4) and shall:

- Be simple, direct and as short as possible
- Not include legal terminology that allows for examinee rationalization and utilization of other defense mechanisms
- Not include mental state or motivation terminology
- The meaning of each question must be clear and not allow for multiple interpretations
- Each question shall contain reference to only one issue under investigation
- Never presuppose knowledge on the part of the examinee
- Use language easily understood by the examinee and all terms used by the examiner should be fully explained to the examinee
- Be easily answered yes or no
- Avoid the use of any emotionally laden terminology (such as rape, molest, murder, etcetera) and use language that is behaviorally descriptive

Table 101: Evidence in Polygraph Reports that the Standards for Polygraph Test Questions Are Being Followed

Standards that Polygraph Test Questions Shall Follow	
N=52*	
Be simple, direct and as short as possible	
<i>No</i>	1.9% (1)
<i>Yes</i>	96.2% (50)
<i>Somewhat</i>	1.9% (1)
Include legal terminology that allows for examinee rationalization and utilization of other defense mechanisms	
<i>No</i>	82.7% (43)
<i>Yes</i>	15.4% (8)
<i>Somewhat</i>	1.9% (1)
Include mental state or motivation terminology	
<i>No</i>	100% (52)
<i>Yes</i>	0
<i>Somewhat</i>	0
Were clear	
<i>No</i>	0
<i>Yes</i>	96.2% (50)
<i>Somewhat</i>	3.8% (2)
Each question shall contain reference to only one issue under investigation	
<i>No</i>	1.9% (1)
<i>Yes</i>	96.2% (50)

<i>Somewhat</i>	1.9% (1)
Could be easily answered yes or no?	
<i>No</i>	0
<i>Yes</i>	98.1% (51)
<i>Somewhat</i>	1.9% (1)
Included emotionally laden terminology (such as rape, molest, murder, etcetera)	
<i>No</i>	100% (52)
<i>Yes</i>	0
<i>Somewhat</i>	0

*Researchers examined reports in 54 treatment files. Two of the files did not contain polygraph reports.

* * *

SECTION FIVE: BARRIERS TO IMPLEMENTATION

SUMMARY OF BARRIERS:

Professionals mentioned many barriers to the full implementation of the *Standards and Guidelines*. The need for training, the lack of clarification of a few of the *Standards and Guidelines*, and the loss of supervising officers in the current budget reductions and the corresponding excessive caseloads were mentioned as barriers to full implementation. However, many professionals described a variety of ways they sought to overcome impediments to implementation.

Table 102: Telephone Survey Responses about Barriers to Implementing the Standards and Guidelines

	Supervising Officer Telephone Responses n=108*	Treatment Provider Telephone Responses n=63*	Polygraph Examiner Telephone Responses n=17
No	26.6% (29)	30.2% (19)	70.6% (12)
Yes	72.5% (79)	69.8% (44)	29.4% (5)

*Not everyone responded.

Table 103: Telephone Survey Responses about the Types of Barriers Encountered

Ten Most Common Responses about the Types of Barriers Encountered	Number of Responses
1. Difficulties with the judicial process	67
2. Shortage of supervising officers and excessive caseloads	22
3. Standards are not specific enough or there is too much room for interpretation	18
4. Rural locations and travel issues	15
5. Standards are too rigid, leaving no room for exceptions	14
6. Amount of paperwork and layers of bureaucracy	11
7. Differing theoretical approaches	10
8. Financial burdens placed on offenders	10
9. Implementation of 5.7 is rigid and difficult for families and children	9
10. Lack of confidence in the system and compliance is not universal	8

Table 104: Telephone Survey Responses: about if they have Found Ways to Overcome Barriers

Number of Telephone Responses	
No	42.3% (58)
Yes	57.7% (79)

Table 105: Telephone Surveys Responses about Ways of Overcoming Barriers

Ways of Overcoming Barriers
<i>CREATIVITY</i>
<ul style="list-style-type: none"> • Use of creative scheduling (i.e. schedule the polygraph around the offender's payday) • Utilize the local police department for home visits
<i>COMMUNICATION</i>
<ul style="list-style-type: none"> • Discuss and work through issues • Disseminate information • Voice one's opinion at monthly SOMB meetings
<i>EDUCATION</i>
<ul style="list-style-type: none"> • Educate judges and district attorney's • Conduct team trainings (i.e. RAM training for parole officers) • Explain offenders behaviors and patterns to family members • Keep reviewing the <i>Standards and Guidelines</i> • Educate others on the appropriateness of the polygraph
<i>TRAVEL</i>
<ul style="list-style-type: none"> • Make offenders travel vs. team members
<i>INTEGRITY</i>
<ul style="list-style-type: none"> • Keep public safety in the forefront • Follow professional ethics • Follow the <i>Standards</i> as required by law
<i>OTHER</i>
<ul style="list-style-type: none"> • Document Everything • Identify funding sources • Prioritize, try to follow the Standards as much as possible • Be patient, as in time teams do see the value of the process

Table 106: Telephone Surveys Responses to Impediments to Overcoming Barriers

Reasons	Number of Responses n=25*
▪ Inability to educate or influence judges or DA's	13
▪ Lack of flexibility	7
▪ Lack of funds and resources	4
▪ Lack of consistent application ▪ Lack of a team approach ▪ Lack of experience	1

*Not everyone responded.

SECTION SIX: RECOMMENDATIONS TO ENHANCE THE IMPLEMENTATION OF THE COLORADO *STANDARDS AND GUIDELINES*

Based on the data collected, analyzed and summarized in this report, the Office of Research and Statistics makes the following recommendations to enhance the implementation of the Sex Offender Management Board's (SOMB) adult *Standards and Guidelines*.

1. **Continue the work of modifying, clarifying, revising, and implementing the Standards and Guidelines.** According to interviews with 110 supervising officers and 64 treatment providers, the majority of these professionals said they found the *Standards and Guidelines* useful in their work. Specifically, 98.1% of the supervising officers and 92.2% of treatment providers reported that the *Standards and Guidelines* had a positive impact on their work with sex offenders.
2. **Continue the excellent efforts to include stakeholder participation in monthly board meetings and committee activities.** Collaboration and inclusiveness has been a value expressed by the SOMB since its inception, and many professionals have participated in the Board's work.

Over three-fourths of the polygraph examiners have attended board meetings (two-thirds have served on committees), one-third of supervising officers have participated in the development of the *Standards and Guidelines*, and over half of the treatment providers interviewed for this study reported attending at least one SOMB meeting.

The SOMB's use of teleconference technology to increase participation in training events also reflects its commitment to reaching stakeholders outside the Denver-Metro area. The further development and use of the internet list-serve will also enhance communication and participation.

3. **Continue efforts to provide training opportunities for the judges and prosecutors on the Standards and Guidelines.** During interviews with 191 therapists, supervising officers and polygraph examiners, two-thirds (67.0%) reported that there are barriers to the implementation of the *Standards and Guidelines*. Mentioned by half of those with implementation concerns--by far the most frequently cited impediment--were difficulties with the judicial process.

Based on the interview data, training may be useful on the following topics: (1) the role and membership of the SOMB, (2) the process and data used to develop the *Standards and Guidelines*, and (3) the use of information generated from this approach to risk management. Also, training events present important opportunities for dialogue.

4. **Clarify the role of the polygraph examiner as an integral member of the core containment team.** Sixty percent of treatment providers and supervising officers consider the polygraph examiner a member of the containment team. Further, half of the polygraph examiners reported having an adequate amount of contact with treatment providers and 58% said they have adequate contact with supervising officers. Finally, only two-thirds of examiners think that offenders are adequately prepared for the polygraph examination.

These findings reflect the need to more fully integrate the polygraph examiner into the treatment and supervision team. Examiners need specific information about treatment progress and individual risk factors in order to construct meaningful, individualized test questions. Integrating the examiner into the treatment team is intended to maximize the value of the polygraph exam in the containment approach.

5. **Require documentation of individualized relapse prevention plans in the case files of these professionals.** Relapse prevention concepts remain an important component of managing offenders' abusive behavior. Relapse prevention plans were found in 6 (11.1%) of the 54 treatment provider files, and fewer were found in probation and parole files. However, safety plans developed for specific events such as holidays and family reunions were frequently available in the files. Relapse plans are likely to be "works in progress" and so may remain with the offender as part of homework material. However, the relapse plan should be photocopied regularly and placed in the treatment and supervision files. It serves as critical documentation of pre-assaultive risk factors and includes the offender's prevention tools. Also, this information should be available when necessary to extended members of the case management team, including the victim therapist and family members.
6. **The mental health evaluations and treatment plans should be made available to members of the containment team.** Sex offense specific mental health evaluations were found in the probation officers' files most of the time; however, they were found in 4 of the 15 parole files reviewed. Further, this evaluation was missing in 9 (16.7%) of 54 treatment files reviewed. Treatment plans were missing in 12 (22.2%) of the treatment providers' files.

The mental health evaluation and the treatment plan provide a significant amount of information about the offender. This information can be incorporated into the supervision plan and the polygraph exam. Individualized goals and clearly defined expectations provide objective methods to assess progress in treatment, and are required by the *Standards and Guidelines*.

7. **Support efforts on the part of the Judicial Branch to restore supervision staff in probation.** The Division of Probation Services lost 42 probation officers last year along with 20 clerical staff, significantly increasing the supervision and clerical workload of officers. When sex offenders are on intensive supervision, the officers' caseloads do not usually exceed 25, allowing for sufficient monitoring of these cases. When sex offenders are not on ISP, they are supervised on regular probation where the average caseload size is 235 offenders. The increased size of these caseloads has resulted in the need to decrease case management standards, meaning that offender contact requirements with the supervising officer are reduced.

State agency operating budgets have been reduced by approximately 30% in the past two years. At the same time, the number of offenders under supervision continues to increase. Restoring these positions so that caseload sizes can become manageable is critically important to the ongoing successful implementation of the *Standards and Guidelines*.

8. **Continue the extensive effort that is underway to clarify *Standard 5.7* regarding contact with children.** The implementation of *Standard 5.7* was a frequently mentioned problem during the telephone interviews. Two-thirds of supervising officers reported that some offenders on their caseloads have contact with children; many therapists reported that offenders allowed contact have met the SOMB criteria for contact. Finally, in a review of 15 polygraph examinations that questioned the offender's contact with children, over half of the offenders were found to be deceptive on the examination. The SOMB Committee working on developing a risk assessment protocol will provide needed direction and structure to decision making regarding child contact. Any effort the Committee undertakes to require documentation files of the contact decision in the supervising officer will further future research efforts.
9. **Support the development of an ongoing quality control mechanism to monitor and improve the implementation of the *Standards and Guidelines* and to ensure the availability of data necessary for the outcome evaluation.** Studies to determine the outcome of sex offender cases and the impact of the system developed through the implementation of the *Standards and Guidelines* requires complete case management documentation in the files of professionals who work with these offenders. To fulfill the statutory mandate to research the effectiveness of the "treatment procedures, and programs developed" (C.R.S. 16.7-1.103(4)(d)(I)), researchers must be able to locate and record information about offender progress in treatment, violations, sanctions (formal and informal), and the communication efforts of the supervision team, including gaps in communication, so that the impact on offender outcome and the effectiveness of the supervision team can be studied.

SECTION SEVEN: TRACKING SEX OFFENDERS

Pursuant to C.R.S. 16-11.7-103(4)(d)(I), the SOMB is to track offenders who have been subjected to the evaluation, identification and treatment of the *Standards and Guidelines*.

Methods of Tracking

Tracking convicted sex offenders who are subjected to the *Standards and Guidelines* occurs in multiple ways. First, offenders who register with local law enforcement are identified in a statewide list maintained by the Colorado Bureau of Investigation (CBI). The location of registered offenders as of January 31, 2003 is presented in geographic maps in Appendix G.

Secondly, certain offenders are placed on the CBI website for public notification: (1) those who have been designated as a Sexually Violent Predator (SVP) by the court (2) sex offenders who have a prior conviction for a sex crime, and (3) those who have failed to register with local authorities. As of October 13, 2003, 2 offenders may be found on the CBI web site for qualifying as a sexually violent predator (most SVPs are serving prison sentences), 261 offenders were posted on the web site for having multiple offenses, and 311 are posted for failing to register with local law enforcement. More than 570 offenders are available for viewing on the website.

Thirdly, working in cooperation with technical task force members of the Colorado Integrated Criminal Justice Information System (CICJIS) (representatives include Judicial, CBI, Department of Corrections, Department of Human Services (DHS), and the Colorado District Attorneys Council (CDAC), DCJ's Office of Research and Statistics developed a research database that has been used to track sex offenders released from prison.

Using CICJIS for research purposes requires matching specific offenders to their past arrest and court filing records. Collaboration with researchers at Judicial's Division of Probation Services and analysts at the Department of Corrections is an essential component of the CICJIS research database. The work required to conduct these studies using CICJIS data is complicated and labor intense.

Additional tracking of offenders occurs through special studies mandated by the General Assembly.

- *Annual Lifetime Reports to the General Assembly (November 1)*
- *C.R.S. 16-11.7-103(4)(J) - Living Arrangements Study for the General Assembly (due March 15, 2004)*

Monitoring Offender Recidivism

Since 1996 all offenders convicted of sex crimes and offenders whose original crime was a sexual assault regardless of the final conviction crime designation have been subject to the *Standards and Guidelines*. It is not possible to track the individual behavior of thousands of offenders on probation, in community corrections facilities, in prison and on parole due to the resources required to undertake such an endeavor. However, special recidivism studies of this population can provide insight into the implementation of the *Standards and Guidelines*. Four such studies are described below and information from these studies provided the analysis presented in Appendix H.

- *Actuarial Risk Scale Development Study (1997-2000.)* Pursuant to C.R.S 18-3-414.5, the Office of Research and Statistics in DCJ worked with representatives of the SOMB to develop a risk assessment instrument for use with convicted sex offenders. The study was designed to predict sex offenders' noncompliance with treatment and supervision. The sample consisted of adult male sex offenders who were placed on probation supervision, in community corrections (court diversion or prison transition), on parole, and participated in prison treatment between December 1, 1996 and November 30, 1997. Community-based offenders were selected from the 1st, 2nd, 4th, and 18th judicial districts and ComCor, Inc. in Colorado Springs. The total sample size was 494 and recidivism was defined as revocation, revocation pending, negative treatment termination, escape and new arrest. This study can be found at <http://dcj.state.co.us/ors/docs.htm>
- *Community Corrections in Colorado (1998-2001)*. The Office of Research and Statistics responded to a request from the governor's office to study services delivered to offenders placed in the state community corrections system. Over 3,000 (2574 men and 480 women) offenders who terminated from community corrections in FY1998 were tracked for rearrest and new court filing over a 24 month; this sample included 30 convicted sex offenders. Revocation, rearrest and new filing with the district court were analyzed as recidivism measures. This study can be found at <http://dcj.state.co.us/ors/docs.htm>.
- *Evaluation of Colorado's Prison Therapeutic Community for Sex Offenders (2003)*. The Office of Research and Statistics received grant funding from the U.S. Bureau of Justice Assistance to evaluate the Colorado Department of Corrections' Therapeutic Community (TC) for Sex Offenders. All sex offenders released from the DOC over a 7-year period during which the *Standards and Guidelines* were under development or being implemented statewide and in prison. Recidivism was measured as any arrest, new district court filing, and return to prison. This study can be found at <http://dcj.state.co.us/ors/docs.htm>.

- *Annual Report to the General Assembly on Recidivism by Probationers.* The Office of Probation Services reports annual recidivism rates of offenders on probation and participating in special programming. For this report, the Office of Probation Services undertook a special analysis of sex offenders, presented in the table below. This study can be found on the Division of Probation Services website at <http://www.courts.state.co.us/dps/dpsindex.htm>.

Information from these studies has been summarized in Appendix H. The data presented in the table suggest the following findings:

1. Revocation rates for convicted sex offenders in Colorado who were under community supervision range from approximately 40% to 50%. This revocation rate is considerably higher than the overall revocation rate for other offenders.¹⁰ This higher revocation rate is likely due to the behavioral expectations of sex offenders as outlined in the *Standards and Guidelines* and monitored by specially trained treatment providers, polygraph examiners and supervising officers.
2. An exception to the high revocation rate among the sex offender samples is the group that participated in intense prison treatment combined with parole supervision. The combination of intense prison treatment with supervision and treatment in the community under the *Standards and Guidelines* resulted in considerably lower failure rates.
3. Intense treatment in prison combined with treatment on parole produced the best outcomes. Those who successfully completed parole supervision were significantly less likely to be rearrested in the years following release into the community. Among prisoners, the combination of intense prison treatment and supervision appears to increased public safety.

¹⁰ Thirty-five percent of offenders in community corrections (Table 1 in 2001 Report by ORS) and 33% of those on adult probation (Table 43 in FY2003 Report by the Division of Probation Services) incurred a revocation during supervision. Parolees sustained a 37% technical violation rate (Table 55, 2002 Annual DOC Statistical Report).

Table 107: Summary of Multiple Studies That Tracked Sex Offenders

	Revocation during supervision period	New arrest within 12 months following program completion	New violent arrest within 12 months following program completion	New criminal filing
Probation*	31-41%	Not available	Not available	3%
Community corrections*	50%	Not available	Not available	
Prison discharge, no prison treatment	Not applicable	34%	14%	17%
Prison discharge, and prison treatment**	Not applicable	16%	7%	7%
Parole,***no prison treatment	48-53%	23%	8%	1%
Parole*** and prison treatment**	16%	6%	1%	6%

* Includes treatment in the community.

**Prison treatment here is participation in the intense therapeutic community for sex offenders, a very intense program.

***Parole includes supervision and sex offender treatment in the community.

* * *

Colorado Division of Criminal Justice

**Outcome Evaluation of the Colorado Sex Offender
Management Board Standards and Guidelines: A Report of
Findings Regarding Program Effectiveness**

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EXECUTIVE SUMMARY

This report is the second part to an evaluative study which examines the effectiveness of the Colorado Sex Offender Management Board's (SOMB's) *Adult Standards and Guidelines*. The Division of Criminal Justice Office of Research and Statistics, on behalf of the SOMB, completed a *Process Evaluation of the Colorado Sex Offender Management Board Standards and Guidelines* in December of 2003. Based on the results of the *Process Evaluation*, it is assumed that the *Standards and Guidelines* are being implemented throughout the State of Colorado. The next step requires an evaluation of outcomes which assesses how effective the *Standards and Guidelines* are in terms of reducing sexual recidivism per the SOMB legislative mandate. In compliance with C.R.S. 16-11.7-103(4)(d)(I) and (II), the following study presents an outcome evaluation which offers an analysis on the effectiveness of the *Adult Standards and Guidelines*. This study is considered a "black-box evaluation" whereby internal nuances and the programmatic aspects related to effectiveness are not analyzed in depth. Instead, the scope of this study strictly looks at outcome variables; the focus of which is placed upon sexual recidivism rates of adult sex offenders who successfully completed their treatment and supervision program prescribed by the *Standards and Guidelines*.

Findings

Recidivism data was examined on 689 (probation—356, parole—333) adult sexual offenders in Colorado who successfully discharged from their probation or parole sentence between July 1, 2005 and June 30, 2007. In order for adult sex offenders to successfully discharge¹ from criminal justice supervision, all areas of the *Adult Standards and Guidelines* must be sufficiently completed. For the purpose of this study, this sample would provide the most useful information that speaks to these *Standards*. Those offenders who did not complete their supervision may not have been subject to the complete application of the *Adult Standards and Guidelines*. Therefore, inferences regarding their effectiveness for this alternate population could not be drawn.

- Criminal recidivism rates for this sample were 13.1 percent (n = 90) for one-year post-criminal justice supervision and 28.0 percent (n = 193) for three-year post-criminal justice supervision.
- Less than one percent of the sample (n = 5) had new sexual crime recidivism one year after successful discharge from supervision, while 2.6 percent (n = 18) had a new sexual crime three years after successful discharge from supervision.
- Approximately half of new crimes were non-violent, non-sexual crimes. Non-violent, non-sexual recidivism rates at the one-year post-release were 6.8 percent (n = 47) and 14.7 percent (n = 82) at the three-year post-release period.

¹ The term "successfully discharged" means that the adult sexual offender fulfilled all the terms and conditions of probation or parole. This encompasses all terminations that were not revoked for either a technical violation or a new crime, death, terminated as AWOL, closed for administrative reasons, subject to interstate compacts, transferred, deported, or released due to a court order or on appeal of their probation or parole.

- Of the 90 cases of recidivism in year one and of the 193 cases in year three, 12 percent (n = 11) and 14 percent (n = 26), respectively, were due to failing to register as a sex offender exclusively.
- 30.4 percent (n = 689) of adult sex offenders in Colorado successfully discharged from their probation or parole between July 1, 2005 and June 30, 2007.

Discussion

The outcome findings outlined in Section IV denote recidivism rates consistent with national trends. However, inferences made strictly relying upon these data are problematic to evaluating the effectiveness of the *Adult Standards and Guidelines* because a limitation of the study is the lack of a viable comparison group. Despite this limitation, the data in combination with the literature provides evidence to corroborate the *Adult Standards and Guidelines* as an effective intervention.

Overall, there is literature to suggest that the treatment and management of adult sexual offenders may be effective. Studies examining sexual recidivism demonstrate rates that typically bottom-out at about 5 percent and peak around 30 percent in a five-year time-at-risk period. The sexual recidivism rate found in the present study was less than one percent one year after successful discharge from supervision, while 2.6 percent had new sexual crime recidivism three years after successful discharge from supervision. These percentages are relatively low, but it is uncertain from the data whether or not this is a direct result from the treatment and management as prescribed by the *Standards and Guidelines*, or the result of some other latent variables. However, the use of cognitive behavioral therapy has been demonstrated as a significantly more effective treatment approach than other therapeutic interventions in the literature (Hall, 1995; Bonta, 1997; Hanson et al., 2002; Losel & Schumucker, 2005). While there are relatively few cost-benefit studies looking at the treatment and management of adult sexual offenders, the use of cognitive-behavioral therapy, in a manner similar to that prescribed by the *Standards and Guidelines*, appears to be economical (as measured by taxpayer and victim benefits minus cost) (Washington State Institute for Public Policy, 2001).

Accordingly, the policies that direct the programming and regulatory requirements are developed in part from evidence-based practices and serve as the foundation for the *Adult Standards and Guidelines*. It is for these collective reasons that the SOMB maintains that the *Adult Standards and Guidelines* appears to be an effective intervention in reducing sexual recidivism.

Conclusion

The policies prescribed by the *Adult Standards and Guidelines* for the management and treatment of adult sex offenders appear to limit sexual recidivism post-release from supervision for adult sex offenders who successfully completed either probation or parole. Notwithstanding the literature, the data alone does not provide sufficient independent evidence to support this claim and is therefore less conclusive. This recidivism study is preliminary and using inferences to draw conclusions should be cautioned for several reasons. The data is limited to a three-year post-supervision timeframe, excludes adult sex offenders with indeterminate sentences, and is

subject to the problems of underreporting of sex crimes, reclassification of sex offenses through plea-bargaining (Langevin, 2004, pg. 534), and imperfect measurement systems.

However, the programmatic theory core to the *Adult Standards and Guidelines* relies upon a coordinated system that is rooted in over 30 years of applied international research and literature. Applying the literature in concert with the data suggests that the *Adult Standards and Guidelines* appear to be an effective tool in limiting sexual recidivism post-release from supervision. Therefore, the management and treatment of sex offenders in Colorado, which “contains” the offender, appears to enhance the safety of the community through the use of the *Adult Standards and Guidelines*. Overall, these collective aspects of the *Standards and Guidelines* seem to have a positive effect on public safety.

Future Research

The present study has surfaced potential areas for new research. Given that treatment and management effectiveness has been documented in research to gradually diminish over time, a long-term recidivism study is necessary to show how rates may increase over time in Colorado. Another area for future research would be a cost-benefit analysis of the *Adult Standards and Guidelines* programming. In order to more fully study the effectiveness of the *Adult Standards and Guidelines*, future research would need to include a viable comparison group, examining both the general criminal and sexual recidivism rates before and after the implementation of the *Adult Standards and Guidelines*. These studies would require substantial resources and staff which are not currently available due to budgetary constraints.

Recommendations

- Continue to utilize the *Adult Standards and Guidelines* and ensure periodic revisions are made to reflect the most recent and relevant evidence-based practices.
- Develop a comprehensive research strategy that begins to target, evaluate, and expand upon the knowledge base of the *Adult Standards and Guidelines* program effectiveness.
- Enhance current strategic partnerships with affiliated agency stakeholders to allow for improved data collection and research operations.
- Explore and study the viability of adding a more holistic scheme to address non-sexual recidivism that augments sexual-specific treatment and management programming in the *Adult Standards and Guidelines*.

SECTION I: INTRODUCTION

Purpose of Study²

In compliance with C.R.S. 16-11.7-103(4)(d)(I) and (II),³ this Outcome Evaluation of the Colorado Sex Offender Management Board Standards and Guidelines: A Report of Findings Regarding Program Effectiveness is the second part of an evaluative study which examines the effectiveness of the *Adult Sex Offender Management Board Standards and Guidelines* (hereafter *Standards and Guidelines*). The preceding study, *Process Evaluation of the Colorado Sex Offender Management Board Standards and Guidelines*, was an initial examination conducted by the Colorado Division of Criminal Justice Office of Research and Statistics in December of 2003. The 2003 *Process Evaluation* investigated the implementation of the *Standards and Guidelines* in order to establish the degree of programmatic compliance and standardization amongst adult sex offender community stakeholders (e.g. – treatment providers, probation, and parole officers).⁴ The results showed that the *Standards and Guidelines* were sufficiently implemented to support further analysis of their overall effectiveness. Thus, the present study describes an outcome evaluation which offers an analysis of the effectiveness of the *Standards and Guidelines*, specifically examining whether there is a link between the behavior of offenders subject to the *Standards and Guidelines* and the delivery of services to those offenders.

It is important to note that the outcome evaluations for adult sexual offenders and juveniles who have committed sexual offenses will be presented as separate studies. Part one, presented here, concentrates on adult sexual offender outcomes. The juvenile outcome study will be presented in part two, with an estimated completion date of 2012. Juveniles who have committed sexual offenses are referred to only once in this report under the “no known cure” section, referencing a SOMB position paper on the subject. The remaining sections pertain entirely to adult sexual offenders.

Background

In 1992, the Colorado General Assembly passed legislation (Section 16-11.7-101 through Section 16-11.7-107, C. R. S.) that created a Sex Offender Treatment Board to develop *Standards and Guidelines* for the assessment, evaluation, treatment and behavioral monitoring of

² A special note acknowledging some individuals is due. Peggy Heil and the research committee that conducted a comprehensive literature review provided an excellent summary of recent studies. Some of the language and findings from the committee’s written and verbal presentation to the SOMB were used for this study. Additionally, the SOMB would like to recognize and thank Linda Harrison for her data analysis. This project would not be possible without the efforts of these individuals.

³ C.R.S. 16-11.7-103(4)(d)(I) and (II): *The board shall research and analyze the effectiveness of the evaluation, identification, and treatment procedures and programs developed pursuant to this article. The board shall also develop and prescribe a system...for tracking offenders who have been subjected to evaluation, identification, and treatment pursuant to this article.... In addition, the board shall develop a system for monitoring offender behaviors and offender adherence to prescribed behavioral changes. The results of such tracking and behavioral monitoring shall be a part of any analysis made pursuant to this paragraph.*

⁴ By convention, a common practice in the field of program evaluation is to assess the process first for a formative program. The reason for such an approach is that the impact of a program (or outcomes) cannot be examined if there is no certainty that a program has a consistent process implemented.

adult sex offenders. The General Assembly changed the name to the Sex Offender Management Board (SOMB) in 1998 to more accurately reflect the duties assigned to the SOMB. The *Standards and Guidelines* were originally drafted by the SOMB over a period of two years and were first published in January 1996. The *Adult Standards and Guidelines* were revised in 1998, 1999, 2004, and 2008 for two reasons: to address omissions in the original *Adult Standards and Guidelines* that were identified during implementation, and to keep the *Adult Standards and Guidelines* current with the developing literature in the field of sex offender management (see Attachment A). The SOMB is currently in the process of redrafting subsequent revisions to the *Standards and Guidelines* in order to adopt some emerging best practices, and plans to publish a new version of the *Standards and Guidelines* in 2012.

The *Adult Standards and Guidelines* apply to adult sexual offenders under the jurisdiction of the criminal justice system. The legislative mandate of the SOMB and the primary goals of these *Standards and Guidelines* are to improve community safety and protect victims. While the original enabling legislation acknowledged, and even emphasized, that sex offenders cannot be “cured,” it also recognized that the criminal sexual behaviors of many offenders can be managed. Subsequently, per HB 11-1138, the legislative language changed; however, the “no known cure” is still part of the guiding principles of the *Standards and Guidelines*.⁵ The *Adult Standards and Guidelines* are designed to establish a basis for systematic management and treatment of adult sex offenders. The combination of comprehensive sex offender treatment and carefully structured and monitored behavioral supervision conditions can assist many sex offenders to develop internal controls for their behaviors.

A coordinated system for the management and treatment of sex offenders “contains” the offender and enhances the safety of the community and the protection of victims. To be effective, a containment approach to managing sex offenders must include interagency and interdisciplinary teamwork. The *Standards and Guidelines* are based on the best practices known to date for managing and treating sex offenders. To the extent possible, the SOMB based the *Standards and Guidelines* on current research in the field. Materials from knowledgeable professional organizations also have been used to direct the *Standards and Guidelines*. It is not the intention of the legislation, or the SOMB, that these *Standards and Guidelines* be applied to the treatment of sexually abusive children or adolescents. Despite many similarities in the behavior and treatment of sexually abusive youth and adults, important differences exist in their developmental stages, the process of their offending behaviors, and the context for juvenile offending that must be addressed differently in their diagnosis and treatment.

⁵ HOUSE BILL 11-1138: The board shall develop, prescribe, and revise as appropriate, a standard procedure to evaluate and identify adult sex offenders, including adult sex offenders with developmental disabilities. The procedure shall provide for an evaluation and identification of the adult sex offender and recommend management, monitoring, and treatment based upon existing research demonstrating that sexually offending behavior is often repetitive, and that there is currently no way to ensure that adult sex offenders with the propensity to commit sexual offenses will not reoffend. Because there are adult sex offenders who can learn to manage unhealthy patterns and learn behaviors that can lessen their risk to society in the course of ongoing treatment, management, and monitoring, the board shall develop a procedure for evaluating and identifying, on a case-by-case basis, reliably lower-risk sex offenders. The board shall develop and implement methods of intervention for adult sex offenders, which methods have as a priority the physical and psychological safety of victims and potential victims and which are appropriate to the assessed needs of the particular offender, so long as there is no reduction in the safety of victims and potential victims.

Sex offender management and treatment is a developing specialized field. A goal of the SOMB is to remain current on the emerging literature and research and to modify the *Standards and Guidelines* periodically on the basis of new findings. The current revisions of both *Standards and Guidelines* are evidence of this commitment.

Organization of this Report

This report is comprised of five different sections. Its presentation and contents are organized in a similar fashion to the *Process Evaluation* previously mentioned. Following this section, **Section Two** provides a general review of the relevant and current literature related to the management and treatment of adult sex offenders known to date. The research literature adopted and applied by the SOMB to the *Standards and Guidelines* is grounded in the continuous improvements made to recognize best practices.⁶ **Section Three** describes the research methods used in the present study, including the sampling frame, data collection, and analytical strategies employed. **Section Four** presents all of the statistical findings from the outcome study divided by one-year recidivism rates and three-year recidivism rates. These are subsequently categorized by recidivism type and other factors are also examined. The final section, **Section Five**, offers a discussion expounding upon the statistical findings as they relate to current policy issues. To conclude, the question of the *Standards and Guidelines* effectiveness is answered at length while making recommendations to consider for future policy alternatives.

⁶ For more detailed information concerning best practices and their use in developing policy for the SOMB, please see English et al. *Process Evaluation of the Colorado Sex Offender Management Board Standards and Guidelines*.

SECTION II: LITERATURE REVIEW

Brief Overview

In the past three decades, interventions for sexual offending have become a rising controversy, evoking a vast array of theoretical and empirical literature. Even more complex are the treatment and management strategies underlying both federal and state policy frameworks for regulating the adult sex offender population. Indeed, its emergence in the field of criminal justice has provoked a wave of public policies aimed at intervention, prevention, and mitigation of sexual offenses and reoffense. However, research to date has studied a variety of different sex offender treatment and management strategies, as policy communities, groups, and coalitions have formed to debate their relative vitality or futility.

Although this subject remains a conflicted issue with many ideological, philosophical, and programmatic disparities, the literature generally supports the notion that the treatment and management of adult sexual offenders is a worthwhile and valuable endeavor. Studies examining sexual recidivism demonstrate rates that typically bottom-out at about 5 percent and peak around 30 percent in a five-year time-at-risk period. Yet, there are always research exceptions. The application of these recidivism rates is limited for reasons pertaining to: the under-reporting of sexual offenses, the reclassification of sex offenses through plea-bargaining (Langevin, 2004, pg. 534), and imperfect measurement systems. According to Heil et al. (2010), "Reconviction rates represent a diluted measure of the true reoffense rates; hence reconviction rates from professional research should be viewed as representing significant underestimations of sex offender recidivism for contact offenses." Ultimately, these issues make it difficult to ascertain an exact picture of the actual sexual recidivism and risk rates.

For the purposes of this study, a comprehensive literature review is presented. A review of the most current and relevant studies are showcased to highlight some emerging changes and trends. This section reflects the research compiled by a SOMB committee, chaired by Peggy Heil, who conducted an extensive literature review that was completed in September of 2010. This information has also been reviewed by the board and discussed in terms of its implications.

Sex Offender Recidivism

While recidivism is problematic to assess amongst sex offenders, there is a wide body of literature that has revealed some significant findings. It is important to note, however, that recidivism rates are not indicative of true reoffense rates. This is due to the fact that not all offenses are detected. Hanson, R.K & Morton, K. & Harris (2003) posit, "A reasonable estimate would be that the actual recidivism rates are at least 10% to 15% higher than the observed rates (based on the assumptions that 60% (or less) of recidivists commit 5 (or fewer) new offenses over a 20-year period and that the probability of detection is 15% per offense)." In fact, few sexual offenses are ever reported to law enforcement authorities. Only 19 percent of adult female rape victims reported being assaulted, while adult male victims reported only 13 percent of the time (Tjaden & Thoennes, 2006). It is estimated that more than 84 percent of adult rape victims in Colorado are not reported to law enforcement in Colorado (Colorado Department of Public Health and Environment and the Colorado Coalition Against Sexual Assault, 1999). This is

further reinforced by findings which suggest that the younger the victim, the less likely the sexual assault will be reported (Nagel et al., 1997; Smith et al., 2000; Sorenson & Snow, 1991). As the majority of rape victims (54 percent of female victims and 71 percent of male victims) were under the age of 18 at the time of their first rape, it can be argued that many sex crimes are never reported.

Studies over the years have attempted to reveal the frequency with which sex offenders reoffend. Recidivism rates are often lower in studies using follow-up periods shorter than five years (Doren, 1998). Table 1 illustrates some recent findings from several different recidivism studies. Most meta-analyses report sexual recidivism rates ranging from about 5 to 30 percent over an average follow-up period of about 5 years.⁷ Hanson et al. (2002) found that the average sexual recidivism of sex offenders was 12.3 percent in an average 3.8-year follow-up period. In a more recent study, Hanson and Morton-Bourgon (2009) observed a weighted sexual recidivism rate to be 10.9 percent with a range from one to 21 years and a median of 4.7 years.

In Colorado, the Office of Research and Statistics conducted a nine year follow-up to the Sex Offender Risk Scale (SORS) in 2008 which found a sexual recidivism rate of 24.8 percent (n = 100), in which 18.3 percent (n = 23) were hands-off crimes (e.g., indecent exposure or prostitution).⁸ Other states have found similar findings. For instance, the sexual recidivism rate in Missouri is approximately 19 percent, while it is estimated to be 13 percent in Delaware.⁹

Table 1. Sexual Recidivism Short-term Studies: Summary of Findings

Study	Time at Risk	Definition of Recidivism	Sexual Recidivism Rate	Comments
Colorado SORS (2008)	5 yrs	New arrest for a sex offense.	24.8%	Sample of 405 sex offenders released from prison or supervision in the community.
Hanson and Morton-Bourgon (2007)	5.6 yrs	Varied: National, state or provincial criminal justice records.	12.4%	Meta-analysis of 72 studies included mixed groups of adult sex offenders.
Millory (2003)	6 yrs	Reconviction for a felony sex offense.	29%	Sample of 89 high-risk offenders released from prison, referred for a civil commitment but released to the community.
Hanson and Bussier (1998)	4-5 yrs	Varied: National, state or provincial criminal justice records.	18.9%	Meta-analysis of 61 studies included mixed groups of adult sexual offenders.
Rice, Quinsey and Harris (1991)	6 yrs	Reconviction for a sex offense.	31%	Sample of child molesters.
Rice, Quinsey and Harris (1990)	4 yrs	Reconviction for a sex offense.	28%	Sample of 54 rapists released from prison.
Barbaree and Marshall (1988)	4 yrs	Official records of new sex charges/convictions, and Child Protection Agency records implicating offender in sexual abuse of children.	43%	Sample of untreated nonfamilial child molesters.
Sturgeon and Taylor (1980)	5 yrs	Reconviction for a sex offense.	25-30%	Sample of child molesters.

Source: Elements of Change, *Colorado Sex Offender Risk Scale (SORS): Nine Year Follow-up*, Volume 12, Number 1.

⁷ It is important to note that recidivism rates do not include estimates of reoffenses made while convicted sex offenders are imprisoned.

⁸ Additional information concerning the Nine Year Follow-up can be found in the Colorado Division of Criminal Justice, Elements of Change newsletter Volume 12, Number 1.

⁹ Cross-state inferences should be limited due to various differences between programs, treatment types, and models used. These findings also vary based upon the state's definition of recidivism.

Conversely, long-term studies show that recidivism rates increase over time as longer studies show higher rates of recidivism. According to Langevin et al. (2004), "Approximately, three in five offenders reoffend using sex reoffense charges or convictions or court appearances as criteria, but this proportion increased to more than four in five when all offenses and undetected sex crimes were included in the analysis." This notion of increasing recidivism rates over time is generally accepted by most in the research community. Both individual studies measuring recidivism over time and meta-analyses support this as an established concept. In a study conducted by Prentky et al. (1997), a 39 percent sexual rearrest rate for rapists and 52 percent for child molesters in a 25-year follow-up was documented. Moreover, Hanson et al. (1998) also found that a mix of sex offenders recidivated 48 percent after 28 years.

It is without question that policies directed at sexual offenses are subject to considerable scrutiny because of the challenges associated with the reintegration of sex offenders and the risks they pose to the communities in which they reside. Given the recidivism rates, one must consider how treatment affects the probability of convicted sex offenders reoffending. Within this context, it is necessary to review how various treatment methodologies influence the recidivism rate.

Effectiveness of Treatment

Research investigating the underlying effectiveness of treatment indicates that sexual recidivism is generally reduced dependent upon the type, intensity, and duration of treatment. Several meta-analysis studies found considerable decreases to recidivism rates by as much as 37 percent (Losel & Schumucker, 2005). According to Hanson et al. (2002), the sexual recidivism rate for treated sexual offenders was 9.9 percent versus 17.4 percent for untreated sexual offenders. Alternatively, other studies have also shown no treatment effect (Furby, Weinrott, & Blackshaw, 1989; Hanson, 2004; Marques et al., 2005; Schweitzer & Dwyer, 2003). Indeed, the findings to some extent are mixed. However, the treatment provided to sex offenders is best described as being a perishable intervention whereby "effective treatment may influence the recidivism curve to become relatively asymptotic beyond 5 years after treatment, whereas the effects of less effective treatment may wear off within 5 years" (Hall, 1995). That is, the effects of treatment diminish over time regardless of the quality of the initial treatment.

There are some contributing factors to the effectiveness of treatment. Treatment compliance has been demonstrated to influence recidivism. Sexual offenders who drop out of treatment programs double the odds of reoffense (Losel & Schumucker, 2005) and are three times more likely to recidivate than those who complete their treatment (Miner & Dwyer, 1995). Therefore, treatment noncompliance is documented to significantly increase the likelihood of reoffense while treatment completion decreases that likelihood.

The duration and intensity of the treatment is another important factor regarding treatment effectiveness (Lowden et al., 2003). Marques et al. (2005) compared inpatient relapse prevention results of participants that had less than one year of treatment versus more than one year. The results highlight the effectiveness of treatment time as the sexual reoffense rate at one year post-release for participants with less than a year of treatment was 21.4 percent versus 6.8 percent for those with more than a year. Referencing Table 2, participants who received less than one year of

treatment at the one-year post-release recidivated at about the same rate as those who received treatment at 12-years post-release.

Table 2. Sexual Reoffense Rates by Length of Treatment Time

Timeframe	Less than 1 Year	More than 1 Year
1 Year Post Release	21.4%	6.8%
3 Year Post Release	28.6%	14.7%
12 Years Post Release	35.7%	21.6%

Source: Marques et al., *Effects of a Relapse Prevention Program on Sexual Recidivism: Final Results from California's Sex Offender Treatment and Evaluation Project (SOTEP)*, *Sex Abuse: A Journal of Research and Treatment*, 17(1), pp. 79-107.

Evidence Based Correctional Treatment – Cognitive Behavioral Therapy

While the relationship between sexual recidivism and treatment effectiveness is somewhat established, the critical factor to treatment reducing recidivism is the type of treatment. In a study conducted by Andrews et al. (1990), criminal recidivism was found to decrease on average by 50 percent. From the differentiating comparison groups, Andrews et al. (1990) claimed there were three principles to effective treatment: (1) risk – delivery of service to high risk cases; (2) needs – target criminogenic needs (e.g., antisocial attitudes, antisocial peers, antisocial personality, poor familial relationships, low education or vocational achievement); (3) responsivity – use styles and modes of treatment (cognitive behavioral) that are matched with client needs and learning styles. These are commonly referred to as the RNR (Risk, Need, Responsivity) principles. Hanson et al.'s (2009) meta-analysis examined 23 recidivism outcome studies, revealing that adherence to RNR-principles showed the largest reductions in sexual and general recidivism. This is an important point to note as the use of cognitive-behavioral therapy has been demonstrated as a significantly more effective treatment approach than other behavioral treatments (Hall, 1995; Bonta, 1997; Hanson et al., 2002; Losel & Schumucker, 2005). The Washington State Institute for Public Policy (2000) conducted an economic analysis of sex offender programs which found the cognitive-behavioral approach has, “on average, been shown to reduce subsequent criminal activity, both sexual and nonsexual recidivism rates.” Hanson et al. (2009) affirms this, stating, “Reality has heightened a focus on community-based programs for certain sexual offenders, particularly first-time, nonviolent offenders. Researchers in correctional psychology are seeking empirical evidence to support the use of assessment and treatment tools that appear to be working for this population, before and after incarceration.”

The use of cognitive-behavioral therapy has been adopted in Colorado and is woven throughout the *Standards and Guidelines*. A report conducted by the Office of Research and Statistics in 2003, entitled *Evaluation of Colorado's Prison Therapeutic Community for Sex Offenders*, found that the Sex Offender Treatment and Monitoring Program (SOTMP) was rooted in theory and research which resulted in the following findings: (1) “participation in treatment is significantly associated with success on parole”; (2) “participation in treatment significantly reduces the rearrest rate of offenders”; and (3) “the length of time an offender participates in treatment is significantly related to positive outcomes after release from prison” (Lowden et al, 2003).

Containment Model – The Community Management Approach¹⁰

The containment model is an evolving approach to managing adult sex offenders founded upon five basic components: (1) Victim-Centered Philosophy; (2) Multi-Disciplinary Collaboration; (3) Containment-Focused Risk Management; (4) Informed and Consistent Public Policies; and (5) Quality Control Mechanisms (English, 1998). Each component adds to the overall restorative justice framework by serving as the foundation for the criminal justice system to administer a holistic intervention and treatment strategy. Further emphasis is placed upon a community safety approach in which local jurisdictions seek to minimize public risk and maximize offender and public agency accountability. This in part is what sustains the victim-centered philosophy while denying opportunities for adult sex offenders to reoffend (English, 1998). Success of this containment model is contingent upon the shared execution of both internal and external control mechanisms designed to monitor and correct any ensuing sexually unlawful behavior. This specific strategy has been used statewide since 1996.

Internal Controls – Sex-Offender –Specific Treatment

The SOMB defines sex-offense specific treatment as “a long term comprehensive set of planned therapeutic experiences and interventions to change sexually abusive thoughts and behaviors” (SOMB, 2008). In order to treat deviant sexual thoughts and behaviors, sex offenders are given specific treatment unique to their respective needs. However, unlike traditional psychotherapy, treatment providers first target the existing behavioral and attitudinal lifestyles of the client. The programming focus is premised upon actual sexual behavior, arousal planning, and rationalizations as opposed to stress, alcohol abuse, or childhood injuries (English, 1998). According to Kim English (1998), “Sex-offense-specific treatment providers seek to obtain from the client, in a group therapy setting, descriptions of misguided thinking patterns, rationalizations, psychological defense mechanisms, and step-by-step methods each client uses to set up opportunities to assault victims.” The aim is to produce a lasting psycho-sociological change to the client’s mental and behavioral modes and refrain from recidivating.

External Controls – The Criminal Justice System

The enabling force behind the containment model is the power inherent in the criminal justice system (English, 1998). The criminal justice system can supply prevention and deterrence through vigorous enforcement and criminal consequences to violations, thus pressuring convicted sex offenders to adhere to certain behavioral expectations. To properly leverage this force, supervision requires proactive oversight from a multi-disciplinary team that can breach institutional barriers present in the criminal justice system. Fostering cross-agency collaboration aids in overcoming this natural fragmentation and prevents adult sex offenders from exploiting the programmatic and policy gaps. In the *Standards and Guidelines*, the multidisciplinary team is called the Community Supervision Team (CST), but its functions remain the same. The CST uses a variety of surveillance methodologies such as unanticipated home visits, urinalysis testing, detailed presentence investigations, employment restrictions, clear and consistent sanctioning

¹⁰ For more detailed information concerning the Containment Model, please refer to *Managing Adult Sex Offenders: A Containment Approach* by Kim English, Suzanne Pullen, and Linda Jones.

practices, and the post-conviction polygraph. Ultimately, the CST holds the convicted abusers accountable despite being in an environment that is embedded in the community.

Information Symmetry – The Post-Conviction Polygraph

The utility of the post-conviction polygraph and other surveillance strategies provide vital information to the multi-disciplinary team that would otherwise be unavailable (English, 1998). Undisclosed deviant information is considered to be asymmetrical – that is unknown sexual interests, behaviors, and victim types vary across offenders and can change over time. Indeed, non-recidivists may actually be unknown recidivists. The containment model is only as effective as the information provided (Doren, 1998). Without a means to detect this surreptitious activity, sex offenders can operate independent of any impactful treatment or supervision measures. This would undermine the entire containment model. Therefore, the post-conviction polygraph is necessary to painting a detailed and thorough picture of the offender’s true thoughts and behaviors. This information can then be applied to both treatment and supervision controls in a constructive manner.

Table 3 provides a summary of the literature regarding the Containment Approach.

Table 3. Containment Approach Recidivism Studies: Summary of Findings

Study	Average Follow-up Period	Recidivism Definition	Criminal Recidivism	Sexual Recidivism
Aytes et al. (2001)	3-5 yrs	Mixed – Arrest or Conviction	19.2	4.8%
Hanson et al. (2002)	3.8 yrs	Mixed – Arrest or Conviction	27.9%	12.3%
Hepburn & Griffin (2002)	3 yrs	Arrest	13.1%	2.2%
Losel et al. (2005)	5 yrs	Mixed – Lapse behavior to incarceration	22.4%	11.1%
Boone et al. (2006)	1-3 yrs	Re-commitment	9.9%	0.6%

Source: Heil, English & Simons (2010), *Research Findings Related to Sex Offender Treatment: A Summary*, pg. 7. Some additional studies have been added as well.

The literature evaluating the Containment Approach indicates that cognitive-behavioral therapy is less effective when applied in a setting where a multidisciplinary approach is absent (Hepburn & Griffin, 2002). The series of studies included in Table 3 affirm that containment models reduce the likelihood that individuals will engage in new crimes by a combination of deterrence (increased supervision) and treatment. While there is no uniform definition of recidivism used in various studies, the use of a containment model shows significant reductions in the sexual recidivism rates during the past decade. The studies above show that sexual recidivism ranges anywhere from 0.6 percent to 12.3 percent within a five-year at risk period. Given the extent of research and literature substantiating the effective use of the Containment Model, its use in Colorado has been both empirically tested and supported by the SOMB.

No Known Cure

In August of 2011, the SOMB approved a position paper effectively defining the “No Known Cure” concept as it relates to adult sex offender treatment and management policy. A separate position paper was published which addressed juveniles who have committed sexual offenses

and the “No Known Cure” concept. The SOMB has concluded that the use of the “No Known Cure” concept applies to adult sex offenders but not juveniles who have committed sexual offenses. Please refer to the attachments for more information. A copy of each position paper is provided for reference (Attachment B – Adult No Known Cure Position Paper, Attachment C – Juvenile No Known Cure Position Paper).

Residence Restrictions and Shared Living Arrangements

The reentry and reintegration of adult sex offenders into the community is a longstanding and divisive policy issue. Communities often feel threatened by sex offenders for obvious reasons. Still, according to Tabachnick and Klein (2011), “Sex offender residence restrictions, broadly applied to all sex offenders, also appear to be limited in their ability to prevent the sexual abuse of children.” This statement is supported in Colorado by research conducted by the Colorado Division of Criminal Justice, Office of Domestic Violence and Sex Offender Management. A report published in 2004 evaluated living arrangements of sex offenders in the community to determine if they had an impact on community safety. The report concluded that residence restrictions were a less effective deterrent than Shared Living Arrangements (SLA) and did not decrease the likelihood of reoffense whereas SLAs did. These findings are consistent with others studies conducted in various jurisdictions throughout the nation (Minnesota Department of Corrections, 2003 & 2007; Ohio State University, 2009; Levenson, Zandbergen, & Hart, 2008).

Accordingly, the SOMB has adopted a two-fold agenda that addresses this two-part policy issue: (1) residence restrictions and (2) zoning ordinances. Residence restrictions place strict limits on where an offender is allowed to live. The unintended consequence is that more severe restrictions may cause sex offenders to go underground. This was addressed by a white paper that discussed the issues with residence restrictions for sex offender management in 2009. In this paper, the SOMB outlined the legislative background, research, and policy considerations associated with the use of residence restrictions. In effect, the SOMB prescribed a policy that opposed the endorsement of residence restrictions for the reasons stated above (See attachment D – White Paper on the Use of Residence Restrictions as a Sex Offender Management Strategy).

Equally important are the policy implications associated with zoning ordinances limiting the number of sex offenders living in a household at the local level. These zoning ordinances are indicative of the misperception tied to SLAs as being a risk to public safety. The piecemeal approach sometimes undertaken by local governments is problematic because it limits one sex offender per household, thus preventing the use of an SLA. Yet, the research conducted by the SOMB has revealed a different outcome: sex offenders recidivate less when living with other sex offenders and recidivate more when left on their own or with their families. The reasons for such an outcome relate to victim-access opportunities and a lack of peer socialization that is both positive and supportive (See attachment E – SLA Fact Sheet for more information).

Finally, the SOMB has prepared a White Paper on sex offender housing and reintegration issues. A series of recommendations are contained in this document related to advancing the use of safe, stable, and appropriate housing options for sex offenders (See attachment F – White Paper on Sex Offender Housing).

Cost-Benefit Analysis

The literature evaluating the fiscal aspects related to treating and managing adult sex offenders shows the cost-benefit to programming has been found to be economical in one recent meta-analysis. The Washington State Institute for Public Policy produced a cost-benefit report in October of 2001 which examined seven cognitive-behavioral sex offender treatment studies. Within this meta-analysis, cognitive-behavioral sex offender treatment programs cost approximately \$6,246 per participant. The net present value (taxpayer and victim benefits minus the cost of cognitive-behavioral treatment) of cognitive behavioral treatment was \$19,354 per participant. Therefore, the benefit to cost ratio is \$4.13 of benefit per dollar spent on cognitive-behavioral treatment for adult sex offenders (Washington State Institute for Public Policy, 2001). However, it should be noted that a more recent study by the Washington State Institute for Public Policy specifically related to sex offender cognitive-behavioral treatment in prison with aftercare showed that the cost of treatment (\$12,585) outweighed the benefit (taxpayer and victim benefits of \$9,327) by \$3,258 (Washington State Institute for Public Policy, 2006). Given the limited number of research findings in this area, additional cost-benefit studies are needed to draw more definitive conclusions. Nevertheless, preliminary data suggests that cognitive-behavioral sex offender treatment “saves more than it costs” when compared to sex offenders receiving no treatment (Washington State Institute for Public Policy, 2001).

SECTION III: RESEARCH DESIGN

Measuring Effectiveness and Outcome Analysis

The Division of Criminal Justice Office of Research and Statistics, on behalf of the SOMB, completed a *Process Evaluation of the Colorado Sex Offender Management Board Standards and Guidelines* in December of 2003. Based on the results of the *Process Evaluation*, it is assumed that the *Standards and Guidelines* are being implemented throughout the State of Colorado. The next step required an evaluation of outcomes to assess the effectiveness of the *Standards and Guidelines* in reducing sexual recidivism per the SOMB legislative mandate. In September of 2009, the SOMB began working on this project and formed a research committee. This study is considered a “black-box evaluation” whereby internal nuances and the programmatic aspects related to effectiveness are not analyzed in depth. Instead, the scope of this study strictly looked at outcome variables in the aggregate form, focusing on recidivism. The effectiveness of specific treatment programs was not examined either, only summative outcome data is provided. Some common definitions are provided below.

Definitions

Containment Model – A method of case management and treatment that seeks to hold offenders accountable through the combined use of both offenders’ internal controls and external control measures (such as polygraph testing and relapse prevention plans). A containment approach requires the integration of a collection of attitudes, expectations, laws, policies, procedures, and practices that have clearly been designed to work together. This approach is implemented through interagency and interdisciplinary teamwork.

Community Supervision Team (CST) – A team of professionals including a minimum of the supervising officer, the treatment provider, and the polygraph examiner who collaborate to make decisions about the offender.

Polygraph – The use of an instrument that is capable of recording, but not limited to recording, indicators of a person’s respiratory pattern and changes therein, galvanic skin response and cardio-vascular pattern changes therein. The recording of such instruments must be recorded visually, permanently and simultaneously. Polygraphy includes the interpretation of the data collected in this manner, for the purpose of measuring physiological changes associated with deception.

Sex-Offense Specific Treatment – Consistent with current professional practices, sex-offense specific treatment means a long term comprehensive set of planned therapeutic experiences and interventions to change sexually abusive thoughts or behaviors. Such treatment specifically addresses the occurrence and dynamics of sexually deviant behavior and utilizes specific strategies to promote change. Sex offense-specific programming focuses on the concrete details of the actual sexual behavior, the fantasies, the arousal, the planning, the denial and the rationalizations.

Recidivism - The occurrence of new court filings within one year and within three years of termination of supervision. This new court filing method uses new prosecutions as a conventional approach adopted by varying agencies throughout the state. New convictions are concededly lower than court filings, while new arrests are much higher. As a result, court filings are a more neutral measure of recidivism which neither overestimate arrest rates nor underestimate conviction rates.

Successfully Discharged – An adult sexual offender who has fulfilled all the terms and conditions of their probation or parole. This encompasses all terminations that were not revoked for either a technical violation or a new crime, death, terminated as AWOL, closed for administrative reasons, subject to interstate compacts, transferred, deported or released due to a court order or on appeal.

Sampling Frame

The sampling approach undertaken in this study examines the effects of the *Standards and Guidelines* amongst two adult sexual offender populations: (1) adult sexual offenders who were placed on parole after June 30, 1996 and successfully discharged from parole between July 1, 2005 and June 30, 2007; and (2) adult sexual offenders who successfully discharged (released) their probation from July 1, 2005 to June 30, 2007. Recidivism is defined as the occurrence of new court filings within one year and within three years of termination of supervision.

Table 4. Sampling Frame

	Included	Excluded
Sample Description	<ul style="list-style-type: none"> • Sexual offenders placed on parole after June 30, 1996 and successfully discharged between July 1, 2005 and June 30, 2007 • Sexual offenders who successfully discharged (released) from probation from July 1, 2005 to June 30, 2007 • Determinate Cases 	<ul style="list-style-type: none"> • Indeterminate Cases • Technical Violations • Sexual offenders who have left the state • Juveniles who have committed sexual offenses

Indeterminate cases were excluded from the sample as the discharge dates for lifetime supervision offenders would not have occurred within the timeframe specified given the enactment date for the Colorado Sex Offender Lifetime Supervision Act of 1998. This exclusion is a limitation of the present study. Also, data pertaining to lifetime supervision offenders was already reported in the Lifetime Report. Resource limitations precluded this study from tracking those who had left the state.

Data Collection

These data were extracted from the Colorado Judicial Branch's Management Information System (ICON) by the Division's Office of Research and Statistics (ORS). The method employed by the ORS to measure recidivism utilizes all client identifiers available, including social security numbers and state identification numbers in addition to names, aliases, and dates of birth. This process attempts to expand the identification of new cases by cross-referencing an exhaustive list of identifiers from multiple databases.

Probation.

Data concerning probation releases were provided by the Division of Probation Services within the Colorado Judicial Branch, providing a total of 356 successful discharges out of 1000 total discharges. Unsuccessful probation releases were excluded from this study because these offenders may not have been subject to the complete application of the *Adult Standards and Guidelines*. Therefore, inferences regarding their effectiveness for this population could not be drawn. Additionally, such releases are often the result of a revocation of probation to prison. Thus, these probationers are not at risk of rearrest, which would have artificially lowered the recidivism rate.

Parole.

Data concerning the parole releases were provided by the Colorado Department of Corrections. These included 333 successful sexual offender discharges out of a total of 1298 parole releases/terminations. The unsuccessful parole releases were removed from this study because, as in the case of the probation sample, those who did not complete their supervision may not have been subject to the complete application of the *Adult Standards and Guidelines*. Additionally, these parolees may have been re-incarcerated and are not at risk of rearrest. This would have artificially lowered the recidivism rate and presented a significant challenge to the authenticity of the findings.

Analytic Strategy

The data analysis portion was conducted by the Division's Office of Research and Statistics (ORS) and the Office of Domestic Violence and Sex Offender Management (ODVSOM). This analysis included a systematic review of the descriptive statistics at both the one-year and three-year post-release periods. Cases were further analyzed by differentiating recidivism according to differing types of crimes and crime levels, including sexual, violent and other crimes.¹¹ The unit of analysis for this study is adult sex offenders who successfully completed their treatment and supervision program as prescribed by the *Standards and Guidelines*. Additionally, recidivism due to failure to register as a sex offender and recidivism according to law class was examined.

¹¹ Sexual crimes include sexual assault, incest, public indecency, and sexual exploitation. Failure to register as a sex offender is excluded as a sex crime, but is included in the non-violent, non-sexual crime category. Violent crimes include homicide, robbery, kidnapping, and assault. 'Other' crimes include drug offenses, burglary, theft, forgery, fraud, and other property crimes.

Data Limitations

There are some data limitations to this study that should be noted. First, this study is bound to a three-year timeframe. Other outcome studies have demonstrated that recidivism rates increase over time, so the present results are an early snapshot at recidivism trends. Moreover, this study does not include control variables for risk. This implies that the results may include lower-risk offenders who may be less prone to reoffend regardless of the specific intervention utilized. Indeterminate sentences were also excluded from this analysis because these cases involve offenders who are under longer-term supervision and these outcomes are presented in other forums. The rationale for this approach was to minimize any skewing to the data. Other limitations, as previously identified, include underreporting, reclassification of sex offenses through plea-bargaining (Langevin, 2004, pg. 534), and imperfect measurement systems. In order to fully study the effectiveness of the *Adult Standards and Guidelines*, future research would need to include a viable comparison group, examining both the criminal and sexual recidivism rates before and after the implementation of the *Adult Standards and Guidelines*. However, resource limits and budgetary constraints make such projects difficult to undertake.

SECTION IV: FINDINGS AND RESULTS

SUMMARY

Overall criminal recidivism rates for this sample were 13.1 percent for one-year post-criminal justice supervision and 28.0 percent for three-year post-criminal justice supervision. Although these rates are about on par with the current national research regarding adult sex offender recidivism, the sexual crime recidivism rates were very low, at 0.7 percent for one-year post-criminal justice supervision and 2.6 percent for three-year post-criminal justice supervision. It should also be noted that any attempt to compare the results of different adult sex offender recidivism studies is problematic given differences in the types of recidivism identified, the ways in which recidivism is measured, and the methods utilized to detect recidivism.

Approximately half of the recidivists in the present study committed non-violent, non-sexual crimes at both the one-year and three-year post-supervision mark. In addition, a small percentage (12 percent and 14 percent) of the one-year and three-year recidivism was strictly due to failure to register as a sex offender.

The *Adult Standards and Guidelines* appears to be an effective tool to limit sexual recidivism post-release from supervision. However, these results are too preliminary to be conclusive and therefore serve as a baseline for future studies concerning recidivism. Colorado's coordinated system for the management and treatment of sex offenders "contains" the offender and enhances the safety of the community. This approach also protects victims while utilizing and including interagency and interdisciplinary teamwork. Overall, these collective aspects of the *Standards and Guidelines* seem to have a positive effect on public safety.

This study gathered data from only those adult sexual offenders who *successfully* terminated from their probation or parole sentence. It is important to note that this sample is not comparable with published Department of Correction's recidivism rates, as technical violations and parole returns with a new crime would not be counted in this sample. Only those who have been successfully released from parole were included. The results of this study highlight the need for longer-term follow up, particularly given the low rate of sexual crime recidivism identified within the three years available for follow-up on these offenders.

FINDINGS

Sample

Recidivism data was examined on 689 adult sexual offenders in Colorado who successfully discharged from their probation or parole sentence between July 1, 2005 and June 30, 2007. In order for adult sex offenders to successfully discharge from criminal justice supervision, all areas of the *Adult Standards and Guidelines* must be sufficiently completed. For the purpose of this study, which is to examine the effectiveness of these *Adult Standards and Guidelines*, this sample would provide the most useful information. Those offenders who did not complete their supervision may not have been subject to the complete application of the *Adult Standards and Guidelines*. Therefore, inferences regarding their effectiveness could not be drawn.

Table 5. Sampling Data

	Adult sexual offenders terminated from Probation or Parole supervision between July 1, 2005 and June 30, 2007.	Adult sexual offenders <i>successfully</i> discharged from Probation or Parole supervision between July 1, 2005 and June 30, 2007.
Probation	1000	356 (35.6%)
Parole	1298	333 (25.7%)
TOTAL	2298	689 (30.4%)

One thousand (1,000) adult sexual offenders were terminated from probation supervision and 1298 adult sexual offenders were terminated from parole supervision between July 1, 2005 and June 30, 2007. More than one-third of the probation sample, 356 offenders, completed their probation sentence successfully, while just over a quarter of the parole sample, 333 offenders, successfully completed their parole sentence.

Table 6. Demographic Information

	Probation Sample		Parole Sample		TOTAL	
Asian	4	(1.1%)	4	(1.2%)	8	(1.2%)
African American	13	(3.7%)	44	(13.2%)	57	(8.3%)
Hispanic	37	(10.4%)	108	(32.4%)	145	(21.0%)
American Indian	1	(0.3%)	14	(4.2%)	15	(2.2%)
White	300	(84.3%)	163	(48.9%)	463	(67.2%)
Missing Data	1	(0.3%)	0		1	(0.1%)
TOTAL	356	(100%)	333	(100%)	689	(100%)

The average age for the 356 offenders who successfully completed probation was 40.7 years, while the average age for the 333 offenders who successfully completed parole was 38.0 years. One percent of the Parole sample was female; this information was not included in the Probation sample.

Outcomes

Recidivism was examined one year and three years after successful discharge from supervision.¹² Recidivism was examined in terms of new sexual¹³ crimes, violent¹⁴ crimes, and all other (non-violent/non-sexual)¹⁵ crimes.

¹² Misdemeanor filings from Denver County are not available and are excluded.

¹³ Sexual crimes include sexual assault, incest, public indecency, and sexual exploitation. Failure to register as a sex offender is excluded.

¹⁴ Violent crimes include homicide, robbery, kidnapping, and assault.

¹⁵ Crimes such as drugs, burglary, theft, forgery, fraud, and other property crimes.

Table 7. One-Year Rates of Recidivism

	Probation	Parole	TOTAL
Recidivism	17	73	90 (13.1%)
No Recidivism	339	260	599 (86.9%)
TOTAL	356	333	689 (100%)

Table 8. Three-Year Rates of Recidivism

	Probation	Parole	TOTAL
Recidivism	37	156	193 (28.0%)
No Recidivism	319	177	496 (72.0%)
TOTAL	356	333	689 (100%)

A total of 90 offenders (13.1 percent) recidivated after one year and 193 offenders (28.0 percent) recidivated after three years. Less than one percent of the sample had a new sexual crime one year after successful discharge from supervision, while 2.6 percent had a new sexual crime three years after successful discharge from supervision. Approximately half of new crimes were non-violent, non-sexual crimes.

Table 9. Probation and Parole Outcomes

One-Year	Probation	Parole	TOTAL
No Recidivism	339	260	599 (86.9%)
New Sexual Crime	3	2	5 (0.7%)
New Violent Non-Sexual Crime	5	33	38 (5.5%)
New Non-Violent, Non-Sexual Crime	9	38	47 (6.8%)
TOTAL	356	333	689 (100%)
Three-Year	Probation	Parole	TOTAL
No Recidivism	319	117	496 (72.0%)
Sexual Crime	8	10	18 (2.6%)
Violent Non-Sexual Crime	10	64	74 (10.7%)
Non-Violent, Non-Sexual Crime	19	82	101 (14.7%)
TOTAL	356	333	689 (100%)

Although approximately half of the recidivism occurring during the three years after successful release from supervision was due to non-violent, non-sexual crimes, the majority of these crimes were felonies. This is particularly true in the case of the parole discharges, with 74 to 75 percent of the recidivism being due to felony crimes. Overall, 30 percent of the recidivists committed misdemeanors only.

Table 10. Most Serious Class of Recidivism Crimes
One-Year

	Probation	Parole	TOTAL
Misdemeanor	8 (47.1%)	19 (26.0%)	27 (30.0%)
Felony	9 (52.9%)	54 (74.0%)	63 (70.0%)
TOTAL	17 (100%)	73 (100%)	90 (100%)

Three-Year

	Probation	Parole	TOTAL
Misdemeanor	17 (45.9%)	39 (25.0%)	56 (29.0%)
Felony	20 (54.1%)	117 (75.0%)	137 (71.0%)
TOTAL	37 (100%)	156 (100%)	193 (100%)

Of the 90 cases of recidivism in year one and of the 193 cases in year three, 11 (12 percent) and 26 (14 percent), respectively, were due to failing to register as a sex offender only.

SECTION V: CONCLUSIONS AND RECOMMENDATIONS

DISCUSSION

Making Sense of Issues

The outcome findings outlined in Section IV denote recidivism rates consistent with national trends. Inferences made strictly relying upon these data are problematic to evaluating the effectiveness of the *Adult Standards and Guidelines* because this study lacked the sufficient resources for a viable comparison group. Despite this limitation, the data in combination with the literature provide evidence to corroborate the *Adult Standards and Guidelines* as an effective intervention.

Overall, the literature suggests that the treatment and management of adult sexual offenders is effective. Studies examining sexual recidivism demonstrate rates that typically bottom-out at about 5 percent and peak around 30 percent in a five-year time-at-risk period. The sexual recidivism rate found in the present study was less than one percent one year after successful discharge from supervision, while 2.6 percent had a new sexual crime three years after successful discharge from supervision. These percentages are moderately low, but it is uncertain from the data whether or not this is a direct result from the treatment and management as prescribed by the *Standards and Guidelines*, or the result of some other latent variables. However, the use of cognitive-behavioral therapy has been demonstrated as a significantly more effective treatment approach than other behavioral treatments (Hall, 1995; Bonta, 1997; Hanson et al., 2002; Losel & Schumucker, 2005). While there are relatively few cost-benefit studies looking at the treatment and management of adult sexual offenders, the use of cognitive-behavioral therapy, in a manner similar to that prescribed by the *Standards and Guidelines*, appears to be economical (as measured by taxpayer and victim benefits minus cost) (Washington State Institute for Public Policy, 2001).

Accordingly, the policies that direct the programming and regulatory requirements are developed in part from evidence-based practices and serve as the foundation for the *Adult Standards and Guidelines*. It is for these collective reasons that the SOMB maintains that the *Adult Standards and Guidelines* appears to be an effective intervention in reducing sexual recidivism.

Programmatic Considerations

An interesting point to consider is the level of non-sexual recidivism rates found in this study. The *Adult Standards and Guidelines* focuses largely on the management and treatment of sexual offenses. The extent to which current programming affects non-sexual recidivism is less certain. Given that the majority of new crimes were non-sexual crimes, there may be some areas in which the *Adult Standards and Guidelines* can be expanded upon in order to address non-sexual criminal behavior.

Future Research

The present study has surfaced potential areas for further research. Given that treatment and management effectiveness have been documented in research to gradually diminish over time, a long-term recidivism study is necessary to show how rates increase over time in Colorado. Another area for future research is studying the economic benefit associated with the *Adult Standards and Guidelines* programming. In order to properly study the effectiveness of the *Adult Standards and Guidelines*, future research would need to include a viable comparison group, examining both the criminal and sexual recidivism rates before and after the implementation of the *Adult Standards and Guidelines*. These studies would require substantial resources and staff which are not currently available due to budgetary constraints.

CONCLUSIONS

The Bottom Line

The policies prescribed by the *Adult Standards and Guidelines* for the management and treatment of adult sex offenders appear to limit sexual recidivism post-release from supervision for adult sex offenders who successfully completed either probation or parole. Notwithstanding the literature, the data alone does not provide sufficient and independent evidence to support this claim and is therefore less conclusive. This recidivism study is preliminary and inferences made to draw conclusions should be cautioned for several reasons. The data is limited to a three-year timeframe, excludes indeterminate sentences, and is subject to underreporting, reclassification of sex offenses through plea-bargaining (Langevin, 2004, pg. 534), and imperfect measurement systems.

However, the programmatic theory core to the *Adult Standards and Guidelines* relies upon a coordinated system that is rooted within over 30 years of applied international research and literature. Applying the literature in concert with the data suggests that the *Adult Standards and Guidelines* appears to be effective in limiting sexual recidivism post-release from supervision. Therefore, the management and treatment of sex offenders in Colorado “contains” the offender and enhances the safety of the community through the use of the *Adult Standards and Guidelines*. Overall, these collective aspects of the *Standards and Guidelines* seem to have a positive effect on public safety.

RECOMMENDATIONS

- Continue to utilize the *Adult Standards and Guidelines* and ensure periodic revisions are made to reflect the most recent and relevant evidence-based practices.
- Develop a comprehensive research strategy that begins to target, evaluate, and expand upon the knowledge base of the *Adult Standards and Guidelines* program effectiveness.
- Enhance current strategic partnerships with affiliated agency stakeholders to allow for improved data collection and research operations.

- Explore and study the viability of adding a more holistic scheme to address non-sexual recidivism that augments sexual-specific treatment and management programming in the *Adult Standards and Guidelines*.

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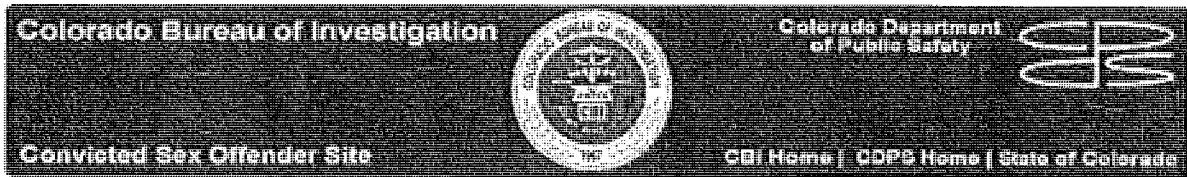
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ATTACHMENTS

- A. The Adult Standards and Guidelines**
- B. Adult No Known Cure Position Paper**
- C. Juvenile No Known Cure Position Paper**
- D. White Paper on the Use of Residence Restrictions as a Sex Offender Management Strategy**
- E. SLA Fact Sheet**
- F. White Paper on Sex Offender Housing**



Categories

- [Sexually Violent Predators](#)
- [Multiple Offenders](#)
- [Failed to Register](#)
- [Felony Conviction](#)
- [Map Search](#)

For a complete list of registered sex offenders in your neighborhood contact your local Police Department or Sheriff's Office.

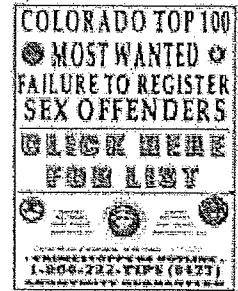
STATUTES

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- [Links](#)
- [Colorado Police and Sheriff Sex Offender Websites](#)
- [National Sex Offender Public Registry](#)

The following Colorado Revised Statutes pertain to sex offender registration and community notification:

You may locate the complete text of each statute by connecting to the Colorado Statute Manager (link below) and inserting the corresponding statute number into the search engine.

- 16-1-104 Definitions (crime of violence)
- ✓ 16-11.7-102 Definitions (sex offender & sex offense)
- 16-11.7-103 Sex offender management board - creation - duties - repeal
- 18-1.3-1008 Probation - conditions - release
- ✓ 16-13-901 Sexually violent predators - legislative declaration
- ✓ 16-13-902 Definitions (community notification)
- ✓ 16-13-903 Sexually violent predator subject to community notification
- ✓ 16-13-904 Sex offender management board - duties
- ✓ 16-13-905 Local law enforcement - duties - immunity
- ✓ 16-13-906 Division of criminal justice - technical assistance team. Combine above statutes as Community Notification re Sexually Violent Predators
- ✓ 16-22-101 to 115 Sex offenders - duty to register
- ✓ 18-3-412.5 Failure to Register as a Sex Offender
- ✓ 18-3-414.5 Sexually violent predator - Defined



CBI Tip Line

To report the possible location of an offender who has failed to register, please call 303-239-5732 or call your local law enforcement agency.

CBI E-Alerts

To receive SVP notifications by E-Mail, please enter E-mail below.

[Sign Up](#)

*The link below takes you to a website which is not maintained by the Colorado Bureau of Investigation.

Colorado Statute Manager

- [SEXUALLY VIOLENT PREDATOR](#) | [MULTIPLE OFFENSES](#) | [FAILED TO REGISTER](#) | [FELONY CONVICTION](#)
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C.R.S.A. § 16-11.7-102

West's Colorado Revised Statutes Annotated Currentness

Title 16. Criminal Proceedings

☞ Code of Criminal Procedure

☞ Article 11.7. Standardized Treatment Program for Sex Offenders (Refs & Annos)

⇒ § 16-11.7-102. **Definitions**

As used in this article, unless the context otherwise requires:

(1) "Adult sex offender" means a person who has been convicted, as described in subparagraphs (I) to (III) of paragraph (a) of subsection (2) of this section, of a sex offense.

(1.3) "Board" means the sex offender management board created in section 16-11.7-103.

(1.5) "Juvenile who has committed a sexual offense" means a juvenile who has been adjudicated as a juvenile or who receives a deferred adjudication on or after July 1, 2002, for an offense that would constitute a sex offense, as defined in subsection (3) of this section, if committed as an adult, or a juvenile who has committed any offense, the underlying factual basis of which involves a sex offense.

(2)(a) "Sex offender" means any person who is:

(I) Convicted in the state of Colorado, on or after January 1, 1994, of any sex offense as defined in subsection (3) of this section; or

(II) Convicted in the state of Colorado on or after January 1, 1994, of any criminal offense, if such person has previously been convicted of a sex offense as described in subsection (3) of this section in the state of Colorado, or if such person has previously been convicted in any other jurisdiction of any offense that would constitute a sex offense as defined in subsection (3) of this section, or if such person has a history of any sex offenses as defined in subsection (3) of this section; or

(III) Convicted in the state of Colorado on or after July 1, 2000, of any criminal offense, the underlying factual basis of which involves a sex offense; or

(IV) A juvenile who has committed a sexual offense.

(b) For purposes of this subsection (2), any person who receives a deferred judgment or deferred sentence for the offenses specified in this subsection (2) is deemed convicted.

(3) "Sex offense" means any felony or misdemeanor offense described in this subsection (3) as follows:

(a)(I) Sexual assault, in violation of section 18-3-402, C.R.S.; or

(II) Sexual assault in the first degree, in violation of section 18-3-402, C.R.S., as it existed prior to July 1, 2000;

(b) Sexual assault in the second degree, in violation of section 18-3-403, C.R.S., as it existed prior to July 1, 2000;

(c)(I) Unlawful sexual contact, in violation of section 18-3-404, C.R.S.; or

(II) Sexual assault in the third degree, in violation of section 18-3-404, C.R.S., as it existed prior to July 1, 2000;

(d) Sexual assault on a child, in violation of section 18-3-405, C.R.S.;

- (e) Sexual assault on a child by one in a position of trust, in violation of section 18-3-405.3, C.R.S.;
 - (f) Sexual assault on a client by a psychotherapist, in violation of section 18-3-405.5, C.R.S.;
 - (g) Enticement of a child, in violation of section 18-3-305, C.R.S.;
 - (h) Incest, in violation of section 18-6-301, C.R.S.;
 - (i) Aggravated incest, in violation of section 18-6-302, C.R.S.;
 - (j) Trafficking in children, in violation of section 18-3-502, C.R.S.;
 - (k) Sexual exploitation of children, in violation of section 18-6-403, C.R.S.;
 - (l) Procurement of a child for sexual exploitation, in violation of section 18-6-404, C.R.S.;
 - (m) Indecent exposure, in violation of section 18-7-302, C.R.S.;
 - (n) Soliciting for child prostitution, in violation of section 18-7-402, C.R.S.;
 - (o) Pandering of a child, in violation of section 18-7-403, C.R.S.;
 - (p) Procurement of a child, in violation of section 18-7-403.5, C.R.S.;
 - (q) Keeping a place of child prostitution, in violation of section 18-7-404, C.R.S.;
 - (r) Pimping of a child, in violation of section 18-7-405, C.R.S.;
 - (s) Inducement of child prostitution, in violation of section 18-7-405.5, C.R.S.;
 - (t) Patronizing a prostituted child, in violation of section 18-7-406, C.R.S.;
 - (u) Criminal attempt, conspiracy, or solicitation to commit any of the offenses specified in this subsection (3);
 - (v) Class 4 felony internet luring of a child, in violation of section 18-3-306(3), C.R.S.;
 - (w) Internet sexual exploitation of a child in violation of section 18-3-405.4, C.R.S.;
 - (x) Public indecency, committed in violation of section 18-7-301(2)(b), C.R.S., if a second offense is committed within five years of the previous offense or a third or subsequent offense is committed; or
 - (y) Invasion of privacy for sexual gratification, as described in section 18-3-405.6, C.R.S.
- (4) "Treatment" means therapy, monitoring, and supervision of any sex offender which conforms to the standards created by the board pursuant to section 16-11.7-103.

CREDIT(S)

Added by Laws 1992, H.B.92-1021, § 3, eff. June 2, 1992. Amended by Laws 1995, H.B.95-1044, § 10, eff. July 1, 1995; Laws 1997, H.B.97-1145, § 8, eff. July 1, 1997; Laws 1998, Ch. 139, § 11, eff. April 21, 1998; Laws 2000, Ch. 171, § 23, eff. July 1, 2000; Laws 2000, Ch. 216, § 9, eff. July 1, 2000; Laws 2006, Ch. 362, § 1, eff. July 1, 2006; Laws 2010, Ch. 156, § 5, eff. April 21, 2010; Laws 2010, Ch. 359, § 4, eff. Aug. 11, 2010; Laws 2010, Ch. 415, § 9, eff. July 1, 2010; Laws 2011, Ch. 236, § 2, eff. May 27, 2011.

C.R.S.A. § 16-13-901

West's Colorado Revised Statutes Annotated Currentness

Title 16. Criminal Proceedings

Code of Criminal Procedure

^Article 13. Special Proceedings (Refs & Annos)

^Part 9. Community Notification Concerning Sexually Violent Predators (Refs & Annos)

⇒**§ 16-13-901. Legislative declaration**

The general assembly hereby finds that persons who are convicted of offenses involving unlawful sexual behavior and who are identified as sexually violent predators pose a high enough level of risk to the community that persons in the community should receive notification concerning the identity of these sexually violent predators. The general assembly also recognizes the high potential for vigilantism that often results from community notification and the dangerous potential that the fear of such vigilantism will drive a sex offender to disappear and attempt to live without supervision. The general assembly therefore finds that sex offender notification should only occur in cases involving a high degree of risk to the community and should only occur under carefully controlled circumstances that include providing additional information and education to the community concerning supervision and treatment of sex offenders.

CREDIT(S)

Added by Laws 1999, Ch. 286, § 17, eff. July 1, 1999. Amended by Laws 2006, Ch. 288, § 1, eff. May 30, 2006.

C.R.S.A. § 16-13-902

West's Colorado Revised Statutes Annotated Currentness

Title 16. Criminal Proceedings

Code of Criminal Procedure

Article 13. Special Proceedings (Refs & Annos)

Part 9. Community Notification Concerning Sexually Violent Predators (Refs & Annos)

§ 16-13-902. Definitions

As used in this part 9, unless the context otherwise requires:

- (1) "Department" means the department of corrections created in section 24-1-128.5, C.R.S.
- (2) "Management board" means the sex offender management board created in section 16-11.7-103.
- (3) "Parole board" means the state board of parole created in section 17-2-201, C.R.S.
- (4) "Sex offender" means a person sentenced pursuant to part 10 of article 1.3 of title 18, C.R.S.
- (5) "Sexually violent predator" means a sex offender who is identified as a sexually violent predator pursuant to section 18-3-414.5, C.R.S., or who is found to be a sexually violent predator or its equivalent in any other state or jurisdiction, including but not limited to a military or federal jurisdiction. For purposes of this subsection (5), "equivalent", with respect to an offender found to be a sexually violent predator or its equivalent, means a sex offender convicted in another state or jurisdiction, including but not limited to a military, tribal, territorial, or federal jurisdiction, who has been assessed or labeled at the highest registration and notification levels in the jurisdiction where the conviction was entered and who satisfies the age, date of offense, and conviction requirements for sexually violent predator status pursuant to Colorado law.
- (6) "Technical assistance team" means the group of persons established by the division of criminal justice pursuant to section 16-13-906 to assist local law enforcement in carrying out community notification and to provide general community education concerning sex offenders.

CREDIT(S)

Added by Laws 1999, Ch. 286, § 17, eff. July 1, 1999. Amended by Laws 2006, Ch. 288, § 2, eff. May 30, 2006; Laws 2011, Ch. 224, § 1, eff. May 27, 2011.

HISTORICAL AND STATUTORY NOTES

Laws 1999, Ch. 286, § 25, provides:

"Effective date--applicability. This act shall take effect July 1, 1999, and sections 3, 4, 14, and 17 of this act shall apply to offenses committed on or after said date; except that sections 3 and 17 of this act shall only take effect if section 42-2-206, Colorado Revised Statutes, is amended in House Bill 99-1168 to change the penalty for driving with a revoked license from a class 6 felony to a class 1 misdemeanor and House Bill 99-1168 is enacted at the First Regular Session of the Sixty-second General Assembly and becomes law."

Laws 1999, H.B.99-1168 (Ch. 215), was approved May 24, 1999, and included an amendment to 42-2-206 changing the penalty for driving with a revoked license from a class 6 felony to a class 1 misdemeanor.

Laws 2006, Ch. 288, § 2, in subsec. (5) added "or who is found to be a sexually violent predator or its equivalent in any other state or jurisdiction, including but not limited to a military or federal jurisdiction".

Laws 2011, Ch. 224, § 1, in subsec. (5), added the second sentence.

RESEARCH REFERENCES

Treatises and Practice Aids

15 Colorado Practice Series § 20.19, Sentence Under Sex Offender Lifetime Supervision Act of 1998.

C. R. S. A. § 16-13-902, CO ST § 16-13-902

Current through the Second Regular Session and First Extraordinary Session of the 68th General Assembly (2012)

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C.R.S.A. § 16-13-903

West's Colorado Revised Statutes Annotated Currentness

Title 16. Criminal Proceedings

Code of Criminal Procedure

^ Article 13. Special Proceedings (Refs & Annos)

^ Part 9. Community Notification Concerning Sexually Violent Predators (Refs & Annos)

⇒ **§ 16-13-903. Sexually violent predator subject to community notification--
determination--implementation**

(1) A sexually violent predator shall be subject to community notification as provided in this part 9, pursuant to criteria, protocols, and procedures established by the management board pursuant to section 16-13-904.

(2) Deleted by Laws 2006, Ch. 288, § 3, eff. May 30, 2006.

(3)(a) When a sexually violent predator is sentenced to probation or community corrections or is released into the community following incarceration, the sexually violent predator's supervising officer, or the official in charge of the releasing facility or his or her designee if there is no supervising officer, shall notify the local law enforcement agency for the jurisdiction in which the sexually violent predator resides or plans to reside upon release from incarceration. The local law enforcement agency shall notify the Colorado bureau of investigation, and the sexually violent predator's status as being subject to community notification shall be entered in the central registry of persons required to register as sex offenders created pursuant to section 16-22-110.

(b) When a sexually violent predator living in a community changes residence, upon registration in the new community or notification to the new community's law enforcement agency, that agency shall notify the Colorado bureau of investigation and implement community notification protocols.

(4) Nothing in this section shall be construed to abrogate or limit the sovereign immunity granted to public entities pursuant to the "Colorado Governmental Immunity Act", article 10 of title 24, C.R.S.

(5) A sex offender convicted in another jurisdiction who is designated as a sexually violent predator by the department of public safety for purposes of Colorado law shall be notified of his or her designation and shall have the right to appeal the designation in district court.

CREDIT(S)

Added by Laws 1999, Ch. 286, § 17, eff. July 1, 1999. Amended by Laws 2002, Ch. 297, § 18, eff. July 1, 2002; Laws 2006, Ch. 288, § 3, eff. May 30, 2006; Laws 2011, Ch. 224, § 2, eff. May 27, 2011.

C.R.S.A. § 16-13-904

West's Colorado Revised Statutes Annotated Currentness

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Code of Criminal Procedure

^ Article 13. Special Proceedings (Refs & Annos)

^ Part 9. Community Notification Concerning Sexually Violent Predators (Refs & Annos)

⇒ **§ 16-13-904. Sex offender management board--duties**

(1) The management board, in collaboration with the department of corrections, the judicial department, and the parole board, shall establish and revise when necessary:

(a) Deleted by Laws 2006, Ch. 288, § 4, eff. May 30, 2006.

(b) Criteria to be applied by a local law enforcement agency in determining when to carry out a community notification;

(c) Protocols and procedures for carrying out community notification.

(2) The management board shall collaborate with the technical assistance team in establishing the protocols and procedures for carrying out community notification. Such protocols and procedures shall be designed to ensure that notice is provided in a manner that is as specific as possible to the population within the community that is at risk. Such protocols and procedures shall also include provision to the community of general information and education concerning sex offenders, including treatment and supervision of sex offenders, and procedures to attempt to minimize the risk of vigilantism.

(3) Deleted by Laws 2006, Ch. 288, § 4, eff. May 30, 2006.

CREDIT(S)

Added by Laws 1999, Ch. 286, § 17, eff. July 1, 1999. Amended by Laws 2000, Ch. 216, § 15, eff. July 1, 2000; Laws 2006, Ch. 288, § 4, eff. May 30, 2006.

C.R.S.A. § 16-13-905

West's Colorado Revised Statutes Annotated Currentness

Title 16. Criminal Proceedings

Code of Criminal Procedure

↳ Article 13. Special Proceedings (Refs & Annos)

↳ Part 9. Community Notification Concerning Sexually Violent Predators (Refs & Annos)

⇒ **§ 16-13-905. Local law enforcement--duties--immunity**

(1) The local law enforcement agency for the jurisdiction in which a sexually violent predator who is subject to community notification resides shall be responsible for carrying out any community notification regarding said sexually violent predator. Such community notification shall only occur under the circumstances and in the manner specified by the management board pursuant to section 16-13-904. The local law enforcement agency may apply to the division of criminal justice for assistance from the technical assistance team in carrying out any community notification.

(2) Nothing in this section shall be construed to abrogate or limit the sovereign immunity granted to public entities pursuant to the "Colorado Governmental Immunity Act", article 10 of title 24, C.R.S.

CREDIT(S)

Added by Laws 1999, Ch. 286, § 17, eff. July 1, 1999. Amended by Laws 2006, Ch. 288, § 5, eff. May 30, 2006.

C.R.S.A. § 16-13-906

West's Colorado Revised Statutes Annotated Currentness

Title 16. Criminal Proceedings

Code of Criminal Procedure

▣ Article 13. Special Proceedings (Refs & Annos)

▣ Part 9. Community Notification Concerning Sexually Violent Predators (Refs & Annos)

⇒ **§ 16-13-906. Division of criminal justice--technical assistance team**

(1) The division of criminal justice of the department of public safety shall establish a technical assistance team to provide assistance to local law enforcement agencies in carrying out community notification. The technical assistance team shall include persons with expertise in sex offender management, sex offender supervision, and law enforcement.

(2) The technical assistance team shall also be available upon request to assist communities in providing general information concerning sex offenders, including treatment, management, and supervision of sex offenders within society. Such education may be provided in situations that are not related to the provision of notice concerning a specific sexually violent predator.

(3) Nothing in this section shall be construed to abrogate or limit the sovereign immunity granted to public entities pursuant to the "Colorado Governmental Immunity Act", article 10 of title 24, C.R.S.

CREDIT(S)

Added by Laws 1999, Ch. 286, § 17, eff. July 1, 1999. Amended by Laws 2000, Ch. 216, § 16, eff. July 1, 2000; Laws 2006, Ch. 288, § 6, eff. May 30, 2006.

.R.S.A. § 16-22-101

West's Colorado Revised Statutes Annotated Currentness

Title 16. Criminal Proceedings

↳ Offenders--Registration

↳ Article 22. Colorado Sex Offender Registration Act (Refs & Annos)

↳ **§ 16-22-101. Short title**

This article shall be known and may be cited as the "Colorado Sex Offender Registration Act".

CREDIT(S)

Added by Laws 2002, Ch. 297, § 1, eff. July 1, 2002.

West's Colorado Revised Statutes Annotated Currentness

Title 16. Criminal Proceedings

Offenders--Registration

⇒ Article 22. Colorado Sex Offender Registration Act (Refs & Annos)**§ 16-22-101. Short title**

This article shall be known and may be cited as the "Colorado Sex Offender Registration Act".

§ 16-22-102. Definitions

As used in this article, unless the context otherwise requires:

(1) "Birthday" means a person's birthday as reflected on the notice provided to the person pursuant to section 16-22-106 or 16-22-107 or the person's actual date of birth if the notice does not reflect the person's birthday.

(2) "CBI" means the Colorado bureau of investigation established pursuant to part 4 of article 33.5 of title 24, C.R.S.

(3) "Convicted" or "conviction" means having received a verdict of guilty by a judge or jury, having pleaded guilty or nolo contendere, having received a disposition as a juvenile, having been adjudicated a juvenile delinquent, or having received a deferred judgment and sentence or a deferred adjudication.

(3.5) "Employed at an institution of postsecondary education" means a person:

(a) Is employed by or is an independent contractor with an institution of postsecondary education or is employed by or is an independent contractor with an entity that contracts with an institution of postsecondary education; and

(b) Spends any period of time in furtherance of the employment or independent contractor relationship on the campus of the postsecondary institution or at a site that is owned or leased by the postsecondary institution.

(4) "Immediate family" means a person's spouse, parent, grandparent, sibling, or child.

(4.3)(a) "Lacks a fixed residence" means that a person does not have a living situation that meets the definition of "residence" pursuant to subsection (5.7) of this section. "Lacks a fixed residence" may include, but need not be limited to, outdoor sleeping locations or any public or private locations not designed as traditional living accommodations. "Lacks a fixed residence" may also include temporary public or private housing or temporary shelter facilities, residential treatment facilities, or any other residential program or facility if the person remains at the location for less than fourteen days.

(b) "Lacks a fixed residence" also includes a person who is registered in any jurisdiction if the person:

(I) Ceases to reside at an address in that jurisdiction; and

(II) Fails to register:

(A) A change of address in the same jurisdiction; or

(B) In a new jurisdiction pursuant to section 16-22-108(4); or

(C) Pursuant to section 16-22-108(3).

(4.5) "Local law enforcement agency" means the law enforcement agency, including but not limited to

a campus police agency, that has jurisdiction over a certain geographic area.

(5) "Register" and "registration" include initial registration pursuant to section 16-22-104, and registration, confirmation of registration, and reregistration, as required in section 16-22-108.

(5.5) "Registrant" means a person who is required to register in accordance with this article.

(5.7) "Residence" means a place or dwelling that is used, intended to be used, or usually used for habitation by a person who is required to register pursuant to section 16-22-103. "Residence" may include, but need not be limited to, a temporary shelter or institution, if the person resides at the temporary shelter or institution for fourteen consecutive days or longer, if the owner of the shelter or institution consents to the person utilizing the shelter or institution as his or her registered address as required by section 16-22-106(4) or 16-22-107(4)(a), and if the residence of the person at the shelter or institution can be verified as required by section 16-22-109(3.5). A person may establish multiple residences by residing in more than one place or dwelling.

(5.8) "Resides" includes residence and lacks a fixed residence.

(6) "Sex offender registry" means the Colorado sex offender registry created and maintained by the CBI pursuant to section 16-22-110.

(7) "Sexually violent predator" means a person who is found to be a sexually violent predator pursuant to section 18-3-414.5, C.R.S.

(8) "Temporary resident" means a person who is a resident of another state but in Colorado temporarily because the person is:

(a) Employed in this state on a full-time or part-time basis, with or without compensation, for more than fourteen consecutive business days or for an aggregate period of more than thirty days in any calendar year; or

(b) Enrolled in any type of educational institution in this state on a full-time or part-time basis; or

(c) Present in Colorado for more than fourteen consecutive business days or for an aggregate period of more than thirty days in a calendar year for any purpose, including but not limited to vacation, travel, or retirement.

(9) "Unlawful sexual behavior" means any of the following offenses or criminal attempt, conspiracy, or solicitation to commit any of the following offenses:

(a)(I) Sexual assault, in violation of section 18-3-402, C.R.S.; or

(II) Sexual assault in the first degree, in violation of section 18-3-402, C.R.S., as it existed prior to July 1, 2000;

(b) Sexual assault in the second degree, in violation of section 18-3-403, C.R.S., as it existed prior to July 1, 2000;

(c)(I) Unlawful sexual contact, in violation of section 18-3-404, C.R.S.; or

(II) Sexual assault in the third degree, in violation of section 18-3-404, C.R.S., as it existed prior to July 1, 2000;

(d) Sexual assault on a child, in violation of section 18-3-405, C.R.S.;

(e) Sexual assault on a child by one in a position of trust, in violation of section 18-3-405.3, C.R.S.;

(f) Sexual assault on a client by a psychotherapist, in violation of section 18-3-405.5, C.R.S.;

- (g) Enticement of a child, in violation of section 18-3-305, C.R.S.;
- (h) Incest, in violation of section 18-6-301, C.R.S.;
- (i) Aggravated incest, in violation of section 18-6-302, C.R.S.;
- (j) Trafficking in children, in violation of section 18-3-502, C.R.S.;
- (k) Sexual exploitation of children, in violation of section 18-6-403, C.R.S.;
- (l) Procurement of a child for sexual exploitation, in violation of section 18-6-404, C.R.S.;
- (m) Indecent exposure, in violation of section 18-7-302, C.R.S.;
- (n) Soliciting for child prostitution, in violation of section 18-7-402, C.R.S.;
- (o) Pandering of a child, in violation of section 18-7-403, C.R.S.;
- (p) Procurement of a child, in violation of section 18-7-403.5, C.R.S.;
- (q) Keeping a place of child prostitution, in violation of section 18-7-404, C.R.S.;
- (r) Pimping of a child, in violation of section 18-7-405, C.R.S.;
- (s) Inducement of child prostitution, in violation of section 18-7-405.5, C.R.S.;
- (t) Patronizing a prostituted child, in violation of section 18-7-406, C.R.S.;
- (u) Engaging in sexual conduct in a correctional institution, in violation of section 18-7-701, C.R.S.;
- (v) Wholesale promotion of obscenity to a minor, in violation of section 18-7-102(1.5), C.R.S.;
- (w) Promotion of obscenity to a minor, in violation of section 18-7-102(2.5), C.R.S.;
- (x) Class 4 felony internet luring of a child, in violation of section 18-3-306(3), C.R.S.;
- (y) Internet sexual exploitation of a child, in violation of section 18-3-405.4, C.R.S.;
- (z) Public indecency, committed in violation of section 18-7-301(2)(b), C.R.S., if a second offense is committed within five years of the previous offense or a third or subsequent offense is committed;
- (aa) Invasion of privacy for sexual gratification, in violation of section 18-3-405.6, C.R.S.; or
- (bb) Second degree kidnapping, if committed in violation of section 18-3-302(3)(a), C.R.S.

§ 16-22-103. Sex offender registration--required--applicability--exception

(1) Effective July 1, 1998, the following persons shall be required to register pursuant to the provisions of section 16-22-108 and shall be subject to the requirements and other provisions specified in this article:

- (a) Any person who was convicted on or after July 1, 1991, in the state of Colorado, of an unlawful sexual offense, as defined in section 18-3-411(1), C.R.S., enticement of a child, as described in section 18-3-305, C.R.S., or internet luring of a child, as described in section 18-3-306, C.R.S.;
- (b) Any person who was convicted on or after July 1, 1991, in another state or jurisdiction, including

but not limited to a military, tribal, territorial, or federal jurisdiction, of an offense that, if committed in Colorado, would constitute an unlawful sexual offense, as defined in section 18-3-411(1), C.R.S., enticement of a child, as described in section 18-3-305, C.R.S., or internet luring of a child, as described in section 18-3-306, C.R.S.; and

(c) Any person who was released on or after July 1, 1991, from the custody of the department of corrections of this state or any other state, having served a sentence for an unlawful sexual offense, as defined in section 18-3-411(1), C.R.S., enticement of a child, as described in section 18-3-305, C.R.S., or internet luring of a child, as described in section 18-3-306, C.R.S.

(2)(a) On and after July 1, 1994, any person who is convicted in the state of Colorado of unlawful sexual behavior or of another offense, the underlying factual basis of which involves unlawful sexual behavior, or any person who is released from the custody of the department of corrections having completed serving a sentence for unlawful sexual behavior or for another offense, the underlying factual basis of which involved unlawful sexual behavior, shall be required to register in the manner prescribed in section 16-22-104, section 16-22-106 or 16-22-107, whichever is applicable, and section 16-22-108.

(b) A person shall be deemed to have been convicted of unlawful sexual behavior if he or she is convicted of one or more of the offenses specified in section 16-22-102(9), or of attempt, solicitation, or conspiracy to commit one or more of the offenses specified in said section.

(c)(I) For convictions entered on or after July 1, 2002, a person shall be deemed to be convicted of an offense, the underlying factual basis of which involves unlawful sexual behavior, if:

(A) The person is convicted of an offense that requires proof of unlawful sexual behavior as an element of the offense; or

(B) The person is convicted of an offense and is eligible for and receives an enhanced sentence based on a circumstance that requires proof of unlawful sexual behavior; or

(C) The person was originally charged with unlawful sexual behavior or with an offense that meets the description in sub-subparagraph (A) or (B) of this subparagraph (I), the person pleads guilty to an offense that does not constitute unlawful sexual behavior, and, as part of the plea agreement, the person admits, after advisement as provided in subparagraph (III) of this paragraph (c), that the underlying factual basis of the offense to which he or she is pleading guilty involves unlawful sexual behavior; or

(D) The person was charged with and convicted of an offense that does not constitute unlawful sexual behavior and the person admits on the record, after advisement as provided in subparagraph (III) of this paragraph (c), that the underlying factual basis of the offense involved unlawful sexual behavior.

(II) If a person is originally charged with unlawful sexual behavior or with an offense that meets the description in sub-subparagraph (A) or (B) of subparagraph (I) of this paragraph (c), the court may accept a plea agreement to an offense that does not constitute unlawful sexual behavior only if:

(A) The district attorney stipulates that the underlying factual basis of the offense to which the person is pleading guilty does not involve unlawful sexual behavior; or

(B) The person admits, after advisement as provided in subparagraph (III) of this paragraph (c), that the underlying factual basis of the offense to which he or she is pleading guilty involves unlawful sexual behavior.

(III) The advisement provided for purposes of this paragraph (c), in addition to meeting the requirements of the Colorado rules of criminal procedure, shall advise the person that admitting that the underlying factual basis of the offense to which the person is pleading or of which the person is convicted involves unlawful sexual behavior will have the collateral result of making the person subject to the requirements of this article. Notwithstanding any provision of this paragraph (c) to the

contrary, failure to advise a person pursuant to the provisions of this subparagraph (III) shall not constitute a defense to the offense of failure to register as a sex offender if there is evidence that the defendant had actual notice of the duty to register.

(IV) In any case in which a person is deemed to have been convicted of an offense, the underlying factual basis of which involves unlawful sexual behavior, as provided in this paragraph (c), the judgment of conviction shall specify that the person is convicted of such an offense and specify the particular crime of unlawful sexual behavior involved.

(V) The provisions of this paragraph (c) shall apply to juveniles for purposes of determining whether a juvenile is convicted of an offense, the underlying factual basis of which involves unlawful sexual behavior.

(d)(I) Notwithstanding any other provision of this section, any stipulation by a district attorney and any finding by the court with regard to whether the offense of which the person is convicted includes an underlying factual basis involving unlawful sexual behavior, as defined in section 16-22-102, shall be binding on the department of corrections for purposes of classification. On or after July 1, 2008, if the department of corrections receives a mittimus that does not indicate the necessary findings as required by section 16-22-103(2)(c)(II), the department shall notify the court and request that the court enter the necessary findings pursuant to section 16-22-103(2)(c)(II).

(II) The department of corrections shall have the authority to make a determination that a person is a sex offender, as defined in section 16-11.7-102(2)(a), for the purposes of classification and treatment if:

(A) The person has one or more prior convictions for a sex offense as defined in section 16-11.7-102(3);

(B) The person has a prior offense for which a determination has been made by the court that the underlying factual basis involved a sex offense as defined in section 16-11.7-102(3); or

(C) The person has been classified as a sex offender in accordance with procedures established by the department of corrections.

(III) The procedures established by the department of corrections to classify a person as a sex offender shall require that:

(A) The classification proceeding be conducted by a licensed attorney who shall serve as an administrative hearing officer;

(B) The offender's attorney be permitted to attend, represent, and assist the offender at the classification proceeding; and

(C) The offender be entitled to written notice of the reason for the proceeding, disclosure of the evidence to be presented against him or her, an opportunity to be heard in person and to present witnesses and documentary evidence, the right to confront and cross-examine adverse witnesses, unless the administrative hearing officer finds good cause for not allowing confrontation, and written findings and conclusions indicating the evidence and reasons relied upon for the classification as a sex offender.

(IV) Notwithstanding any statutory provisions to the contrary, the department of corrections shall ensure that all procedures and policies comply with the federal "Prison Rape Elimination Act of 2003", Pub.L. 108-79, as amended.

(3) In addition to the persons specified in subsections (1) and (2) of this section, any person convicted of an offense in any other state or jurisdiction, including but not limited to a military or federal jurisdiction, for which the person, as a result of the conviction, is, was, has been, or would be required to register if he or she resided in the state or jurisdiction of conviction, or for which such

person would be required to register if convicted in Colorado, shall be required to register in the manner specified in section 16-22-108, so long as such person is a temporary or permanent resident of Colorado. Such person may petition the court for an order that discontinues the requirement for registration in this state at the times specified in section 16-22-113 for offense classifications that are comparable to the classification of the offense for which the person was convicted in the other state or jurisdiction.

(4) The provisions of this article shall apply to any person who receives a disposition or is adjudicated a juvenile delinquent based on the commission of any act that may constitute unlawful sexual behavior or who receives a deferred adjudication based on commission of any act that may constitute unlawful sexual behavior; except that, with respect to section 16-22-113(1)(a) to (1)(e), a person may petition the court for an order to discontinue the duty to register as provided in those paragraphs, but only if the person has not subsequently received a disposition for, been adjudicated a juvenile delinquent for, or been otherwise convicted of any offense involving unlawful sexual behavior. In addition, the duty to provide notice to a person of the duty to register, as set forth in sections 16-22-105 to 16-22-107, shall apply to juvenile parole and probation officers and appropriate personnel of the division of youth corrections in the department of human services.

(5)(a) Notwithstanding any provision of this article to the contrary, if, pursuant to a motion filed by a person described in this subsection (5) or on its own motion, a court determines that the registration requirement specified in this section would be unfairly punitive and that exempting the person from the registration requirement would not pose a significant risk to the community, the court, upon consideration of the totality of the circumstances, may exempt the person from the registration requirements imposed pursuant to this section if:

(I) The person was younger than eighteen years of age at the time of the commission of the offense; and

(II) The person has not been previously charged with unlawful sexual behavior; and

(III) The offense, as charged in the first petition filed with the court, is a first offense of either misdemeanor unlawful sexual contact, as described in section 18-3-404, C.R.S., or indecent exposure, as described in section 18-7-302, C.R.S.; and

(IV) The person has received a sex offender evaluation that conforms with the standards developed pursuant to section 16-11.7-103(4)(i), from an evaluator who meets the standards established by the sex offender management board, and the evaluator recommends exempting the person from the registration requirements based upon the best interests of that person and the community; and

(V) The court makes written findings of fact specifying the grounds for granting such exemption.

(b) Any defendant who files a motion pursuant to this subsection (5) or the court, if considering its own motion, shall provide notice of the motion to the prosecuting district attorney. In addition, the court shall provide notice of the motion to the victim of the offense. Prior to deciding the motion, the court shall conduct a hearing on the motion at which both the district attorney and the victim shall have opportunity to be heard.

(6) Any person who is required to register pursuant to this section and fails to do so or otherwise fails to comply with the provisions of this article may be subject to prosecution for the offense of failure to register as a sex offender, as described in section 18-3-412.5, C.R.S. Failure of any governmental entity or any employee of any governmental entity to comply with any requirement of this article shall not constitute a defense to the offense of failure to register as a sex offender if there is evidence that the defendant had actual notice of the duty to register.

§ 16-22-104. Initial registration--effective date

(1)(a)(I) Beginning January 1, 2005, for any person required to register pursuant to section 16-22-

103, the court, within the later of twenty-four hours or the next business day after sentencing the person, shall electronically file with the CBI the initial registration of the person, providing the information required by the CBI.

(II) Beginning May 27, 2004, the court shall specify on the judgment of conviction the person's duty to register as required in section 16-22-108, including but not limited to the duty to confirm registration if the person is sentenced on or after January 1, 2005, and the person's duty to reregister.

(b) Any person who is sentenced prior to January 1, 2005, and who is required to register pursuant to section 16-22-103 shall initially register in the manner provided and within the times specified in section 16-22-108(1)(a) for registration.

(c) The state court administrator is hereby authorized to receive and expend any public or private gifts, grants, or donations that may be available to offset the costs incurred in implementing the provisions of this subsection (1).

(2) Repealed by Laws 2004, Ch. 297, § 3, eff. July 1, 2005.

§ 16-22-105. Notice--requirements--residence--presumption

(1) Any person who is required to register pursuant to section 16-22-103 shall receive notice of the duty to register as provided in section 16-22-106 or 16-22-107, whichever is applicable. Such notice shall inform the person of the duty to register, in the manner provided in section 16-22-108, with the local law enforcement agency of each jurisdiction in which the person resides. The notice shall inform the person that he or she has a duty to register with local law enforcement agencies in any state or other jurisdiction to which the person may move and that the CBI shall notify the agency responsible for registration in the new state as provided in section 16-22-108(4). The notice shall also inform the person that, at the time the person registers, he or she must provide his or her date of birth, a current photograph, and a complete set of fingerprints.

(2) Failure of any person to sign the notice of duty to register, as required in sections 16-22-106 and 16-22-107, shall not constitute a defense to the offense of failure to register as a sex offender if there is evidence that the person had actual notice of the duty to register.

(3) For purposes of this article, any person who is required to register pursuant to section 16-22-103 shall register in all jurisdictions in which he or she establishes a residence. A person establishes a residence through an intent to make any place or dwelling his or her residence. The prosecution may prove intent to establish residence by reference to hotel or motel receipts or a lease of real property, ownership of real property, proof the person accepted responsibility for utility bills, proof the person established a mailing address, or any other action demonstrating such intent. Notwithstanding the existence of any other evidence of intent, occupying or inhabiting any dwelling for more than fourteen days in any thirty-day period shall constitute the establishment of residence.

§ 16-22-106. Duties--probation department--community corrections administrator--court personnel--jail personnel--notice

(1)(a) If a person who is required to register pursuant to section 16-22-103 is sentenced to probation, the probation department, as soon as possible following sentencing, shall provide notice, as described in section 16-22-105, to the person of his or her duty to register in accordance with the provisions of this article with the local law enforcement agency of each jurisdiction in which the person resides, and the notice shall include the requirements for a person who registers as "lacks a fixed residence". The person shall be required to sign the notice as confirmation of receipt and to provide the person's date of birth and the address or addresses at which the person resides or a statement that the person lacks a fixed residence. Beginning on May 27, 2004, the court shall specify on the judgment of conviction the duty to register as required in section 16-22-108, including but not

limited to the duty to confirm registration if sentenced on or after January 1, 2005, and to reregister.

(b) The probation department shall electronically notify the CBI of the date on which the person's probation is terminated, and the probation department shall notify the CBI if the person absconds or dies prior to the probation termination date. The CBI shall electronically notify the local law enforcement agency of each jurisdiction in which the person resides of the occurrence of any of the events specified in this paragraph (b).

(2)(a) If a person who is required to register pursuant to section 16-22-103 receives a direct sentence to community corrections, the administrator for the community corrections program, or his or her designee, as soon as possible following sentencing, shall provide notice, as described in section 16-22-105, to the person of the duty to register in accordance with the provisions of this article with the local law enforcement agency of each jurisdiction in which the person resides. The person shall be required to sign the notice as confirmation of receipt and to provide the person's date of birth and the address or addresses at which the person resides. The court shall specify on the judgment of conviction the duty to register as required in section 16-22-108, including but not limited to the duty to confirm registration, if sentenced on or after January 1, 2005, and to reregister.

(b) The administrator of the community corrections program, or his or her designee, shall electronically notify the CBI of the date on which the sentence to community corrections is terminated, and the administrator of the community corrections program shall notify the CBI if the person escapes or dies prior to the sentence termination date. The CBI shall electronically notify the local law enforcement agency of each jurisdiction in which the person resides of the occurrence of any of the events specified in this paragraph (b).

(3)(a)(I) If a person who is required to register pursuant to section 16-22-103 is held for more than five business days in a county jail pending court disposition for any offense, the sheriff of the county in which the county jail is located, or his or her designee, shall transmit to the local law enforcement agency of the jurisdiction in which the person was last registered and to the CBI confirmation of the person's registration. The confirmation shall be transmitted on a standardized form provided by the CBI and shall include the address or addresses at which the person will reside while in custody of the county jail, the person's date of birth, a current photograph of the person, and the person's fingerprints.

(II) If a person who is required to register pursuant to section 16-22-103 is sentenced to a county jail for any offense, the sheriff of the county in which the county jail is located, or his or her designee, as soon as possible following sentencing, shall transmit to the local law enforcement agency of the jurisdiction in which the person was last registered and to the CBI confirmation of the person's registration. The confirmation shall be transmitted on a standardized form provided by the CBI and shall include the address or addresses at which the person will reside while in custody of the county jail, the person's date of birth, a current photograph of the person, and the person's fingerprints.

(III) The provisions of this paragraph (a) shall apply to persons sentenced on or after January 1, 2005.

(b) At least five days prior to the discharge of the person from custody, the sheriff, or his or her designee, shall provide notice, as described in section 16-22-105, to the person of the duty to register in accordance with the provisions of this article with the local law enforcement agency of each jurisdiction in which the person resides. The person shall be required to sign the notice as confirmation of receipt and to provide the person's date of birth and the address at which the person intends to reside upon discharge.

(c) Within five days, but not fewer than two days, prior to the discharge of the person from custody, the sheriff, or his or her designee, shall notify the CBI and the local law enforcement agency of the jurisdiction in which the person intends to reside of the date of the person's discharge. Such notice, at a minimum, shall include the address at which the person plans to reside upon discharge, provided by the person pursuant to paragraph (b) of this subsection (3), and the person's date of birth, fingerprints, and current photograph.

(3.5) With regard to a person who is required to register within a state, military, or federal jurisdiction other than Colorado, the chief local law enforcement officer, or his or her designee, of the Colorado jurisdiction in which the person resides shall provide notice, as described in section 16-22-105, to the person as soon as possible after discovering the person's presence in the jurisdiction, of the duty to register in accordance with the provisions of this article with the local law enforcement agency of each Colorado jurisdiction in which the person resides. The person shall be required to sign the notice as confirmation of receipt and to provide the person's date of birth and the address or addresses at which the person resides.

(4) For any person who is required to register pursuant to section 16-22-103, who is not committed to the department of human services, and who is not sentenced to probation, community corrections, county jail, or the department of corrections, the judge or magistrate who has jurisdiction over the person shall, at sentencing, provide notice, as described in section 16-22-105, to the person of the duty to register in accordance with the provisions of this article with the local law enforcement agency of each jurisdiction in which the person resides, and the notice shall include the requirements for a person who registers as "lacks a fixed residence". The person shall be required to sign the notice as confirmation of receipt and to provide the person's date of birth and the address or addresses at which the person resides or a statement that the person lacks a fixed residence.

§ 16-22-107. Duties--department of corrections--department of human services--confirmation of registration--notice--address verification

(1)(a) If a person who is required to register pursuant to section 16-22-103 is sentenced to the department of corrections, the department of corrections shall transmit to the CBI confirmation of the person's registration on a standardized form provided by the CBI, including the person's date of birth and the person's fingerprints. The department of corrections shall also transmit a photograph of the person if requested by the CBI.

(b) The provisions of this subsection (1) shall apply to persons sentenced on or after January 1, 2005.

(2) At least ten business days prior to the release or discharge of any person who has been sentenced to the department of corrections and is required to register pursuant to section 16-22-103, the department of corrections shall provide notice, as described in section 16-22-105, to the person of the duty to register in accordance with the provisions of this article with the local law enforcement agency of each jurisdiction in which the person resides, and the notice shall include the requirements for a person who registers as "lacks a fixed residence". The person shall be required to sign the notice as confirmation of receipt and to provide the person's date of birth and the address at which the person intends to reside upon release or discharge or a statement that the person lacks a fixed residence.

(3) Within five days, but not fewer than two days, prior to the release or discharge of any person who has been sentenced to the department of corrections and is required to register pursuant to section 16-22-103, the department shall notify the CBI and the local law enforcement agency of the jurisdiction in which the person intends to reside of the date of the person's release or discharge. Such notice shall include the address at which the person intends to reside upon release or discharge, provided by the person pursuant to subsection (2) of this section, and the person's date of birth and the person's current photograph if requested by the CBI. In addition, such notice may include additional information concerning the person, including but not limited to any information obtained in conducting the assessment to determine whether the person may be subject to community notification pursuant to section 16-13-903.

(4)(a) Prior to the release or discharge of any person who has been sentenced to the department of corrections and is required to register pursuant to section 16-22-103, department of corrections personnel, if the person is being released on parole, or the local law enforcement agency of the jurisdiction in which the person intends to reside, if the person is being discharged, shall verify that:

(I) The address provided by the person pursuant to subsection (2) of this section is a residence;

(II) The occupants or owners of the residence know of the person's history of unlawful sexual behavior;

(III) The occupants or owners of the residence have agreed to allow the person to reside at the address; and

(IV) If the person is being released on parole, the address complies with any conditions imposed by the parole board.

(b) If, in attempting to verify the address provided by the person, department of corrections personnel or local law enforcement officers determine that any of the information specified in paragraph (a) of this subsection (4) is not true, the person shall be deemed to have provided false information to department personnel concerning the address at which the person intends to reside upon release.

(4.5) With regard to a person who has been sentenced to the department of corrections, is released on parole, and is required to register pursuant to section 16-22-103, the department shall electronically notify the CBI of the date on which the person's parole is terminated, and the department shall notify the CBI if the person absconds or dies prior to the parole termination date. The CBI shall electronically notify the local law enforcement agency of each jurisdiction in which the person resides of the occurrence of any of the events specified in this subsection (4.5).

(5) In the case of a juvenile who is required to register pursuant to section 16-22-103 and is committed to the department of human services, said department shall have and carry out the duties specified in this section for the department of corrections with regard to said juvenile.

§ 16-22-108. Registration--procedure--frequency--place--change of address--fee

(1)(a)(I) Each person who is required to register pursuant to section 16-22-103 shall register with the local law enforcement agency in each jurisdiction in which the person resides. A local law enforcement agency shall accept the registration of a person who lacks a fixed residence; except that the law enforcement agency is not required to accept the person's registration if it includes a residence or location that would violate state law or local ordinance. If the residence or location with which the person attempts to register constitutes such a violation, the law enforcement agency shall so advise the person and give the person an opportunity to secure an alternate location within five days.

(II) Each person who is required to register pursuant to section 16-22-103 shall initially register or, if sentenced on or after January 1, 2005, confirm his or her initial registration within five business days after release from incarceration for commission of the offense requiring registration or within five business days after receiving notice of the duty to register, if the person was not incarcerated. The person shall register with the local law enforcement agency during business hours by completing a standardized registration form provided to the person by the local law enforcement agency and paying the registration fee imposed by the local law enforcement agency as provided in subsection (7) of this section. The CBI shall provide standardized registration forms to the local law enforcement agencies pursuant to section 16-22-109.

(b) Except as otherwise provided in paragraph (d) of this subsection (1), each person who is required to register pursuant to section 16-22-103 shall reregister within five business days before or after the person's first birthday following initial registration and annually within five business days before or after the person's birthday thereafter. Such person shall reregister pursuant to this paragraph (b) with the local law enforcement agency of each jurisdiction in which the person resides within five business days before or after his or her birthday, in the manner provided in paragraph (a) of this subsection (1).

(c) Each person who is required to register pursuant to section 16-22-103 and who establishes an

additional residence shall, within five business days after establishing an additional residence in any city, town, county, or city and county within Colorado, register with the local law enforcement agency of the jurisdiction in which he or she establishes the additional residence. The person shall register in said jurisdiction in the manner provided in paragraph (a) of this subsection (1) and shall reregister as provided in paragraph (b) of this subsection (1) or paragraph (d) of this subsection (1), whichever is applicable, in said jurisdiction so long as the person resides in said jurisdiction. For purposes of this paragraph (c), "additional residence" shall include, when the person's residence is a trailer or motor home, an address at which the person's trailer or motor home is lawfully located.

(d)(I) Any person who is a sexually violent predator and any person who is convicted as an adult of any of the offenses specified in subparagraph (II) of this paragraph (d) has a duty to register for the remainder of his or her natural life; except that, if the person receives a deferred judgment and sentence for one of the offenses specified in subparagraph (II) of this paragraph (d), the person may petition the court for discontinuation of the duty to register as provided in section 16-22-113(1)(d). In addition to registering as required in paragraph (a) of this subsection (1), the person shall reregister within five business days before or after the date that is three months after the date on which the person was released from incarceration for commission of the offense requiring registration or, if the person was not incarcerated, after the date on which he or she received notice of the duty to register. The person shall register within five business days before or after that date every three months thereafter until the person's birthday. The person shall reregister within five business days before or after his or her next birthday and shall reregister within five business days before or after that date every three months thereafter. The person shall reregister pursuant to this paragraph (d) with the local law enforcement agency of each jurisdiction in which the person resides or in any jurisdiction if the person lacks a fixed residence on the reregistration date, in the manner provided in paragraph (a) of this subsection (1).

(I.5)(A) A person convicted of an offense in another state or jurisdiction, including but not limited to a military or federal jurisdiction, who, as a result of the conviction, is required to register quarterly as a sex offender in the state or jurisdiction of conviction is required to register as provided in subparagraph (I) of this paragraph (d) so long as the person is a temporary or permanent resident of Colorado.

(B) A person convicted of an offense in another state or jurisdiction, including but not limited to a military or federal jurisdiction, which conviction would require the person to register as provided in subparagraph (I) of this paragraph (d) if the conviction occurred in Colorado, is required to register as provided in said subparagraph (I) so long as the person is a temporary or permanent resident of Colorado.

(II) The provisions of this paragraph (d) shall apply to persons convicted of one or more of the following offenses:

(A) Felony sexual assault, in violation of section 18-3-402, C.R.S., or sexual assault in the first degree, in violation of section 18-3-402, C.R.S., as it existed prior to July 1, 2000, or felony sexual assault in the second degree, in violation of section 18-3-403, C.R.S., as it existed prior to July 1, 2000; or

(B) Sexual assault on a child in violation of section 18-3-405, C.R.S.; or

(C) Sexual assault on a child by one in a position of trust, in violation of section 18-3-405.3, C.R.S.; or

(D) Sexual assault on a client by a psychotherapist, in violation of section 18-3-405.5, C.R.S.; or

(E) Incest, in violation of section 18-6-301, C.R.S.; or

(F) Aggravated incest, in violation of section 18-6-302, C.R.S.

(e) Notwithstanding the time period for registration specified in paragraph (a) of this subsection (1),

any person who is discharged from the department of corrections of this state or another state without supervision shall register in the manner provided in paragraph (a) of this subsection (1) no later than the next business day following discharge.

(2) Persons who reside within the corporate limits of any city, town, or city and county shall register at the office of the chief law enforcement officer of such city, town, or city and county; except that, if there is no chief law enforcement officer of the city, town, or city and county in which a person resides, the person shall register at the office of the county sheriff of the county in which the person resides. Persons who reside outside of the corporate limits of any city, town, or city and county shall register at the office of the county sheriff of the county where such person resides.

(2.5)(a) Any person who is required to register pursuant to section 16-22-103 and who has been convicted of a child sex crime shall be required to register all e-mail addresses, instant-messaging identities, or chat room identities prior to using the address or identity. The entity that accepts the registration of a person required to register all e-mail addresses shall make a reasonable effort to verify all e-mail addresses provided by the person.

(b) Notwithstanding the provisions of paragraph (a) of this subsection (2.5), a person shall not be required to register an employment e-mail address if:

(I) The person's employer provided the e-mail address for use primarily in the course of the person's employment;

(II) The e-mail address identifies the employer by name, initials, or other commonly recognized identifier; and

(III) The person required to register is not an owner or operator of the employing entity that provided the e-mail address.

(c) For purposes of this section, "child sex crime" means sexual assault on a child, as described in section 18-3-405, C.R.S.; sexual assault on a child by one in a position of trust, as described in section 18-3-405.3, C.R.S.; unlawful sexual contact, as described in section 18-3-404(1.5), C.R.S.; enticement of a child, as described in section 18-3-305, C.R.S.; aggravated incest, as described in section 18-6-302(1)(b), C.R.S.; trafficking in children, as described in section 18-3-502, C.R.S.; sexual exploitation of children, as described in section 18-6-403, C.R.S.; procurement of a child for sexual exploitation, as described in section 18-6-404, C.R.S.; soliciting for child prostitution, as described in section 18-7-402, C.R.S.; pandering of a child, as described in section 18-7-403, C.R.S.; procurement of a child, as described in section 18-7-403.5, C.R.S.; keeping a place of child prostitution, as described in section 18-7-404, C.R.S.; pimping of a child, as described in section 18-7-405, C.R.S.; inducement of child prostitution, as described in section 18-7-405.5, C.R.S.; patronizing a prostituted child, as described in section 18-7-406, C.R.S.; internet luring of a child, as described in section 18-3-306, C.R.S.; internet sexual exploitation of a child, as described in section 18-3-405.4, C.R.S.; wholesale promotion of obscenity to a minor, as described in section 18-7-102(1.5), C.R.S.; promotion of obscenity to a minor, as described in section 18-7-102(2.5), C.R.S.; sexual assault, as described in section 18-3-402(1)(d) and (1)(e), C.R.S.; sexual assault in the second degree as it existed prior to July 1, 2000, as described in section 18-3-403(1)(e) and (1)(e.5), C.R.S.; or criminal attempt, conspiracy, or solicitation to commit any of the acts specified in this paragraph (c).

(d) The entity that accepts the registration of a person required to register all e-mail addresses, instant-messaging identities, or chat room identities pursuant to paragraph (a) of this subsection (2.5) shall require the person to sign a statement that the e-mail addresses, instant-messaging identities, or chat room identities provided on the registration form are e-mail addresses, instant-messaging identities, or chat room identities that the person has the authority to use. The statement shall also state that providing false information related to the person's e-mail addresses, instant-messaging identities, or chat room identities may constitute a misdemeanor or felony criminal offense. This signed statement constitutes a reasonable effort to verify all e-mail addresses provided by the person as required by paragraph (a) of this subsection (2.5), but does not preclude additional

verification efforts.

(3) Any person who is required to register pursuant to section 16-22-103 shall be required to register within five business days before or after each time the person:

(a) Changes such person's address, regardless of whether such person has moved to a new address within the jurisdiction of the law enforcement agency with which such person previously registered;

(a.5) Changes the address at which a vehicle, trailer, or motor home is located, if the vehicle, trailer, or motor home is the person's place of residence, regardless of whether the new address is within the jurisdiction of the law enforcement agency with which such person previously registered;

(b) Legally changes such person's name;

(c) Establishes an additional residence in another jurisdiction or an additional residence in the same jurisdiction;

(d) Becomes employed or changes employment or employment location, if employed at an institution of postsecondary education;

(e) Becomes enrolled or changes enrollment in an institution of postsecondary education, or changes the location of enrollment;

(f) Becomes a volunteer or changes the volunteer work location, if volunteering at an institution of postsecondary education;

(g) Changes his or her e-mail address, instant-messaging identity, or chat room identity, if the person is required to register that information pursuant to subsection (2.5) of this section. The person shall register the e-mail address, instant-messaging identity, or chat room identity prior to using it.

(h) Ceases to lack a fixed residence and establishes a residence; or

(i) Ceases to reside at an address and lacks a fixed residence.

(4)(a)(I) Any time a person who is required to register pursuant to section 16-22-103 ceases to reside at an address, the person shall register with the local law enforcement agency for his or her new address and include the address at which the person will no longer reside and all addresses at which the person will reside. The person shall file the new registration form within five business days after ceasing to reside at an address. The local law enforcement agency that receives the new registration form shall inform the previous jurisdiction of the cancellation of that registration and shall electronically notify the CBI of the registration cancellation.

(II) Any time a person who is required to register pursuant to section 16-22-103 ceases to reside at an address and moves to another state, the person shall notify the local law enforcement agency of the jurisdiction in which said address is located by completing a written registration cancellation form, available from the local law enforcement agency. At a minimum, the registration cancellation form shall indicate the address at which the person will no longer reside and all addresses at which the person will reside. The person shall file the registration cancellation form within five business days after ceasing to reside at an address. A local law enforcement agency that receives a registration cancellation form shall electronically notify the CBI of the registration cancellation. If the person moves to another state, the CBI shall promptly notify the agency responsible for registration in the other state.

(b) If a person fails to submit the new registration form or registration cancellation form as required in paragraph (a) of this subsection (4) and the address at which the person is no longer residing is a group facility, officials at such facility may provide information concerning the person's cessation of residency to the local law enforcement agency of the jurisdiction in which the address is located. If the person is a juvenile or developmentally disabled and fails to submit the registration cancellation

form as required in paragraph (a) of this subsection (4) and the address at which the person is no longer residing is the residence of his or her parent or legal guardian, the person's parent or legal guardian may provide information concerning the person's cessation of residency to the local law enforcement agency of the jurisdiction in which the address is located. Any law enforcement agency that receives such information shall reflect in its records that the person no longer resides at said group facility or the parent's or legal guardian's residence and shall transmit such information to the CBI. Provision of information by a group facility or a person's parent or legal guardian pursuant to this paragraph (b) shall not constitute a defense to a charge of failure to register as a sex offender.

(5) During the initial registration process for a temporary resident, the local law enforcement agency with which the temporary resident is registering shall provide the temporary resident with the registration information specified in section 16-22-105. A temporary resident who is required to register pursuant to the provisions of section 16-22-103 shall, within five business days after arrival in Colorado, register with the local law enforcement agency of each jurisdiction in which the temporary resident resides.

(6) Any person required to register pursuant to section 16-22-103, at the time the person registers with any local law enforcement agency in this state, and thereafter when annually reregistering on the person's birthday or the first business day following the birthday as required in paragraph (b) of subsection (1) of this section, shall sit for a current photograph or image of himself or herself and shall supply a set of fingerprints to verify the person's identity. The person shall bear the cost of the photograph or image and fingerprints.

(7)(a) A local law enforcement agency may establish a registration fee to be paid by persons registering and reregistering annually or quarterly with the local law enforcement agency pursuant to the provisions of this section. The amount of the fee shall reflect the actual direct costs incurred by the local law enforcement agency in implementing the provisions of this article but shall not exceed seventy-five dollars for the initial registration with the local law enforcement agency and twenty-five dollars for any subsequent annual or quarterly registration.

(b) The local law enforcement agency may waive the fee for an indigent person. For all other persons, the local law enforcement agency may pursue payment of the fee through a civil collection process or any other lawful means if the person is unable to pay at the time of registration. A local law enforcement agency shall accept a timely registration in all circumstances even if the person is unable to pay the fee at the time of registration.

(c) A local law enforcement agency may not charge a fee to a person who provides an update to his or her information pursuant to subsection (3) of this section.

§ 16-22-109. Registration forms--local law enforcement agencies--duties

(1) The director of the CBI shall prescribe standardized forms to be used to comply with this article, and the CBI shall provide copies of the standardized forms to the courts, probation departments, community corrections programs, the department of corrections, the department of human services, and local law enforcement agencies. The standardized forms may be provided in electronic form. The standardized forms shall be used to register persons pursuant to this article and to enable persons to cancel registration, as necessary. The standardized forms shall provide that the persons required to register pursuant to section 16-22-103 disclose such information as is required on the standardized forms. The information required on the standardized forms shall include, but need not be limited to:

(a) The name, date of birth, address, and place of employment of the person required to register, and, if the place of employment is at an institution of postsecondary education, all addresses and locations of the institution of postsecondary education at which the person may be physically located;

(a.3) If the person's place of residence is a trailer or motor home, the address at which the trailer or motor home is lawfully located and the vehicle identification number, license tag number, registration number, and description, including color scheme, of the trailer or motor home;

(a.5) If the person is volunteering at an institution of postsecondary education, all addresses and locations of the institution of postsecondary education at which the person may be physically located;

(a.7) If the person enrolls or is enrolled in an institution of a postsecondary education, all addresses and locations of the institution of postsecondary education at which the person attends classes or otherwise participates in required activities;

(a.9) If a person lacks a fixed residence, any public or private locations where the person may be found or habitually sleeps, which information may include, but need not be limited to, cross-streets, intersections, directions to or identifiable landmarks of the locations, or any other information necessary to accurately identify the locations;

(b) All names used at any time by the person required to register, including both aliases and legal names;

(c) For any person who is a temporary resident of the state, the person's address in his or her state of permanent residence and the person's place of employment in this state or the educational institution in which he or she is enrolled in this state and, if the temporary resident of the state is enrolled in, employed by, or volunteers at an institution of postsecondary education, all addresses and locations of the institution of postsecondary education at which the temporary resident attends classes or otherwise participates in required activities or works or performs volunteer activities;

(d) The name, address, and location of any institution of postsecondary education where the person required to register is enrolled;

(e) The name, address, and location of any institution of postsecondary education where the person required to register volunteers;

(f) The vehicle identification number, license tag number, registration number, and description, including color scheme, of any motor vehicle owned or leased by the person;

(g) All e-mail addresses, instant-messaging identities, and chat room identities to be used by the person if the person is required to register that information pursuant to section 16-22-108(2.5).

(2) The standardized forms prepared by the CBI pursuant to this section, including electronic versions of said forms, shall be admissible in court without exclusion on hearsay or other evidentiary grounds and shall be self-authenticating as a public record pursuant to the Colorado rules of evidence.

(3) Upon receipt of any completed registration form pursuant to this article, the local law enforcement agency shall retain a copy of such form and shall report the registration to the CBI in the manner and on the standardized form prescribed by the director of the CBI. The local law enforcement agency shall, within three business days after the date on which a person is required to register, report to the CBI such registration and, if it is the registrant's first registration with the local law enforcement agency, transmit the registrant's fingerprints to the CBI. The local law enforcement agency shall transfer additional sets of fingerprints only when requesting CBI to conduct a comparison. The local law enforcement agency shall transmit a photograph of a registrant only upon request of the CBI.

(3.5)(a) The local law enforcement agency with which a person registers pursuant to this article shall, as soon as possible following the registrant's first registration with the local law enforcement agency and at least annually thereafter, verify the residential address reported by the registrant on the standardized form; except that, if the registrant is a sexually violent predator, the local law enforcement agency shall verify the registrant's residential address quarterly.

(b) If a person registers as "lacks a fixed residence", verification of the location or locations reported by the person shall be accomplished by the self-verification enhanced reporting process as described in paragraph (c) of this subsection (3.5). A local law enforcement agency shall not be required to verify the physical location of a person who is required to comply with the self-verification enhanced

reporting process.

(c)(I) In addition to any other requirements pursuant to this article, a person who is subject to annual registration and who lacks a fixed residence shall, at least every three months, report to the local law enforcement agency in whose jurisdiction or jurisdictions the person is registered for the self-verification enhancement reporting of the location or locations where the person remains without a fixed residence. The self-verification process shall be accomplished consistent with any time schedule established by the local jurisdiction, which may include a time schedule that is within five business days before or after the person's birthday. The person shall be required to verify his or her location or locations and verify any and all information required to be reported pursuant to this section.

(II) In addition to any other requirements pursuant to this article, a person who is subject to quarterly registration or registration every three months and who lacks a fixed residence shall, at least every month, report to each local law enforcement agency in whose jurisdiction the person is registered for the self-verification enhanced reporting of the location or locations where the person remains without a fixed residence. The self-verification process shall be accomplished consistent with any time schedule established by the local jurisdiction, which may include a time schedule that is within five business days before or after the person's birthday. The person shall be required to verify his or her location or locations and verify any and all information required to be reported pursuant to section 16-22-109.

(III) A person required to register pursuant to this article who lacks a fixed residence and who fails to comply with the provisions of subparagraphs (I) and (II) of this paragraph (c) is subject to prosecution for the crime of failure to verify location as defined in section 18-3-412.6, C.R.S.

(d) Beginning on July 1, 2012, and ending January 1, 2015, the Colorado bureau of investigation and each local law enforcement agency, subject to available resources, shall report every six months to the department of public safety the number of persons who registered without a fixed residence. The department may require additional information to be reported. By March 31, 2015, the department shall assess the effectiveness of the registration for offenders who lack a fixed residence.

(4) The forms completed by persons required to register pursuant to this article shall be confidential and shall not be open to inspection by the public or any person other than law enforcement personnel, except as provided in sections 16-22-110(6), 16-22-111, and 16-22-112 and section 25-1-124.5, C.R.S.

(5) Notwithstanding any provision of this article to the contrary, a requirement for electronic notification or electronic transmission of information specified in this article shall be effective on and after January 1, 2005. Prior to said date, or if an agency does not have access to electronic means of transmitting information, the notification and information requirements shall be met by providing the required notification or information by a standard means of transmittal.

§ 16-22-110. Colorado sex offender registry--creation--maintenance--release of information

(1) The director of the Colorado bureau of investigation shall establish a statewide central registry of persons required to register pursuant to section 16-8-115 or 16-8-118 or as a condition of parole or pursuant to this article, to be known as the Colorado sex offender registry. The CBI shall create and maintain the sex offender registry as provided in this section. In addition, the CBI shall be the official custodian of all registration forms completed pursuant to this article and other documents associated with sex offender registration created pursuant to this article.

(2) The sex offender registry shall provide, at a minimum, the following information to all criminal justice agencies with regard to registered persons:

(a) Identification of a person's registration status;

- (b) A person's date of birth;
- (c) Descriptions of the offenses of unlawful sexual behavior of which a person has been convicted;
- (d) Identification of persons who are identified as sexually violent predators;
- (e) Notification to local law enforcement agencies when a person who is required to register pursuant to section 16-22-103 fails to register, when a person is required to reregister as provided in section 16-22-108, or when a person reregisters with another jurisdiction in accordance with the provisions of section 16-22-108;
- (f) Specification of modus operandi information concerning any person who is required to register pursuant to section 16-22-103.

(3)(a) In addition to the sex offender registry, the CBI shall maintain one or more interactive data base systems to provide, at a minimum, cross validation of a registrant's known names and known addresses with information maintained by the department of revenue concerning driver's licenses and identification cards issued under article 2 of title 42, C.R.S. Discrepancies between the known names or known addresses listed in the sex offender registry and information maintained by the department of revenue shall be reported through the Colorado crime information center to each local law enforcement agency that has jurisdiction over the location of the person's last-known residences.

(b) The Colorado integrated criminal justice information system established pursuant to article 20.5 of this title shall be used to facilitate the exchange of information among agencies as required in this subsection (3) whenever practicable.

(3.5) The Colorado bureau of investigation shall develop an interactive database within the sex offender registry to provide, at a minimum, the following information to all criminal justice agencies in whose jurisdictions an institution of postsecondary education is located:

(a) Identification of all persons required to register pursuant to section 16-22-103 who volunteer or are employed or enrolled at an institution of postsecondary education and the institution at which each such person volunteers, is employed, or is enrolled;

(b) Identification of all persons who are sexually violent predators who volunteer or are employed or enrolled at an institution of postsecondary education and the institution at which each such person volunteers, is employed, or is enrolled.

(4) Upon development of the interactive databases pursuant to subsection (3) of this section, personnel in the judicial department, the department of corrections, and the department of human services shall be responsible for entering and maintaining in the databases the information specified in subsection (2) of this section for persons in those departments' legal or physical custody. Each local law enforcement agency shall be responsible for entering and maintaining in the databases the information for persons registered with the agency who are not in the physical or legal custody of the judicial department, the department of corrections, or the department of human services.

(5) The CBI, upon receipt of fingerprints and conviction data concerning a person convicted of unlawful sexual behavior, shall transmit promptly such fingerprints and conviction data to the federal bureau of investigation.

(6)(a) The general assembly hereby recognizes the need to balance the expectations of persons convicted of offenses involving unlawful sexual behavior and the public's need to adequately protect themselves and their children from these persons, as expressed in section 16-22-112(1). The general assembly declares, however, that, in making information concerning persons convicted of offenses involving unlawful sexual behavior available to the public, it is not the general assembly's intent that the information be used to inflict retribution or additional punishment on any person convicted of unlawful sexual behavior or of another offense, the underlying factual basis of which involves unlawful sexual behavior.

(b) Pursuant to a request for a criminal history check under the provisions of part 3 of article 72 of title 24, C.R.S., the CBI may inform the requesting party as to whether the person who is the subject of the criminal history check is on the sex offender registry.

(c) A person may request from the CBI a list of persons on the sex offender registry.

(d) Deleted by Laws 2005, Ch. 174, § 1, eff. May 27, 2005.

(e) Any person requesting information pursuant to paragraph (c) of this subsection (6) shall show proper identification.

(f) Information released pursuant to this subsection (6), at a minimum, shall include the name, address or addresses, and aliases of the registrant; the registrant's date of birth; a photograph of the registrant, if requested and readily available; and the conviction resulting in the registrant being required to register pursuant to this article. Information concerning victims shall not be released pursuant to this section.

(7) The CBI may assess reasonable fees for the search, retrieval, and copying of information requested pursuant to subsection (6) of this section. The amount of such fees shall reflect the actual costs, including but not limited to personnel and equipment, incurred in operating and maintaining the sex offender registry. Any such fees received shall be credited to the sex offender registry fund, which fund is hereby created in the state treasury. The moneys in the sex offender registry fund shall be subject to annual appropriation by the general assembly for the costs, including but not limited to personnel and equipment, incurred in operating and maintaining the sex offender registry. The sex offender registry fund shall consist of the moneys credited thereto pursuant to this subsection (7) and subsection (9) of this section and any additional moneys that may be appropriated thereto by the general assembly. All interest derived from the deposit and investment of moneys in the sex offender registry fund shall be credited to the fund. At the end of any fiscal year, all unexpended and unencumbered moneys in the sex offender registry fund shall remain therein and shall not be credited or transferred to the general fund or any other fund.

(8) Any information released pursuant to this section shall include in writing the following statement:

The Colorado sex offender registry includes only those persons who have been required by law to register and who are in compliance with the sex offender registration laws. Persons should not rely solely on the sex offender registry as a safeguard against perpetrators of sexual assault in their communities. The crime for which a person is convicted may not accurately reflect the level of risk.

(9) The CBI shall seek and is hereby authorized to receive and expend any public or private gifts, grants, or donations that may be available to implement the provisions of this article pertaining to establishment and maintenance of the sex offender registry, including but not limited to provisions pertaining to the initial registration of persons pursuant to section 16-22-104 and the transmittal of information between and among local law enforcement agencies, community corrections programs, the judicial department, the department of corrections, the department of human services, and the CBI. Any moneys received pursuant to this subsection (9), except federal moneys that are custodial funds, shall be transmitted to the state treasurer for deposit in the sex offender registry fund created in subsection (7) of this section.

§ 16-22-111. Internet posting of sex offenders--procedure

(1) The CBI shall post a link on the state of Colorado homepage on the internet to a list containing the names, addresses, and physical descriptions of certain persons and descriptions of the offenses committed by said persons. A person's physical description shall include, but need not be limited to, the person's sex, height, and weight, any identifying characteristics of the person, and a digitized photograph or image of the person. The list shall specifically exclude any reference to any victims of the offenses. The list shall include the following persons:

- (a) Any person who is a sexually violent predator;
- (b) Any person sentenced as or found to be a sexually violent predator under the laws of another state or jurisdiction;
- (c) Any person who is required to register pursuant to section 16-22-103 and who has been convicted as an adult of two or more of the following offenses:
 - (I) A felony offense involving unlawful sexual behavior; or
 - (II) A crime of violence as defined in section 18-1.3-406, C.R.S.; and
- (d) Any person who is required to register pursuant to section 16-22-103 because the person was convicted of a felony as an adult and who fails to register as required by section 16-22-108.

(1.5) In addition to the posting required by subsection (1) of this section, the CBI may post a link on the state of Colorado homepage on the internet to a list, including but not limited to the names, addresses, and physical descriptions of any person required to register pursuant to section 16-22-103, as a result of a conviction for a felony. A person's physical description shall include, but need not be limited to, the person's sex, height, weight, and any other identifying characteristics of the person. The list shall specifically exclude any reference to any victims of the offenses.

(2)(a) For purposes of paragraph (d) of subsection (1) of this section, a person's failure to register shall be determined by the CBI. Whenever the CBI's records show that a person has failed to register as required by this article, the CBI shall forward to each law enforcement agency with which the person is required to register notice of the person's failure to register by the required date. Each law enforcement agency, within three business days after receiving the notice, shall submit to the CBI written confirmation of the person's failure to register. Upon receipt of the written confirmation from the law enforcement agency, the CBI shall post the information concerning the person on the internet as required in this section.

(b) If a local law enforcement agency files criminal charges against a person for failure to register as a sex offender, as described in section 18-3-412.5, C.R.S., the local law enforcement agency shall notify the CBI. On receipt of the notification, the CBI shall post the information concerning the person on the internet, as specified in subsection (1) of this section.

(3) The internet posting required by this section shall be in addition to any other release of information authorized pursuant to this article or pursuant to part 9 of article 13 of this title, or any other provision of law.

§ 16-22-112. Release of information--law enforcement agencies

(1) The general assembly finds that persons convicted of offenses involving unlawful sexual behavior have a reduced expectation of privacy because of the public's interest in public safety. The general assembly further finds that the public must have access to information concerning persons convicted of offenses involving unlawful sexual behavior that is collected pursuant to this article to allow them to adequately protect themselves and their children from these persons. The general assembly declares, however, that, in making this information available to the public, as provided in this section and section 16-22-110(6), it is not the general assembly's intent that the information be used to inflict retribution or additional punishment on any person convicted of unlawful sexual behavior or of another offense, the underlying factual basis of which involves unlawful sexual behavior.

(2)(a) A local law enforcement agency shall release information regarding any person registered with the local law enforcement agency pursuant to this article to any person residing within the local law enforcement agency's jurisdiction. In addition, the local law enforcement agency may post the information specified in paragraph (b) of this subsection (2) on the law enforcement agency's web

site.

(b) A local law enforcement agency may post on its web site sex offender registration information of a person from its registration list only if the person is:

(I) An adult convicted of a felony requiring the adult to register pursuant to section 16-22-103;

(II) An adult convicted of a second or subsequent offense of any of the following misdemeanors:

(A) Sexual assault as described in section 18-3-402(1)(e), C.R.S.;

(B) Unlawful sexual contact as described in section 18-3-404, C.R.S.;

(C) Sexual assault on a client as described in section 18-3-405.5(2), C.R.S.;

(D) Sexual exploitation of a child by possession of sexually exploitive material as described in section 18-6-403, C.R.S.;

(E) Indecent exposure as described in section 18-7-302, C.R.S.; or

(F) Sexual conduct in a correctional institution as described in section 18-7-701, C.R.S.;

(III) A juvenile with a second or subsequent adjudication involving unlawful sexual behavior or for a crime of violence as defined in section 18-1.3-406, C.R.S.; or

(IV) A juvenile who is required to register pursuant to section 16-22-103 because he or she was adjudicated for an offense that would have been a felony if committed by an adult and has failed to register as required by section 16-22-103.

(3)(a) Deleted by Laws 2005, Ch. 174, § 2, eff. May 27, 2005.

(b) At its discretion, a local law enforcement agency may release information regarding any person registered with the local law enforcement agency pursuant to this article to any person who does not reside within the local law enforcement agency's jurisdiction or may post the information specified in paragraph (b) of subsection (2) of this section on the law enforcement agency's web site. If a local law enforcement agency does not elect to release information regarding any person registered with the local law enforcement agency to a person not residing within the local law enforcement agency's jurisdiction, the local law enforcement agency may submit a request from the person to the CBI.

(c) Deleted by Laws 2005, Ch. 174, § 2, eff. May 27, 2005.

(d) Upon receipt of a request for information from a law enforcement agency pursuant to this subsection (3), the CBI shall mail the requested information to the person making the request.

(e) Deleted by Laws 2007, Ch. 177, § 1, eff. April 26, 2007.

(3.5) To assist members of the public in protecting themselves from persons who commit offenses involving unlawful sexual behavior, a local law enforcement agency that chooses to post sex offender registration information on its web site shall either post educational information concerning protection from sex offenders on its web site or provide a link to the educational information included on the CBI web site maintained pursuant to section 16-22-111. A local law enforcement agency that posts the educational information shall work with the sex offender management board created pursuant to section 16-11.7-103 and sexual assault victims' advocacy groups in preparing the educational information.

(4) Information released pursuant to this section, at a minimum, shall include the name, address or addresses, and aliases of the registrant; the registrant's date of birth; a photograph of the registrant, if requested and readily available; and a history of the convictions of unlawful sexual behavior

resulting in the registrant being required to register pursuant to this article. Information concerning victims shall not be released pursuant to this section.

(5) Any information released pursuant to this section shall include in writing the following statement:

The Colorado sex offender registry includes only those persons who have been required by law to register and who are in compliance with the sex offender registration laws. Persons should not rely solely on the sex offender registry as a safeguard against perpetrators of sexual assault in their communities. The crime for which a person is convicted may not accurately reflect the level of risk:

§ 16-22-113. Petition for removal from registry

(1) Except as otherwise provided in subsection (3) of this section, any person required to register pursuant to section 16-22-103 or whose information is required to be posted on the internet pursuant to section 16-22-111 may file a petition with the court that issued the order of judgment for the conviction that requires the person to register for an order to discontinue the requirement for such registration or internet posting, or both, as follows:

(a) Except as otherwise provided in paragraphs (d), (e), and (f) of this subsection (1), if the offense that required such person to register constituted or would constitute a class 1, 2, or 3 felony, after a period of twenty years from the date of such person's discharge from the department of corrections, if such person was sentenced to incarceration, or discharge from the department of human services, if such person was committed, or final release from the jurisdiction of the court for such offense, if such person has not subsequently been convicted of unlawful sexual behavior or of any other offense, the underlying factual basis of which involved unlawful sexual behavior;

(b) Except as otherwise provided in paragraphs (d), (e), and (f) of this subsection (1), if the offense that required such person to register constituted or would constitute a class 4, 5, or 6 felony or the class 1 misdemeanor of unlawful sexual contact, as described in section 18-3-404, C.R.S., or sexual assault in the third degree as described in section 18-3-404, C.R.S., as it existed prior to July 1, 2000, after a period of ten years from the date of such person's discharge from the department of corrections, if such person was sentenced to incarceration, or discharge from the department of human services, if such person was committed, or final release from the jurisdiction of the court for such offense, if such person has not subsequently been convicted of unlawful sexual behavior or of any other offense, the underlying factual basis of which involved unlawful sexual behavior;

(c) Except as otherwise provided in paragraphs (d), (e), and (f) of this subsection (1), if the offense that required such person to register constituted or would constitute a misdemeanor other than the class 1 misdemeanor of unlawful sexual contact, as described in section 18-3-404, C.R.S., or sexual assault in the third degree as described in section 18-3-404, C.R.S., as it existed prior to July 1, 2000, after a period of five years from the date of such person's final release from the jurisdiction of the court for such offense, if such person has not subsequently been convicted of unlawful sexual behavior or of any other offense, the underlying factual basis of which involved unlawful sexual behavior;

(d) If the person was required to register due to being placed on a deferred judgment and sentence or a deferred adjudication for an offense involving unlawful sexual behavior, after the successful completion of the deferred judgment and sentence or deferred adjudication and dismissal of the case, if the person prior to such time has not been subsequently convicted of unlawful sexual behavior or of any other offense, the underlying factual basis of which involved unlawful sexual behavior and the court did not issue an order either continuing the duty to register or discontinuing the duty to register pursuant to paragraph (a) of subsection (1.3) of this section;

(e) If the person was younger than eighteen years of age at the time of disposition or adjudication, after the successful completion of and discharge from the sentence, if the person prior to such time has not been subsequently convicted of unlawful sexual behavior or of any other offense, the underlying factual basis of which involved unlawful sexual behavior and the court did not issue an

order either continuing the duty to register or discontinuing the duty to register pursuant to paragraph (b) of subsection (1.3) of this section. Any person petitioning pursuant to this paragraph (e) may also petition for an order removing his or her name from the sex offender registry. In determining whether to grant the order, the court shall consider whether the person is likely to commit a subsequent offense of or involving unlawful sexual behavior. The court shall base its determination on recommendations from the person's probation or community parole officer, the person's treatment provider, and the prosecuting attorney for the jurisdiction in which the person was tried and on the recommendations included in the person's presentence investigation report. In addition, the court shall consider any written or oral testimony submitted by the victim of the offense for which the petitioner was required to register. Notwithstanding the provisions of this subsection (1), a juvenile who files a petition pursuant to this section may file the petition with the court to which venue is transferred pursuant to section 19-2-105, C.R.S., if any.

(f) If the information about the person was required to be posted on the internet pursuant to section 16-22-111(1)(d) only for failure to register, if the person has fully complied with all registration requirements for a period of not less than one year and if the person, prior to such time, has not been subsequently convicted of unlawful sexual behavior or of any other offense, the underlying factual basis of which involved unlawful sexual behavior; except that the provisions of this paragraph (f) shall apply only to a petition to discontinue the requirement for internet posting.

(1.3)(a) If a person is eligible to petition to discontinue his or her duty to register pursuant to paragraph (d) of subsection (1) of this section, the court, at least sixty-three days before dismissing the case, shall notify each of the parties described in paragraph (a) of subsection (2) of this section, the person, and the victim of the offense for which the person was required to register, if the victim has requested notice and has provided current contact information, that the court will consider whether to order that the person may discontinue his or her duty to register when the court dismisses the case as a result of the person's successful completion of the deferred judgment and sentence or deferred adjudication. The court shall set the matter for hearing if any of the parties described in paragraph (a) of subsection (2) of this section or the victim of the offense objects or if the person requests a hearing. If the court enters an order discontinuing the person's duty to register, the person shall send a copy of the order to each local law enforcement agency with which the person is registered and to the CBI. If the victim of the offense has requested notice, the court shall notify the victim of its decision either to continue or discontinue the person's duty to register.

(b)(I) If a juvenile is eligible to petition to discontinue his or her duty to register pursuant to paragraph (e) of subsection (1) of this section, the court, at least sixty-three days before discharging the juvenile's sentence, shall notify each of the parties described in paragraph (a) of subsection (2) of this section, the juvenile, and the victim of the offense for which the juvenile was required to register, if the victim has requested notice and has provided current contact information, that the court shall consider whether to order that the juvenile may discontinue his or her duty to register when the court discharges the juvenile's sentence. The court shall set the matter for hearing if any of the parties described in paragraph (a) of subsection (2) of this section or the victim of the offense objects, or if the juvenile requests a hearing, and shall consider the criteria in paragraph (e) of subsection (1) of this section in determining whether to continue or discontinue the duty to register. If the court enters an order discontinuing the juvenile's duty to register, the department of human services shall send a copy of the order to each local law enforcement agency with which the juvenile is registered, the juvenile parole board, and to the CBI. If the victim of the offense has requested notice, the court shall notify the victim of its decision either to continue or discontinue the juvenile's duty to register.

(II) If a juvenile is eligible to petition to discontinue his or her registration pursuant to paragraph (e) of subsection (1) of this section and is under the custody of the department of human services and yet to be released on parole by the juvenile parole board, the department of human services may petition the court to set a hearing pursuant to paragraph (e) of subsection (1) of this section at least sixty-three days before the juvenile is scheduled to appear before the juvenile parole board.

(III) If a juvenile is eligible to petition to discontinue his or her registration pursuant to paragraph (e) of subsection (1) of this section and is under the custody of the department of human services and yet to be released on parole by the juvenile parole board, the department of human services, prior to

setting the matter for hearing, shall modify the juvenile's parole plan or parole hearing to acknowledge the court order or petition unless it is already incorporated in the parole plan.

(1.5) If the conviction that requires a person to register pursuant to the provisions of section 16-22-103 was not obtained from a Colorado court, the person seeking to discontinue registration or internet posting or both may file a civil case with the district court of the judicial district in which the person resides and seek a civil order to discontinue the requirement to register or internet posting or both under the circumstances specified in subsection (1) of this section.

(2)(a) Prior to filing a petition pursuant to this section, the petitioner shall notify each of the following parties by certified mail of the petitioner's intent to file a request pursuant to this section:

(I) Each local law enforcement agency with which the petitioner is required to register;

(II) The prosecuting attorney for the jurisdiction in which each such local law enforcement agency is located; and

(III) The prosecuting attorney who obtained the conviction for which the petitioner is required to register.

(b) When filing the petition, the petitioner shall attach to the petition copies of the return receipts received from each party notified pursuant to paragraph (a) of this subsection (2).

(c) Upon the filing of the petition, the court shall set a date for a hearing and shall notify the victim of the offense for which the petitioner was required to register, if the victim of the offense has requested notice and has provided current contact information. If the court enters an order discontinuing the petitioner's duty to register, the petitioner shall send a copy of the order to each local law enforcement agency with which the petitioner is registered and the CBI. If the victim of the offense has requested notice, the court shall notify the victim of the offense of its decision either to continue or discontinue the petitioner's duty to register.

(d) On receipt of a copy of an order discontinuing a petitioner's duty to register:

(I) The CBI shall remove the petitioner's sex offender registration information from the sex offender registry; and

(II) If the local law enforcement agency maintains a local registry of sex offenders who are registered with the local law enforcement agency, the local law enforcement agency shall remove the petitioner's sex offender registration information from the local sex offender registry.

(3) The following persons shall not be eligible for relief pursuant to this section, but shall be subject for the remainder of their natural lives to the registration requirements specified in this article or to the comparable requirements of any other jurisdictions in which they may reside:

(a) Any person who is a sexually violent predator;

(b) Any person who is convicted as an adult of:

(I) Sexual assault, in violation of section 18-3-402, C.R.S., or sexual assault in the first degree, in violation of section 18-3-402, C.R.S., as it existed prior to July 1, 2000, or sexual assault in the second degree, in violation of section 18-3-403, C.R.S., as it existed prior to July 1, 2000; or

(II) Sexual assault on a child, in violation of section 18-3-405, C.R.S.; or

(III) Sexual assault on a child by one in a position of trust, in violation of section 18-3-405.3, C.R.S.; or

(IV) Sexual assault on a client by a psychotherapist, in violation of section 18-3-405.5, C.R.S.; or

(V) Incest, in violation of section 18-6-301, C.R.S.; or

(VI) Aggravated incest, in violation of section 18-6-302, C.R.S.;

(c) Any adult who has more than one conviction or adjudication for unlawful sexual behavior in this state or any other jurisdiction.

§ 16-22-114. Immunity

State agencies and their employees and local law enforcement agencies and their employees are immune from civil or criminal liability for the good faith implementation of this article.

§ 16-22-115. CBI assistance in apprehending sex offenders who fail to register

In an effort to ensure that a sexual offender who fails to respond to address-verification attempts or who otherwise absconds from registration is located in a timely manner, the Colorado bureau of investigation shall share information with local law enforcement agencies. The Colorado bureau of investigation shall use analytical resources to assist local law enforcement agencies to determine the potential whereabouts of sex offenders who fail to respond to address-verification attempts or who otherwise abscond from registration. The Colorado bureau of investigation shall review and analyze all available information concerning a sex offender who fails to respond to address-verification attempts or otherwise absconds from registration and provide the information to local law enforcement agencies in order to assist in locating and apprehending the sex offender.

Current through the Second Regular Session and First Extraordinary Session of the 68th General Assembly (2012)
END OF DOCUMENT

C.R.S.A. § 18-3-412.5

West's Colorado Revised Statutes Annotated Currentness

Title 18. Criminal Code (Refs & Annos)

▣ Article 3. Offenses Against the Person (Refs & Annos)

▣ Part 4. Unlawful Sexual Behavior (Refs & Annos)

⇒§ **18-3-412.5. Failure to register as a sex offender**

(1) A person who is required to register pursuant to article 22 of title 16, C.R.S., and who fails to comply with any of the requirements placed on registrants by said article, including but not limited to committing any of the acts specified in this subsection (1), commits the offense of failure to register as a sex offender:

- (a) Failure to register pursuant to article 22 of title 16, C.R.S.;
- (b) Submission of a registration form containing false information or submission of an incomplete registration form;
- (c) Failure to provide information or knowingly providing false information to a probation department employee, to a community corrections administrator or his or her designee, or to a judge or magistrate when receiving notice pursuant to section 16-22-106(1), (2), or (3), C.R.S., of the duty to register;
- (d) If the person has been sentenced to a county jail, otherwise incarcerated, or committed, due to conviction of or disposition or adjudication for an offense specified in section 16-22-103, C.R.S., failure to provide notice of the address where the person intends to reside upon release as required in sections 16-22-106 and 16-22-107, C.R.S.;
- (e) Knowingly providing false information to a sheriff or his or her designee, department of corrections personnel, or department of human services personnel concerning the address where the person intends to reside upon release from the county jail, the department of corrections, or the department of human services. Providing false information shall include, but is not limited to, providing false information as described in section 16-22-107(4)(b), C.R.S.
- (f) Failure when registering to provide the person's current name and any former names;
- (g) Failure to register with the local law enforcement agency in each jurisdiction in which the person resides upon changing an address, establishing an additional residence, or legally changing names;
- (h) Failure to provide the person's correct date of birth, to sit for or otherwise provide a current photograph or image, to provide a current set of fingerprints, or to provide the person's correct address;
- (i) Failure to complete a cancellation of registration form and file the form with the local law enforcement agency of the jurisdiction in which the person will no longer reside;
- (j) When the person's place of residence is a trailer or motor home, failure to register an address at which the trailer or motor home is lawfully located pursuant to section 16-22-109(1)(a.3), C.R.S.;
- (k) Failure to register an e-mail address, instant-messaging identity, or chat room identity prior to using the address or identity if the person is required to register that information pursuant to section 16-22-108(2.5), C.R.S.

(1.5)(a) In a prosecution for a violation of this section, it is an affirmative defense that:

(I) Uncontrollable circumstances prevented the person from complying;

(II) The person did not contribute to the creation of the circumstances in reckless disregard of the requirement to comply; and

(III) The person complied as soon as the circumstances ceased to exist.

(b) In order to assert the affirmative defense pursuant to this subsection (1.5), the defendant shall provide notice to the prosecuting attorney as soon as practicable, but not later than thirty-five days prior to trial, of his or her notice of intent to rely upon the affirmative defense. The notice shall include a description of the uncontrollable circumstance or circumstances and the dates the uncontrollable circumstances began and ceased to exist in addition to the names and addresses of any witnesses the defendant plans to call to support the affirmative defense. The prosecuting attorney shall advise the defendant of the names and addresses of any additional witnesses who may be called to refute such affirmative defense as soon as practicable after their names become known. Upon the request of the prosecution, the court shall first rule as a matter of law whether the claimed facts and circumstances would, if established, constitute sufficient evidence to support submission to the jury.

(2)(a) Failure to register as a sex offender is a class 6 felony if the person was convicted of felony unlawful sexual behavior, or of another offense, the underlying factual basis of which includes felony unlawful sexual behavior, or if the person received a disposition or was adjudicated for an offense that would constitute felony unlawful sexual behavior if committed by an adult, or for another offense, the underlying factual basis of which involves felony unlawful sexual behavior; except that any second or subsequent offense of failure to register as a sex offender by such person is a class 5 felony.

(b) Any person convicted of felony failure to register as a sex offender shall be sentenced pursuant to the provisions of section 18-1.3-401. If such person is sentenced to probation, the court may require, as a condition of probation, that the person participate until further order of the court in an intensive supervision probation program established pursuant to section 18-1.3-1007. If such person is sentenced to incarceration and subsequently released on parole, the parole board may require, as a condition of parole, that the person participate in an intensive supervision parole program established pursuant to section 18-1.3-1005.

(c) A person who is convicted of a felony sex offense in another state or jurisdiction, including but not limited to a military or federal jurisdiction, and who commits failure to register as a sex offender in this state commits felony failure to register as a sex offender as specified in paragraph (a) of this subsection (2) and shall be sentenced as provided in paragraph (b) of this subsection (2).

(3)(a) Failure to register as a sex offender is a class 1 misdemeanor if the person was convicted of misdemeanor unlawful sexual behavior, or of another offense, the underlying factual basis of which involves misdemeanor unlawful sexual behavior, or if the person received a disposition or was adjudicated for an offense that would constitute misdemeanor unlawful sexual behavior if committed by an adult, or for another offense, the underlying factual basis of which involves misdemeanor unlawful sexual behavior. A class 1 misdemeanor conviction pursuant to this subsection (3) is an extraordinary risk crime that is subject to the modified sentencing range specified in section 18-1.3-501(3).

(b) A person who is convicted of a misdemeanor sex offense in another state or jurisdiction, including but not limited to a military or federal jurisdiction, and who commits failure to register as a sex offender in this state commits misdemeanor failure to register as a sex offender as specified in paragraph (a) of this subsection (3).

(4)(a) Any juvenile who receives a disposition or is adjudicated for a delinquent act of failure to register as a sex offender that would constitute a felony if committed by an adult shall be sentenced to a forty-five-day mandatory minimum detention sentence; except that any juvenile who receives a disposition or is adjudicated for a second or subsequent delinquent act of failure to register as a sex offender that would constitute a felony if committed by an adult shall be placed or committed out of the home for not less than one year.

(b) Any juvenile who receives a disposition or is adjudicated for a delinquent act of failure to register as a sex offender that would constitute a misdemeanor if committed by an adult shall be sentenced to a thirty-day mandatory minimum detention sentence; except that any juvenile who receives a disposition or is adjudicated for a second or subsequent delinquent act of failure to register as a sex offender that would constitute a misdemeanor if committed by an adult shall be sentenced to a forty-five-day mandatory minimum detention sentence.

(5) For purposes of this section, unless the context otherwise requires, "unlawful sexual behavior" has the same meaning as set forth in section 16-22-102(9), C.R.S.

(6)(a) When a peace officer determines that there is probable cause to believe that a crime of failure to register as a sex offender has been committed by a person required to register as a sexually violent predator in this state pursuant to article 22 of title 16, C.R.S., or in any other state, the officer shall arrest the person suspected of the crime. It shall be a condition of any bond posted by such person that the person shall register pursuant to the provisions of section 16-22-108, C.R.S., within seven days after release from incarceration.

(b) When a peace officer makes a warrantless arrest pursuant to this subsection (6), the peace officer shall immediately notify the Colorado bureau of investigation of the arrest. Upon receiving the notification, the Colorado bureau of investigation shall notify the jurisdiction where the sexually violent predator last registered. The jurisdiction where the sexually violent predator last registered, if it is not the jurisdiction where the probable cause arrest is made, shall coordinate with the arresting jurisdiction immediately to determine the appropriate jurisdiction that will file the charge. If the sexually violent predator is being held in custody after the arrest, the appropriate jurisdiction shall have no less than seven days after the date of the arrest to charge the sexually violent predator.

CREDIT(S)

Added by Laws 1991, S.B.91-96, § 1, eff. April 17, 1991. Repealed and reenacted by Laws 1994, H.B.94-1192, § 1, eff. July 1, 1994. Amended by Laws 1995, H.B.95-1044, § 16, eff. July 1, 1995; Laws 1995, H.B.95-1202, § 1, eff. June 5, 1995; Laws 1996, H.B.96-1005, § 25, eff. Jan. 1, 1997; Laws 1996, H.B.96-1181, § 5, eff. July 1, 1996; Laws 1997, H.B.97-1077, § 19, eff. July 1, 1997; Laws 1997, H.B.97-1084, § 1, eff. March 31, 1997; Laws 1997, H.B.97-1145, §§ 6, 7, eff. July 1, 1997; Laws 1997, S.B.97-84, § 9, eff. July 1, 1997; Laws 1998, Ch. 139, § 1, eff. April 21, 1998; Laws 1999, Ch. 215, § 19, eff. July 1, 1999; Laws 1999, Ch. 286, §§ 2, 6, 13, 14, 19, 20, 21, eff. July 1, 1999; Laws 2000, Ch. 78, § 3, eff. Aug. 2, 2000; Laws 2000, Ch. 125, § 2, eff. July 1, 2000; Laws 2000, Ch. 171, § 30, eff. July 1, 2000; Laws 2000, Ch. 173, §§ 1 to 5, eff. May 23, 2000; Laws 2000, Ch. 216, §§ 1 to 6, 8, eff. July 1, 2000; Laws 2001, Ch. 176, § 2, eff. May 29, 2001; Laws 2001, Ch. 199, §§ 1, 2, 8, eff. May 30, 2001; Laws 2001, Ch. 266, §§ 1 to 3, eff. June 5, 2001. Repealed and reenacted by Laws 2002, Ch. 297, § 2, eff. July 1, 2002. Amended by Laws 2002, Ch. 318, § 393, eff. Oct. 1, 2002; Laws 2004, Ch. 200, § 7, eff. Aug. 4, 2004; Laws 2004, Ch. 297, §§ 17, 18, eff. May 27, 2004; Laws 2006, Ch. 288, § 7, eff. May 30, 2006; Laws 2007, Ch. 54, § 4, eff. March 26, 2007; Laws 2007, Ch. 382, § 4, eff. July 1, 2007; Laws 2011, Ch. 224, § 10, eff. May 27, 2011; Laws 2012, Ch. 208, § 128, eff. July 1, 2012.

.R.S.A. § 18-3-414.5

West's Colorado Revised Statutes Annotated Currentness

Title 18. Criminal Code (Refs & Annos)

▣ Article 3. Offenses Against the Person (Refs & Annos)

▣ Part 4. Unlawful Sexual Behavior (Refs & Annos)

➡ **§ 18-3-414.5. Sexually violent predators--assessment--annual report**

(1) As used in this section, unless the context otherwise requires:

(a) "Sexually violent predator" means an offender:

(I) Who is eighteen years of age or older as of the date the offense is committed or who is less than eighteen years of age as of the date the offense is committed but is tried as an adult pursuant to section 19-2-517 or 19-2-518, C.R.S.;

(II) Who has been convicted on or after July 1, 1999, of one of the following offenses, or of an attempt, solicitation, or conspiracy to commit one of the following offenses, committed on or after July 1, 1997:

(A) Sexual assault, in violation of section 18-3-402 or sexual assault in the first degree, in violation of section 18-3-402, as it existed prior to July 1, 2000;

(B) Sexual assault in the second degree, in violation of section 18-3-403, as it existed prior to July 1, 2000;

(C) Unlawful sexual contact, in violation of section 18-3-404(1.5) or (2) or sexual assault in the third degree, in violation of section 18-3-404(1.5) or (2), as it existed prior to July 1, 2000;

(D) Sexual assault on a child, in violation of section 18-3-405; or

(E) Sexual assault on a child by one in a position of trust, in violation of section 18-3-405.3;

(III) Whose victim was a stranger to the offender or a person with whom the offender established or promoted a relationship primarily for the purpose of sexual victimization; and

(IV) Who, based upon the results of a risk assessment screening instrument developed by the division of criminal justice in consultation with and approved by the sex offender management board established pursuant to section 16-11.7-103(1), C.R.S., is likely to subsequently commit one or more of the offenses specified in subparagraph (II) of this paragraph (a) under the circumstances described in subparagraph (III) of this paragraph (a).

(b) "Convicted" includes having received a verdict of guilty by a judge or jury, having pleaded guilty or nolo contendere, or having received a deferred judgment and sentence.

(2) When a defendant is convicted of one of the offenses specified in subparagraph (II) of paragraph (a) of subsection (1) of this section, the probation department shall, in coordination with the evaluator completing the mental health sex offense specific evaluation, complete the sexually violent predator risk assessment, unless the evaluation and assessment have been completed within the six months prior to the conviction or the defendant has been previously designated a sexually violent predator. Based on the results of the assessment, the court shall make specific findings of fact and enter an order concerning whether the defendant is a sexually violent predator. If the defendant is found to be a sexually violent predator, the defendant shall be required to register pursuant to the provisions of section 16-22-108, C.R.S., and shall be subject to community notification pursuant to part 9 of article 13 of title 16, C.R.S. If the department of corrections receives a mittimus that indicates that the court did not make a specific finding of fact or enter an order regarding whether the defendant is a sexually violent predator, the department shall immediately notify the court and, if

necessary, return the defendant to the custody of the sheriff for delivery to the court, and the court shall make a finding or enter an order regarding whether the defendant is a sexually violent predator; except that this provision shall not apply if the court was not required to enter the order when imposing the original sentence in the case.

(3) When considering release on parole or discharge for an offender who was convicted of one of the offenses specified in subparagraph (II) of paragraph (a) of subsection (1) of this section, if there has been no previous court order, the parole board shall make specific findings concerning whether the offender is a sexually violent predator, based on the results of a sexually violent predator assessment. If no previous assessment has been completed, the parole board shall order the department of corrections to complete a sexually violent predator assessment. If the parole board finds that the offender is a sexually violent predator, the offender shall be required to register pursuant to the provisions of section 16-22-108, C.R.S., and shall be subject to community notification pursuant to part 9 of article 13 of title 16, C.R.S.

(4) On or before January 15, 2008, and on or before January 15 each year thereafter, the judicial department and the department of corrections shall jointly submit to the judiciary committees of the senate and the house of representatives, or any successor committees, to the division of criminal justice in the department of public safety, and to the governor a report specifying the following information:

(a) The number of offenders evaluated pursuant to this section in the preceding twelve months;

(b) The number of sexually violent predators identified pursuant to this section in the preceding twelve months;

(c) The total number of sexually violent predators in the custody of the department of corrections at the time of the report, specifying those incarcerated, those housed in community corrections, and those on parole, including the level of supervision for each sexually violent predator on parole;

(d) The length of the sentence imposed on each sexually violent predator in the custody of the department of corrections at the time of the report;

(e) The number of sexually violent predators discharged from parole during the preceding twelve months;

(f) The total number of sexually violent predators on probation at the time of the report and the level of supervision of each sexually violent predator on probation; and

(g) The number of sexually violent predators discharged from probation during the preceding twelve months.

CREDIT(S)

Added by Laws 1997, S.B.97-84, § 10, eff. July 1, 1997. Amended by Laws 1998, Ch. 139, § 2, eff. April 21, 1998; Laws 1999, Ch. 286, § 9, eff. July 1, 1999; Laws 2000, Ch. 171, § 31, eff. July 1, 2000; Laws 2001, Ch. 199, § 4, eff. May 30, 2001; Laws 2002, Ch. 297, § 22, eff. July 1, 2002; Laws 2006, Ch. 288, § 8, eff. May 30, 2006; Laws 2007, Ch. 58, § 1, eff. March 26, 2007; Laws 2008, Ch. 73, § 1, eff. March 26, 2008.

Maine Criminal Justice Academy
Board of Trustees Minimum Standards

PUBLIC NOTIFICATION REGARDING PERSONS IN
THE COMMUNITY REQUIRED TO REGISTER
UNDER 34-A, CHAPTER 15 POLICY

Date Board Adopted: 03/04/2011

Effective Date: 12/31/2011

The agency must have a written policy to address the Public Notification of Registered Sex Offenders by a Law Enforcement Officer, to include, at a minimum, provisions for the following:

1. A policy statement that recognizes the importance of community sex offender notification, the agency's compliance with 34-A M.R.S.A., chapter 15 and the delicate balance between the governmental interests and individual rights.
2. Definitions of another state, bureau, domicile, law enforcement agency having jurisdiction, lifetime registrant, residence, safe children zone, sentence, sexual act, sexual contact, sex offense, sexual assault response team, sexually violent offense, ten-year registrant and verification form.
3. Procedures for the law enforcement agency having jurisdiction to receive the information that SBI forwards to that agency, including designating a contact person for the agency and informing SBI of the name of that person, contacting the probation officer involved for conditions of release, contacting the investigating agency for investigative information, and assessing the risk to the community to determine the scope of notification for a resident sex offender or a sex offender working in the jurisdiction.
4. Procedures for the law enforcement agency having jurisdiction to interview the registered sex offender, obtain fingerprints, receive a photo, and verify the address and telephone numbers of friends and family with initial registration.
5. Procedures for the law enforcement agency having jurisdiction to notify the community. These procedures must include consideration of news media release, informational leaflets, personal notification, and targeting population centers based upon the nature of the registrant's conviction, whether the person is required to register as a Lifetime Registrant or Ten-Year Registrant, and the agency's investigative findings. The nature of the conviction includes consideration of the elements of the offense for which the registrant was convicted, and any facts alleged in the charging instrument (including, but not limited to, the age of the victim) that were proved or admitted.
6. Procedures to balance the rights of the registrant and the public's interest and right to access information concerning the registrant.
7. Procedures for the agency-designated contact person to meet the responsibility of completing and processing the SBI verification form, establishing an agency file for registrants, providing a link to the state Sex Offender Registry if the agency has a public website, and establishing the periodic reporting mechanism for the registrant.

8. Procedures for the law enforcement agency having jurisdiction to treat all out-of-state sex offenders who are required to register in the same manner as sex offenders originating from the State of Maine.
9. Procedures for the law enforcement agency having jurisdiction to handle non-compliance with registration requirements. This should include contacting the local district attorney's office for guidance.
10. A requirement that the agency provide a copy of its Sex Offender Community Notification Policy to the Board of Trustees of the Maine Criminal Justice Academy, as well as SBI.
11. Officers must abide by their agency policy as it applies to all standards of the Maine Criminal Justice Academy Board of Trustees.
Note: Any violation of these standards may result in action by the Board of Trustees.

adopted: 01/11/2012 MANDATORY POLICY

SUBJECT: SEX OFFENDER COMMUNITY NOTIFICATION

Number: 1-9

EFFECTIVE DATE: 00/00/0000

REVIEW DATE: 00/00/0000

AMENDS/SUPERSEDES: 10/08/1998
10/13/1999
02/09/2006

APPROVED: _____
Chief Law Enforcement Officer

I. POLICY:

This agency recognizes the necessity of maintaining the delicate balance between governmental interests and individual rights of the offender and the public's right to access this type of public information. To simultaneously address and properly balance these interests and rights requires all members of this agency to adhere to the following guidelines. It is the policy of this agency to comply with the Sex Offender Registration and Notification Act¹, including its provisions related to public notification of registered sex offenders in the community.

Minimum Standard: 1 and 6

Given that this is a statutorily mandated policy, officers must abide by this agency's policy as it applies to all standards of the Maine Criminal Justice Academy Board of Trustees.²

Minimum Standard 11

II. PURPOSE:

To establish guidelines for public notification of registered sex offenders in the community and the appropriate level of that notification based on the nature of the sex offender's conviction and the facts that were proved or admitted in relation to that conviction.

III. DEFINITIONS:

- A. Another State: Means each of the several states except Maine, the District of Columbia, the Commonwealth of Puerto Rico, the U.S. Virgin Islands, Guam, American Samoa, and the Northern Mariana Islands.³
- B. Bureau: Means the State Bureau of Identification of the Maine State Police⁴.

Minimum Standard: 2

¹ 34-A M.R.S., chapter 15

² 25 M.R.S. § 2803-B

³ 34-A M.R.S. § 11203 (1-C)

⁴ 34-A M.R.S. § 11203 (1)

- C. Domicile: Means the place where a person has that person's established, fixed, permanent or ordinary dwelling place or legal residence to which, whenever the person is absent, the person has the intention of returning. A person may have more than one residence but only one domicile.⁵
- D. Law Enforcement Agency Having Jurisdiction: Means the chief of police in the municipality where a registrant expects to be or is domiciled. If the municipality does not have a chief of police, it means the sheriff of the county where the municipality is located. "Law enforcement agency having jurisdiction" also means the sheriff of the county in an unorganized territory.⁶
- E. Lifetime Registrant: Means a person who has complied with the initial duty to register under this chapter as an adult convicted and sentenced or a juvenile convicted and sentenced as an adult of:
1. A Sexually Violent Offense; or
 2. A sex offense when the person has another conviction for or an attempt to commit an offense that includes the essential elements of a sex offense or sexually violent offense. For purposes of this paragraph, "another conviction" means:
 - a. For persons convicted and sentenced before September 17, 2005, a conviction for an offense for which sentence was imposed prior to the occurrence of the new offense; and
 - b. For persons convicted and sentenced on or after September 17, 2005, a conviction that occurred at any time. Convictions that occur on the same day may be counted as other offenses for the purposes of classifying a person as a lifetime registrant if:
 - (i) There is more than one victim; or
 - (ii) The convictions are for offenses based on different conduct or arising from different criminal episodes.⁷

Minimum Standard: 2

- F. Residence: Means that place or those places, other than a domicile, in which a person may spend time living, residing or dwelling.⁸ Proof that an offender has lived in the State for 14 days continuously or an aggregate of 30 days within a period of one year gives rise to a permissible inference under the Maine Rules of Evidence, Rule 303, that the person has established a residence for the purposes of registration requirements imposed by this chapter.

Minimum Standard: 2

⁵ 34-A M.R.S. § 11203 (2)

⁶ 34-A M.R.S. § 11203 (4)

⁷ 34-A M.R.S. § 11203 (7)

⁸ 34-A M.R.S. § 11203 (4-D)

- G. Safe Children Zone: Means on or within 1,000 feet of the real property comprising a public or private elementary or secondary school or on or within 1,000 feet of the real property comprising a day care center licensed pursuant to 22 M.R.S. § 8301-A.⁹
- H. Sentence: Means in addition to any punishment alternatives, includes an involuntary commitment under Title 15, section 103, or similar statute from another jurisdiction, following a verdict of not criminally responsible by reason of mental disease or defect or similar verdict in another jurisdiction.¹⁰
- I. Sexual Act: Means:
1. Any act between two persons involving direct physical contact between the genitals of one and the mouth or anus of the other, or direct physical contact between the genitals of one and the genitals of the other;
 2. Any act between a person and an animal being used by another person that involves direct physical contact between the genitals of one and the mouth, or anus of the other, or direct physical contact between the genitals of one and the genitals of the other, or;
 3. Any act involving direct physical contact between the genitals or anus of one and an instrument or device manipulated by another person when that act is done for the purpose of arousing or gratifying sexual desire or for the purpose of causing bodily injury or offensive physical contact. A sexual act may be proved without allegation or proof of penetration.¹¹
- J. Sexual Contact: Means any touching of the genitals or anus, directly or through clothing, other than as would constitute a sexual act, for the purpose of arousing or gratifying sexual desire or for the purpose of causing bodily injury or offensive physical contact.¹²

Minimum Standard: 2

- K. Sex Offense: Means a conviction for one of the following offenses or for an attempt or solicitation of one of the following offenses:
1. If the victim was less than 18 years of age at the time of the criminal conduct:
 2. A violation under former Title 17, section 2922; former Title 17, section 2923; former Title 17, section 2924; Title 17-A, section 253, subsection 2; paragraph E, F, G, H, I or J; Title 17-A, section 254; former Title 17-A, section 255, subsection 1, paragraph A, E, F, G, I or J; former Title 17-A, section 255, subsection 1, paragraph B or D if the crime was not elevated a class

⁹ 17-A M.R.S. § 251(1)(F)

¹⁰ 34-A M.R.S. § 11203(4-B)

¹¹ 17-A M.R.S. § 251(1)(C)

¹² 17-A M.R.S.A. § 251(1)(D)

- under former Title 17-A, section 255, subsection 3; Title 17-A, section 255-A, subsection 1, paragraph A, B, C, G, I, J, K, L, M, N, Q, R, S or T; Title 17-A, section 256; Title 17-A, section 258; Title 17-A, section 259; Title 17-A, section 282; Title 17-A, section 283; Title 17-A, section 284; Title 17-A, section 301 subsection 1, paragraph A, Subparagraph(3); unless the actor is a parent of the victim; Title 17-A, section 511, subsection 1, paragraph D; Title 17-A, section 556; Title 17-A, section 852, subsection 1, paragraph B; or Title 17-A, section 855; or
3. A violation in another jurisdiction that includes the essential elements of an offense listed above.
 4. A conviction for a military, tribal or federal offense requiring registration pursuant to:
 - a. The Jacob Wetterling Crimes Against Children and Sexually Violent Offender Registration Act, also known as the Jacob Wetterling Act, Section 170101 of the Violent Crime Control and Law Enforcement Act of 1994, Public Law 103-322, as amended; or
 - b. The Adam Walsh Child Protection and Safety Act of 2006, Public Law 109-248.¹³

L. Sexual Assault Response Team (SART): Means a response team organized through Maine sexual assault support centers to promote a multidisciplinary collaboration and to create and maintain an effective victim-centered response to sexual violence. This team includes, but is not limited to, representatives from law enforcement agencies, Offices of the District Attorneys', medical personnel, and Maine sexual assault support centers.

Minimum Standard: 2

- M. Sexually Violent Offense: Means:
1. A conviction for one of the offenses or for an attempt to commit one of the offenses under former Title 17-A, section 252; under Title 17-A, section 253, subsection 1; Title 17-A, section 253, subsection 2, paragraph A, B, C or D; former Title 17-A, section 255, subsection 1, paragraph C or H; former Title 17-A, section 255, subsection 1, paragraph B or D, if the crime was elevated a class under former Title 17-A, section 255, subsection 3; Title 17-A, section 255-A, subsection 1, paragraph D, E, E-1, F, F-1, H, O or P; or
 2. A conviction for an offense or for an attempt to commit an offense of the law in another jurisdiction that includes the essential elements of an offense listed above.

Minimum Standard: 2

¹³ 34-A M.R.S. § 11203(6)

3. A conviction for a military, tribal or federal offense requiring registration pursuant to:
 - a. The Jacob Wetterling Crimes Against Children and Sexually Violent Offender Registration Act, also known as the Jacob Wetterling Act, Section 170101 of the Violent Crime Control and Law Enforcement Act of 1994, Public Law 103-322, as amended; or
 - b. The Adam Walsh Child Protection and Safety Act of 2006, Public Law 109-248.¹⁴

- N. Ten-year Registrant: Means a person who has complied with the initial duty to register under this chapter as an adult convicted and sentenced or a juvenile convicted and sentenced as an adult of a sex offense.¹⁵

- O. Verification Form: A form provided by the Bureau for convicted sex offenders in on of the following categories
 4. Verification for a person sentenced on or after September 18, 1999.
 - 4-A. Verification for a person sentenced on or after January 1, 1982 and prior to September 18, 1999 who is a 10-year registrant.
 - 4-B. Verification for a person sentenced on or after January 1, 1982 and prior to September 18, 1999 who is a lifetime registrant. (See Appendix #1)

Minimum Standard: 2

IV. PROCEDURE - Registration and Notification:

Appendix 1 of this policy (a) summarizes the Bureau's procedures with respect to registrants and law enforcement agencies, (b) summarizes registrant obligations under the Sex Offender Registration and Notification Act, and (c) summarizes law enforcement involvement in the registration and verification process. (See Appendix 1).

V. PROCEDURE - Institutions Releasing Sex Offenders:

This section of the policy, found in Appendix 2, provides LEO's an opportunity to understand that the State Department of Corrections, county jails, and state mental health institutions that have custody of persons required to register under the law have several requirements. This section summarizes the release procedures.

¹⁴ 34-A M.R.S. § 11203(7)

¹⁵ 34-A M.R.S. § 11203(5)

VI. PROCEDURE - The Chief Law Enforcement Officer (CLEO):

A. Extent of Notification:

1. The CLEO shall notify community members of registrants in the community, including those in Safe Children Zones¹⁶, as well as notification to the appropriate Sexual Assault Support Centers. The extent of notification is based on the nature of the registrant's conviction and whether the person is required to register as a Lifetime Registrant or Ten-Year Registrant. It is also based on the agency's investigative findings related to the nature of the conviction, which includes the elements of the offense(s) for which the registrant was convicted, and any facts alleged in the charging instrument(s) (including, but not limited to, the age of the victim) that were proved beyond a reasonable doubt or admitted by the registrant.
2. For example, community notification of a Lifetime Registrant should be made to the community to the greatest extent reasonably possible, using the means of notification described below in paragraph B. The extent of community notification of a Ten-year Registrant should be determined on a case-by-case basis considering factors such as the elements of the offense for which the registrant was convicted, and any facts alleged in the charging instrument, including, but not limited to the age of the victim, that were proved beyond a reasonable doubt or admitted by the registrant.
3. The CLEO should coordinate the community notification with the CLEO of each surrounding jurisdiction in which the registrant resides, works, or attends school or college. The CLEO shall seek guidance from the local Office of the District Attorney for any violation of the Sex Offender Registration and Notification Act¹⁷ or the rules adopted pursuant to the Act.

Minimum Standard: 5 and 9

B. Means of Notification: The following methods of notification, which are not intended to be all inclusive, should be considered as a means of notifying the community:

1. News media, e.g., newspaper, television, radio.
2. Informational leaflets that provide general information about registered sex offenders in the community, e.g., "Guide for Community Notification of Sex Offenders". (See Appendix 5).
3. Personal notification, such as door-to-door notification in Safe Children Zones.

Minimum Standard: 5

¹⁶ 34-A M.R.S. § 8301-A and 17-A M.R.S. §252(1)(F)

¹⁷ Get Cite if possible

4. Notification in the form of public postings at the police station or other designated community locations.
5. Community forum, which should include Sexual Assault Support Centers, law enforcement, probation officers, the Office of the District Attorney, and sex offender treatment providers.
6. Any other means of notification deemed appropriate by the CLEO for the particular circumstances in order to ensure public safety.
7. Only the Bureau may maintain a sex offender registry on the Internet for purposes of public access. Law enforcement agencies may maintain their own sex offender registries for internal use only by those agencies and may provide a link to the Bureau's Internet sex offender registry.¹⁸ The bureau's sex offender registry on the Internet is at www.informe.org/sor. The agency may also wish to provide a link on its website to the Maine Coalition Against Sexual Assault (MECASA) at www.mecasa.org.
8. Officers who encounter citizens desiring further information regarding a registrant should direct them to call or visit this agency during regular business hours.

Minimum Standard: 5

- C. Content of Notification: The CLEO may notify the community of public information regarding a registrant living, attending school, or working in the community. Upon receiving a written request that includes the name and date of birth of a registrant, this agency will provide the same public information concerning a registrant to the person requesting it. For purposes of community notification, as well as responding to a written request, this information should include the following:¹⁹
1. The registrant's name, aliases, date of birth, sex, race, height, weight, eye color, mailing address and physical location of domicile and resident;
 2. The registrant's place of employment and college or school being attended, if applicable, and the corresponding address and location;
 3. A description of the offense for which the registrant was convicted, the date of conviction and the sentence imposed; and
 4. The registrant's photograph.
 5. A Guide for Community Notification of Sex Offenders (See Appendix 5)

Minimum Standard: 5 and 6

¹⁸ 34-A M.R.S. § 11221(11)

¹⁹ 34-A M.R.S. § 11221(9)

- D. Violations of the Sex Offender Registration & Notification Act: Whenever a LEO of this agency becomes aware of a violation of the Sex Offender Registration and Notification Act, the LEO shall investigate the complaint and notify the local Office of the District Attorney for possible prosecution.

Minimum Standard: 9

- E. Policy: This agency shall forward a copy of this policy to the Maine Criminal Justice Academy,²⁰ and the Bureau.

Minimum Standard: 10

VII. PROCEDURE - The Assigned Investigating Law Enforcement Officer:

- A. The LEO assigned by the CLEO shall be the designated contact person and shall verify the information on the Verification Form. The LEO shall also process the Verification Form and mail it back to the Bureau once it is completed. The LEO may use a checklist such as the one reflected in Appendix 4. The CLEO should notify the Bureau of the name of the designated contact person.
- B. The LEO shall confer with the charging agency for pertinent case history, including any facts alleged in the charging instrument that were proved or admitted.
- C. The LEO shall conduct a background investigation on registrant to determine other pertinent facts including, but not limited to, results of NCIC, Triple III, and SBI checks, and shall also attempt to obtain a current photograph.
- D. The LEO shall contact the registrant's probation officer regarding any conditions of release, any risk assessment tool used by the probation officer and/or other important investigative information regarding the registrant.
- E. The LEO should interview the registrant.
- F. The LEO should obtain and verify new work locations, supervisor's name(s), names of friends with current addresses and telephone numbers, names of family members with current addresses and telephone numbers, and any other relevant information.
- G. The LEO shall verify the addresses and telephone numbers of family friends with the initial information and correct any discrepancies.
- H. The LEO shall create a file on each registrant.
- I. The LEO shall prepare a report to the CLEO summarizing the investigative findings.

Minimum Standard: 3, 4, and 7

²⁰ 25 M.R.S. § 2803-B

VIII. PROCEDURE - All Law Enforcement Officers of This Agency:

- A. Generally, the LEO assigned by the CLEO to handle the investigation will be the person who verifies the information on the Verification Form. (See Appendix 3.) If the assigned LEO is not available, it is the responsibility of any LEO of this agency to complete a Verification Form on Ten-Year Registrants annually and Lifetime Registrants every 90 days. The registrant will have obtained the verification form from the Bureau and should have brought it to the agency having jurisdiction.
- B. This agency shall be required to verify the information and complete the Verification Form, including verifying a current photograph and obtaining forefinger prints of the registrant. The completed verification form, photograph, and a \$25 fee for annual registrants must be sent back to the Bureau by this agency. The LEO should obtain a full set of fingerprints and a current photograph for agency records.

Minimum Standard: 7

- C. The law requires registrants from other states to notify the Bureau in this State if the registrant becomes domiciled, employed, or attends school or college in this State. The Bureau shall notify the law enforcement agency having jurisdiction in the same manner as a registrant convicted and sentenced in this State.²¹
- D. LEO's of this agency who become aware of a person who has been convicted of a sex offense or sexually violent offense in another state and who is now domiciled, employed, residing, or attending school or college in this State shall notify the Bureau to determine if the person is required to register. The Bureau has different forms for initial registration for persons convicted out of state. Once registered, verification forms for persons convicted in and out of state are the same. All LEO's are required to treat out-of-state sex offenders who are required to register in the same manner as sex offenders originating from the State of Maine.

Minimum Standard: 8

- E. LEO's are encouraged to contact the Bureau if they have any questions regarding any registrant, any provision about the requirements of the Sex Offender Registration and Notification Act²² or want to obtain a copy of any of the forms regarding this Act. Contact can be made at the Bureau at State Bureau of Identification 45 Commerce Drive, Suite 1, Augusta, Maine 04333-0042 or <http://www.maine.gov/dps/Sbi/> or (207)624-7240.

²¹ 34-A M.R.S. § 11223-11224

²² 34-A M.R.S., chapter 15

IX. PROCEDURE - Immunity From Liability

The Sex Offender Registration and Notification Act includes the following immunity provision:²³

- A. Neither the failure to perform the requirements of this chapter nor compliance with this chapter subjects any state, municipal or county official or employee to liability in a civil action.
- B. The immunity provided under this section applies to the release of relevant information to other officials or employees or to the general public.

MAINE CHIEFS OF POLICE ASSOCIATION - ADVISORY

This model policy of the Maine Chiefs of Police Association is provided to assist your agency in the development of your own policy. This policy, which is required by statute, meets the standards prescribed by the Board of Trustees of the Maine Criminal Justice Academy. The Chief Law Enforcement Officer (CLEO) is highly encouraged to use and/or modify this model policy in a manner to best accomplish the individual mission of the agency.

DISCLAIMER

This model policy should not be construed as a creation of a higher legal standard of safety or care in an evidentiary sense with respect to third party claims. Violations of this policy will only form the basis for administrative sanctions by the individual law enforcement agency and/or the Board of Trustees of the Maine Criminal Justice Academy. This policy does not hold the Maine Chiefs of Police Association, its employees or its members liable for any third party claims and is not intended for use in any civil action.

²³ 34-A M.R.S. § 11252

Appendix 1

SUMMARY OF REGISTRATION AND VERIFICATION PROCEDURES

- A. Initial registration is with the State Bureau of Identification and required by law.
- B. The Bureau then notifies the jurisdictional law enforcement agencies (local municipal police, Sheriff's Office, Office of the District Attorney, State Police CID and the area State Police Troop) within the jurisdiction of the registrant's domicile, residence, mailing address, work and school/college and includes the risk assessment (if available).
- C. Registration forms are provided to the registrant by the following sources:
 - 1. Department of Corrections, if the registrant is incarcerated at the State level.
 - 2. County Sheriff's Office, if incarcerated at county level.
 - 3. The presiding court upon conviction and sentence, if the person is not incarcerated.
 - 4. By the Bureau, if it was not already done when the person was released from incarceration or if convicted prior to September 17, 1999.
- D. Registration requirement includes a fee of \$25.00 per year, payable to "Treasurer State of Maine" and a current (must be less than 6 months old) colored passport quality photograph (2¼ X 2½ inches).
- E. Follow-up Verification Form (SORA-03) is then mailed to the offender by the Bureau:
 - 4. Verification for persons sentenced on or after September 18, 1999. During the period a registrant sentenced on or after September 18, 1999 is required to register, the bureau shall require the registrant to verify registration information including domicile, residence, mailing address, place of employment and college or school being attended. The bureau shall verify the registration information of a 10-year registrant on each anniversary of the 10-year registrant's initial registration date and shall verify a lifetime registrant's registration information every 90 days after that lifetime registrant's initial registration date. Verification of the registration information of a 10-year registrant or lifetime registrant occurs as set out in this subsection.
 - A. At least 10 days prior to the required verification date, the bureau shall mail a nonforwardable verification form to the last reported mailing address of the registrant. The verification form is deemed received 3 days after mailing unless returned by postal authorities.
 - B. [2005, c. 423, §17 (RP).]

- C. The registrant shall take the completed verification form and a current photograph of the registrant to the law enforcement agency having jurisdiction within 5 days of receipt of the form.
- D. The law enforcement agency having jurisdiction shall verify the registrant's identity, have the registrant sign the verification form, take the registrant's fingerprints, complete the law enforcement portion of the verification form and immediately forward the fingerprints, photograph and form to the bureau.

4-A. Verification for person sentenced on or after January 1, 1982 and prior to September 18, 1999 who is a 10-year registrant. During the period a 10-year registrant sentenced on or after January 1, 1982 and prior to September 18, 1999 is required to register, the bureau shall require the 10-year registrant to verify registration information including domicile, residence, mailing address, place of employment and college or school being attended. The bureau shall verify the registration information of a 10-year registrant in writing as provided by the bureau on each anniversary of the 10-year registrant's initial registration date and once every 5 years in person. Verification of the registration information of a 10-year registrant occurs as set out in this subsection.

- A. At least 10 days prior to the required verification date, the bureau shall mail a nonforwardable verification form to the last reported mailing address of the 10-year registrant. The verification form is deemed received 3 days after mailing unless returned by postal authorities.
- B. The 10-year registrant shall mail to the bureau the completed written verification form and a current photograph on each anniversary of the 10-year registrant's initial registration date within 5 days of receipt of the form, except as provided in paragraph C.
- C. In lieu of mailing the completed verification form under paragraph B, the 10-year registrant shall take the completed verification form and a current photograph of the 10-year registrant to the law enforcement agency having jurisdiction once every 5 years after the anniversary of the 10-year registrant's initial registration or, if there is a reason to believe the offender's appearance has changed significantly, the law enforcement agency having jurisdiction or the bureau may instruct the 10-year registrant in writing:
 - 1. To appear in person at the law enforcement agency having jurisdiction with a current photograph or to allow a photograph to be taken; or

2. If authorized in writing by the law enforcement agency having jurisdiction for the bureau, to submit a new photograph without appearing in person.

D. Whenever in-person verification is mandated pursuant to paragraph C, the law enforcement agency having jurisdiction shall verify the 10-year registrant's identity, have the 10-year registrant sign the verification form, take the registrant's fingerprints, complete the law enforcement portion of the verification form and immediately forward the fingerprints, photograph and form to the bureau.

4-B. Verification for person sentenced on or after January 1, 1982 and prior to September 18, 1999 who is a lifetime registrant. During the period a lifetime registrant sentenced on or after January 1, 1982 and prior to September 18, 1999 is required to register, the bureau shall require the lifetime registrant to verify registration information including domicile, residence, mailing address, place of employment and college or school being attended. The bureau shall verify the registration information of a lifetime registrant in writing as provided by the bureau every 90 days after that lifetime registrant's initial registration date and once every 5 years in person. Verification of the registration information of a lifetime registrant occurs as set out in this subsection.

- A. At least 10 days prior to the required verification date, the bureau shall mail a nonforwardable verification form to the last reported mailing address of the lifetime registrant. The verification form is deemed received 3 days after mailing unless returned by postal authorities.
- B. The lifetime registrant shall mail to the bureau the completed written verification form and a current photograph every 90 days after that lifetime registrant's initial registration date within 5 days of receipt of the form, except as provided in paragraph C. C. In lieu of mailing the completed verification form under paragraph B, the lifetime registrant shall take the completed verification form and a current photograph of the lifetime registrant to the law enforcement agency having jurisdiction once every 5 years after the anniversary of the lifetime registrant's initial registration or, if there is a reason to believe the lifetime registrant's appearance has changed significantly, the law enforcement agency having jurisdiction or the bureau may instruct the lifetime registrant in writing:

1. To appear in person at the law enforcement agency having jurisdiction with a current photograph or to allow a photograph to be taken; or
 2. If authorized in writing by the law enforcement agency having jurisdiction for the bureau, to submit a new photograph without appearing in person.
- D. Whenever in-person verification is mandated pursuant to paragraph C, the law enforcement agency having jurisdiction shall verify the lifetime registrant's identity, have the lifetime registrant sign the verification form, take the lifetime registrant's fingerprints, complete the law enforcement portion of the verification form and immediately forward the fingerprints, photograph and form to the bureau.
- F. Current photo (with each verification form) and fee is required annually (with annual verification form). This is then taken to local police for verification Once every 5 years for Section 4-A and 4-B If there is no municipal police, then it is taken to the county sheriffs' office with the jurisdiction of the sex offenders' domicile. Once the law enforcement officer verifies this, that officer shall mail the completed form back to the Bureau.
- G. Identification proof is flexible based on reliability.
- H. "24 Hour" notification rule applies to registrant when changing any of the following conditions: domicile, residence, work, or school. Note: There is no specific notification form defined for this mandate.
- I. "5 Day" notification is required to the Bureau when changing any of the following conditions: domicile, residence, work and school/college. This notification is required in writing and if the registrant is being released from incarceration, a written notification is also required.
- K. Offenders who were sentenced after January 1, 1982, are required to meet the registration requirements.
- L. Notification will be made to the individual Law Enforcement Agency Having Jurisdiction by the Bureau, with information on Sex Offender Registrants pursuant to 34-A M.R.S.A, Chapter 15. This information shall include:
1. Registrant's name and any alias.
 2. Registrant's current mailing and home address.
 3. Registrant's expected domicile.
 4. Registrant's place of employment, college or school and their respective addresses.
 5. Registrant's date of birth.

6. Registrant's gender, race, height, weight and eye color.
 7. Registrant's charge(s) and sentencing information. Age of the victim, if known.
 8. Charging agency and/or the investigator.
 9. Court of adjudication.
 10. Court docket number.
 11. Status of the registrant when released as determined by the sex offender risk assessment guideline.
- M. Until the Bureau receives at a minimum, a signed initial registration form, individuals can not be made active or displayed on the Sex Offender Registry website.
- P. It is the Bureau's responsibility to send information concerning a registered sex offender to the national registry; however, information will not be accepted when fingerprints are not provided. When this information is not contain in the national registry, the sex offender's offenses and conviction will not be available when a III (Triple I) request is made. When information is accepted by the national registry, the individual is flagged as a registered sex offender in the hot files. This alert is returned whenever law enforcement runs a check on a driver's license and/or motor vehicle check.

Appendix 2
SUMMARY OF PROCEDURES FOR INSTITUTIONS
RELEASING SEX OFFENDERS

- A. The State Department of Corrections, the county jail or the state mental health institute that has custody of a registrant required to register shall inform the registrant, prior to discharge or conditional release, of the duty to register. If a registrant does not serve a period of institutional confinement, the court shall inform the registrant at the time of sentencing of the duty to register.
- A. The department, county jail, state mental health institute or court shall:
1. Inform the registrant of the duty to register and obtain the information required for the initial registration.
 2. Inform the registrant of the requirement to notify the law enforcement agency having jurisdiction pursuant to 34-A M.R.S.A § 11203 (1)(B)).
 3. Inform the registrant that if the registrant changes domicile or changes residence, place of employment or college or school being attended, the registrant shall give the new address to the bureau in writing within five days and shall notify the law enforcement agency having jurisdiction within 24 hours.
 4. Inform the registrant that if the registrant changes domicile to another state, the registrant shall register the new address with the bureau and if the new state has a registration requirement, the registrant shall register with a designated law enforcement agency in the new state not later than five days after establishing domicile in the new state.
 5. Inform the registrant that if that registrant has part-time or full-time employment in another state, with or without compensation, for more than 14 consecutive days or for an aggregate period exceeding 30 days in a calendar year or if that registrant enrolls in any type of school in another state on a part-time or full-time basis, the registrant shall give the bureau the registrant's place of employment or school to be attended in writing within 5 days after beginning work or attending school and if the other state has a registration requirement, shall register with the designated law enforcement agency in the other state.
 6. Obtain fingerprints and a photograph of the registrant or the court may order the registrant to submit to the taking of fingerprints and a photograph at a specified law enforcement agency within three days if the fingerprints and photograph have not already been obtained in connection with the offense that necessitates registration.
 7. Enforce the requirement that the registrant read and sign a form provided by the bureau that states that the duty of the registrant to register under this section has been explained.

I UNDERSTAND THAT ANY FALSE INFORMATION THAT I PROVIDE ON THIS FORM, AND DO NOT BELIEVE THE INFORMATION TO BE TRUE, WILL SUBJECT ME TO PROSECUTION FOR UNSWORN FALSIFICATION UNDER SECTION 453 OF TITLE 17-A, WHICH IS A CLASS D CRIME.

1. If this verification is identified as an annual verification form; then you are required to pay a fee when this form is submitted. Your check or money order is to be made out to the Treasurer, State of Maine.
2. With both annual and 90-day verification forms, you are mandated to provide a current color passport photograph. The legal standards for the color passport photo are: a full faced, chest up, unmounted, color photograph not larger than 2 ¾ X 2 ½ inches with a white or off-white background and a space showing above the person's head. The photograph must have been taken not more than six (6) months prior to its submission to the Registry.
3. With both annual and 90-day verification forms, you must bring the form along with legal identification to the Police Department in the town where you live. If there is no organized Police Department, bring this form to the Sheriff Department of the County where you live.

POLICE DEPARTMENT OR SHERIFF DEPARTMENT:

Please read these instructions. If you have questions call the Sex Offender Registry at 624-7100.

- Identify whether this form is annual or 90-day verification. If this is an annual then a fee is required from the registrant.
- All verification forms, regardless if annual or 90-day, require a current color passport photograph. The legal standards are given above in item #2.
- Verify the name and address on the front of this form with the legal identification presented to you by the person being verified. The identification must be current to be valid. If the address has changed, please strike out and update the form with the new address.
- Verify the date of birth with the legal identification presented for verification. If the date is wrong, please strike out and update the form with the correct date of birth.
- If the Probation Officer Name line is blank, please ask registrant whom they report to (if on probation or supervised release).
- Have the registrant being verified sign the form in your presence and then match the signature with the identification (if possible).
- Ask the person for their phone number. (This is optional. Person may elect not to give it).
- Indicate the type of legal identification used for verification. (Please print).
- Please print your agency's name.
- Please print Officer's name completing the verification form.
- Signature of Officer completing verification form.
- Separate form by tearing off sides to ready form for print taking.
- Fingerprints - Insert white copy of verification form into fingerprint cardholder and ROLL both index fingers in the appropriate spaces. If index finger is not available, indicate which digit you are using as a replacement.
- Attach photograph to upper left hand corner of white page.
- Mail white copy with fingerprints, passport photograph and fee (if required) using the prepaid self addressed envelope.
- Yellow copy of verification form is for local Police or Sheriff Department files.
- Pink copy of verification form is given to registrant being verified as a receipt of verification.



STATE OF MAINE

Maine State Police, State Bureau of Identification
42 State House Station, Augusta, ME 04333-0042

SEX OFFENDER REGISTRY VERIFICATION FORM
HOW YOU MUST CARRY OUT YOUR STATUTORY DUTY TO VERIFY

Arrest Verification (\$25 Fee Required)

SORA

You are a 10-year registrant under Maine's SORNA. You must bring this form, a current passport photograph and a form of legal identification with you to the organized municipal police department in your place of domicile, or if your place of domicile has no organized police department, the sheriff's department in the county where you are domiciled.

"DOMICILE" MEANS THE PLACE WHERE A PERSON HAS THAT PERSON'S ESTABLISHED, FIXED, PERMANENT OR ORDINARY DWELLING PLACE OR LEGAL RESIDENCE TO WHICH, WHENEVER THE PERSON IS ABSENT, THE PERSON HAS THE INTENTION OF RETURNING. A PERSON MAY HAVE MORE THAN ONE RESIDENCE BUT ONLY ONE DOMICILE.

DATE PRINTED: September 20, 2011

RETURN BY: October 5, 2011

MAILING ADDRESS:

DOMICILE/PHYSICAL ADDRESS VERIFIED:

[Redacted]
BRIDGTON, ME 04009

[Redacted]
BRIDGTON, ME 04009

Probation Officer: [Redacted]

Date of Birth: [Redacted]

WORK ADDRESS:

SCHOOL ADDRESS:

26 MECHANIC FALLS ROAD
PO BOX 9000
OXFORD, ME 04270

CENTRAL MAINE COMMUNITY COLLEGE
120 TURNER STREET
ALBURN, ME 04210

I UNDERSTAND THAT MAKING A FALSE STATEMENT THAT I DO NOT BELIEVE TO BE TRUE ON THIS FORM CONSTITUTES A CRIMINAL OFFENSE, AND MAY BE PROSECUTED AS UNSWORN FALSIFICATION PURSUANT TO 17-A M.R.S.A. § 453 (CLASS D)

Signature of Sex Offender Registrant: [Redacted] Print Name: [Redacted]

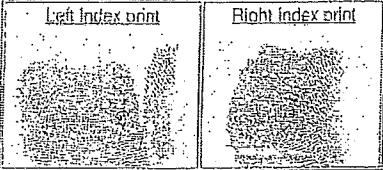
TO BE FILLED OUT BY LAW ENFORCEMENT AGENCY HAVING JURISDICTION DATE: 9-30-11

Law Enforcement Agency: Bridgton P.D. ORI: ME0030900

Name of Officer (print): GANNON, BRYAN Signature of Officer: [Redacted]

Form of Identification used for Verification: Driver License

FEE ENCLOSED? Yes No CURRENT COLOR PASSPORT PHOTO ENCLOSED? Yes No



READ THE BACK OF THIS NOTICE FOR MORE COMPLETE INSTRUCTIONS

White copy mailed to Bureau with photo, Yellow copy to local Police or Sheriff's Department, Pink copy to Registrant

(Indicate substitute digit if index finger not available)



STATE OF MAINE
Maine State Police, State Bureau of Identification
42 State House Station, Augusta, ME 04332-0042
SEX OFFENDER REGISTRY VERIFICATION FORM

The Sex Offender Registration and Notification Act of 1999, as amended by Public Law 2009, Chapter 570, implements new verification procedures for persons who are required to register with the State Bureau of Identification and who were sentenced on or after January 1, 1982 and prior to September 18, 1999. The new law provides as follows:

Verification for person sentenced on or after January 1, 1982 and prior to September 18, 1999 who is a 10-year registrant. During the period a 10-year registrant sentenced on or after January 1, 1982 and prior to September 18, 1999 is required to register, the bureau shall require the 10-year registrant to verify registration information including domicile, residence, mailing address, place of employment and college or school being attended. The bureau shall require the registrant to verify the registration information of a 10-year registrant in writing as provided by the bureau on each anniversary of the 10-year registrant's initial registration date and once every 5 years with your local law enforcement agency.

Verification for person sentenced on or after January 1, 1982 and prior to September 18, 1999 who is a lifetime registrant. During the period a lifetime registrant sentenced on or after January 1, 1982 and prior to September 18, 1999 is required to register, the bureau shall require the lifetime registrant to verify registration information including domicile, residence, mailing address, place of employment and college or school being attended. The bureau shall require the registrant to verify the registration information of a lifetime registrant in writing as provided by the bureau every 90 days after that lifetime registrant's initial registration date and once every 5 years with your local law enforcement agency.

You must complete the attached form whether or not your information has changed. Mail it to the State Bureau of Identification in the envelope provided within 5 days of receipt of the form.

The requirements for the photograph have not changed. Pursuant to State Bureau of Identification Rule Chapter 14, the photo must be a full-faced, chest up, unmounted, color photograph not larger than 2 ¼ x 2 ½ inches with a white or off-white background and a space showing above the person's head. The photograph must have been taken not more than six (6) months prior to submission.

The verification process for registrants sentenced on or after September 18, 1999 has not changed. Ten-year registrants sentenced on or after September 18, 1999 must continue to verify their registration with local law enforcement agency annually. Lifetime registrants sentenced on or after September 18, 1999 must continue to verify with local law enforcement agency quarterly.

Date printed: INSERT DATE

According to the Maine Sex Offender Registry, your current information is as follows:

Mailing Address:

INSERT NAME

ADDRESS

ADDRESS

Date of Birth: DOB

Domicile/Physical address:

INSERT NAME

ADDRESS

ADDRESS

Work address:

INSERT EMPLOYER NAME

ADDRESS

(If not applicable, leave blank)

College or school being attended:

INSERT COLLEGE SCHOOL

ADDRESS

(If not applicable, leave blank)

Probation Officer: INSERT PROBATION OFFICER NAME

DO NOT DETACH BOTTOM PORTION - RETURN COMPLETE FORM

ADDRESS VERIFICATION

Check one box only:

My current information is correct as it appears above on this form (sign & print name below).

OR

I have changed the following information (provide new information):

Mailing Address: _____

Domicile (Physical address of the place where you ordinarily live) _____

Residence (Any other place where you spend time living): _____

Work address: _____

College or school being attended: _____

Probation Officer: _____

I understand that making a false statement that I do not believe to be true on this form is a criminal offense, and may be prosecuted as unsworn falsification pursuant to 17-A MRS § 453.

Signature of Registrant: _____ Printed Name: _____

Appendix 4

REGISTERED SEX OFFENDER INVESTIGATIVE CHECK LIST

Registered Sex Offender: _____ Incident Number: _____
Home Address: _____ Home Telephone Number: _____
Work Address: _____ Work Telephone Number: _____
School attending or expecting to attend: _____

- 10-Year registrant: _____
- Lifetime Registrant: _____
- Registrant is an adult or a juvenile convicted as an adult: _____
- Possesses Sex Offender Registry Verification Form: _____
- Contact SBI if Registrant doesn't have a Sex Offender Reg. Verification Form: _____
- Is Registrant required to complete a 90-Day Verification Form: _____
- Contact charging agency/Officer for background information: _____
- Contact Sex Offender's Probation Officer for Probation Conditions: _____
- Request SBI/NCIC III: _____
- Interview Registrant: _____
- Obtain current photograph: _____
- Obtain a set of fingerprints: _____
- Verify Registrant's address & telephone number by contacting family members, friend(s), and employer(s): _____
- Establish a periodic reporting method for the Registrant: _____
- Summary report for CLEO: _____
- Produce a Neighborhood Notification Information Sheet: _____
- Form a Registrant Neighborhood Notification plan: _____
- Conduct a Registrant Neighborhood Notification: _____
- Add Registrant to agency's computer database: _____
- Establish an agency file for the Registrant: _____
- Advise Sexual Assault and Crisis Support Center: _____

Notes: _____

Investigator: _____ Date: _____

WHAT IS "COMMUNITY NOTIFICATION"?

Community notification refers to laws that require local law enforcement to disclose to the public relevant information about certain convicted sex offenders upon their release from prison, work release, or another secure facility. Such information may include the sex offender's address, past crimes, description of offense for which the offender was convicted, physical description and/or photograph, and conditions of release.

Community notification laws are different from sex offender registration laws, which simply require convicted sex offenders who are living in the community to notify the police of where they are living.

HOW AND WHEN ARE COMMUNITIES NOTIFIED?

In Maine, notification of community members, as well as the extent of that notification, is determined by the law enforcement agency serving the particular community. The agency must notify those members of a community determined appropriate to ensure public safety. While there are minimum standards for law enforcement policies regarding such notification, to some extent jurisdictions in Maine may establish their own notification practices. Therefore, there may be variations of community notification practices from one geographic area to the next.

WHY AREN'T COMMUNITIES INFORMED OF ALL SEX OFFENDERS WHO ARE RELEASED FROM PRISON?

The intent of the community notification law is that the community receives information that is RELEVANT and NECESSARY to enhance its safety. Not all sex offenders pose a risk to all residents and knowing about every convicted sex offender does not necessarily enhance safety.

WHY ARE CONVICTED SEX OFFENDERS ALLOWED TO LIVE IN OUR COMMUNITY?

When sex offenders (or any person who has been convicted of a crime) have served their time in prison, they are free to live and work where they choose. Though this may be frustrating, it is a protection of constitutional rights. At the same time, though, some sex offenders may have some restrictions imposed if they are still under supervision, such as probation.

RESOURCES AND TELEPHONE NUMBERS

To report a crime against a child, contact your local police department.

To report suspected child abuse within a family, contact the Department of Health and Human Services at 1-800-452-1999.

To get help and assistance, contact your local sexual assault support center's statewide, 24-hour, confidential support line at 1-800-871-7741.

To view the registered sex offenders living in Maine visit the State of Maine Sex Offender Registry:
<http://www.informe.org/sor/>

Information contained in this brochure is designed to enhance public safety and awareness. However, no law can guarantee the protection of our children. There is no substitute for common safety precautions.

A Guide for Communities, Organizations and Schools about Community Notification of Sex Offenders

CONTACT YOUR LOCAL
SEXUAL ASSAULT SUPPORT CENTER
FOR MORE INFORMATION

Statewide, 24-hour, confidential
sexual assault support line
1-800-871-7741

TTY: 1-888-458-5599

For a link to one of Maine's
sexual assault support centers go to:
www.mecasa.org

A Guide for Communities, Organizations and Schools about Community Notification of Sex Offenders

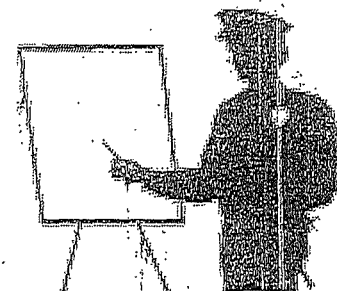
Information in this brochure is designed for:
State and local leaders, Citizens
and Community Organizations.

Knowledge that a convicted sex offender has moved into your neighborhood can be a frightening and overwhelming experience. It can also bring on an intense reaction from parents, neighbors, schools, and organizations in the community.

SOME OF THE MOST OFTEN ASKED QUESTIONS INCLUDE:

- What does this mean?
- How can this happen?
- What do we tell our children?
- How do we support our community and calm people's fears?
- What are the roles and responsibilities of parents, communities, and schools?
- What are the limits of community notification laws?
- What resources are available to help me learn more about the notification process?

This brochure will address many of these questions and concerns. It will also provide suggestions on enhancing the safety of the community as well as information on prevention of child sexual abuse.



protect yourself.

WHO ARE THE PERPETRATORS OF CHILD SEXUAL ABUSE?

Studies on who commits child sexual abuse vary in their findings, but the most common finding is that the majority of sexual offenders against children are not strangers but family members or someone the child knows.

Research further shows that men are most often perpetrators, although there are cases in which women are also offenders.

Despite a common myth, homosexual men are not more likely to sexually abuse children.

- While the new community notification law allows law enforcement to tell you about some sex offenders, this is not a guarantee of safety from sex offenses. It is important to know that sex offenders cannot be identified by looks, race, gender, or occupation. A sex offender can be anyone, so precautions need to be taken at all times. Open communication between parents and children are vital components of safety. Review safety tips, and be aware of common lures.
- Remember that community notification is not about chasing sex offenders out of our neighborhoods. Be attentive and report any violations or suspicious behavior the offender is engaged in, but DO NOT threaten, intimidate, or harass the offender. An offender who is put in a stressful state is more likely to relapse.

WHAT ARE WE AS CITIZENS PROHIBITED FROM DOING?

- Experts believe sex offenders are less likely to re-offend if they live and work in an environment free of harassment. Any actions taken against the individual named in the notification, including vandalism of property; verbal or written threats of harm; or physical violence against this person, his or her family, or employer, will result in arrest and prosecution of criminal acts.



AVAILABLE RESOURCES TO COMMUNITIES

Assistance and support are available to those communities in which a convicted sex offender has been or will soon be released. Among the forms of available assistance, are:

FACILITATION OF COMMUNITY FORUMS

Multi-disciplinary panels are available to facilitate community meetings as a means to present sensitive information to the public. Typically, such meetings include an overview of the community notification laws and practices. Misinformation is countered and fears and concerns are addressed. Actions that citizens can take to enhance the safety of their community is emphasized. These panels generally consist of individuals from varied backgrounds which

may include representatives from law enforcement, social services, clergy, and mental health, probation, sex offender treatment providers, and sexual assault advocates. For more information, call your local sexual assault support center.

CONSULTATION

Speakers and consultants from your local sexual assault support center in collaboration with law enforcement and other service providers are available to schools, churches, and other community organizations to help use notification as an opportunity to educate their communities.

This brochure was based on a brochure created by the Cumberland County Child Abuse and Neglect Council/Youth Alternatives.

NOW THAT THE COMMUNITY KNOWS THAT A SEX OFFENDER LIVES IN THE NEIGHBORHOOD, WHAT SHOULD WE DO DIFFERENTLY TO PROTECT OUR CHILDREN AND OURSELVES?

Although it is alarming to be notified that a sex offender is living in your neighborhood, knowing of a specific offender generally does not assure safety. In fact, there are thousands of sex offenders living in Maine today and you may already be living near one of them. It is best to practice general safety strategies ALL THE TIME and