



SEX OFFENDER MANAGEMENT BOARD

ANNUAL LEGISLATIVE REPORT

EVIDENCE-BASED PRACTICES FOR THE
TREATMENT AND MANAGEMENT OF ADULTS
AND JUVENILES WHO HAVE COMMITTED
SEXUAL OFFENSES

A Report of Findings per
16-11.7-109(2) C.R.S.

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EXECUTIVE SUMMARY

Pursuant to Section 16-11.7-109 (2), C.R.S.,¹ this legislative report presents findings from an examination by the Sex Offender Management Board (SOMB) of best practices for the treatment and management of adult sex offenders and juveniles who have committed sexual offenses.

To identify the most current research- and evidence-based practices to date within the field of sex offender treatment and management, the SOMB conducted a series of literature reviews in support of ongoing committee work and the development of this report.

Section 1: Evidence- and Research-Based Practices

Within the field of sexual offender treatment and management, the interest in Evidence-Based Practice (EBP) is increasing. Establishing the degree to which provided services are effective is an essential part in improving public policies aimed at reducing the risk for future sexual re-offense by identified adult sex offenders.

Best Practices for the Treatment and Management of Adult Sexual Offenders

The Risk-Need-Responsivity (RNR) Principles (Evidence-Based Practice)

The SOMB reported upon these principles in the 2014 Annual Legislative Report and have begun efforts to explore how the Adult Standards and Guidelines can be enhanced by more explicitly integrating these principles. Evidence supporting the RNR principles are grounded in high-quality and generalizable research from the broader criminological literature. Numerous studies have documented the RNR² principles as an evidence-based practice amongst several different populations of offenders (Prendergast et al., 2013; Hanson & Yates, 2013).

UPDATE: Following the evaluations conducted in 2013, the SOMB has convened the Adult Standards Revision Committee in order to review and revise the Adult Standards and Guidelines. This committee has reviewed an extensive amount of research related to the RNR principles and have begun revising the Adult Standards and Guidelines. The committee has made proposed revisions to the Introduction and the Guiding Principles.

¹ C.R.S.16-11.7-109 (2): On or before January 31, 2012, and on or before January 31 each year thereafter, the board shall prepare and present to the judiciary committees of the senate and the house of representatives, or any successor committees, a written report concerning best practices for the treatment and management of adult sex offenders and juveniles who have committed sexual offenses, including any evidence based analysis of treatment standards and programs as well as information concerning any new federal legislation relating to the treatment and management of adult sex offenders and juveniles who have committed sexual offenses. The report may include the board's recommendations for legislation to carry out the purpose and duties of the board to protect the community.

² The Risk-Need-Responsivity-Integrity (RNR) principles assert: Risk - services provided to offenders should be proportionate to their relative level of static and dynamic risk based upon accurate and valid research-supported risk assessment instruments; Needs - interventions are most effective if services target criminogenic needs (both social and psychological factors) that have been empirically associated with future sexual re-offending; Responsivity - effective service delivery of treatment and supervision requires individualization that matches the offender's culture, learning style, and abilities, among other factors.

Additionally, revisions to Section 3500 were made in 2014 to provide a more comprehensive framework for the issue of denial and how it relates to risk, treatment, supervision and community/victim safety using current research. The SOMB, in collaboration with the Division of Probation have launched a statewide initiative to provide training on the VASOR (a static risk assessment scale) and the SOTIPS (a dynamic risk and needs assessment scale). A total of eight trainings were conducted with approximately 500-600 attendees. These trainings were conducted over the course of the first six months of 2014 by national trainers Dr. Bob McGrath and Ms. Georgia Cumming. The SOMB has hosted two national trainers who have conducted RNR trainings.

Treatment Effectiveness and Recidivism

Overall, the meta-analytic literature to date suggests that the treatment and management of adult sexual offenders may be effective. Studies examining sexual recidivism³ demonstrate that the rates typically range between 5% and 30% in a five-year time-at-risk period (English, Retzlaff, & Kleinsasser, 2002; Hanson & Morton-Bourgon, 2007; Helmus, Hanson, Babchishin, & Mann, 2013).

The sexual recidivism rate⁴ found in the 2011 SOMB Adult Standards and Guidelines Outcome Study was less than 1% in the first year following successful discharge from supervision, and 2.6% in the three years after successful discharge from supervision (Dethlefsen & Hansen, 2011).

UPDATE: The SOMB has launched a new and innovative training curriculum titled "Is Your Program Effective?" This training is designed to educate service providers on the fundamentals of program evaluation and provide them with tools to evaluate the efficacy of their own programs. Service providers have gained from this training an understanding of program theory, program integrity, current and emerging evidence-based practices and the skills to build and validate a logic model of their own program.

Trauma-Informed Care

- Recent developments in the literature regarding treatment for sexual offenders have advanced the theoretical and applied use of Trauma-Informed Care (TIC). TIC is central to enhancing responsivity to treatment amongst sexual offenders by considering the individual context within which early traumatic experiences may have contributed to the development of poor cognition, social deficits and maladaptive behaviors.

³ Recidivism rates vary depending upon the length of follow-up period, the type of recidivism measured and the relative level of risk. Studies use inconsistent definitions based upon the availability of data that makes drawing conclusions difficult.

⁴ Recidivism was defined in this evaluation as the occurrence of new court filings within one year and within three years of termination of supervision. This includes both district and county filings (Denver county data were not available for this study). These data are based on Colorado filings as out-of-state data were not available.

- There is evidence to suggest that a certain subset of sex offenders are exposed to some degree of early traumatic experiences (Reavis, Looman, Franco, & Rojas, 2013; Weeks and Widom, 1998; Lalumière, & Seto, 2009)
- TIC is an emerging treatment approach that for some offenders offers a more holistic process for addressing their traumatic history.

Young Adults - Neurobiology and Treatment Efficacy

Through years of research the sex offender management field has learned how adults differ from juveniles in a number of important ways (Riser et al., 2013). The research to date indicates that the neurological development of adolescent youth continues into young adulthood until the age of 25 (Teicher, 2002; Siegel, 2006; Perry, 2006; Burton et al., 2010).

UPDATE: As a result of this research, the SOMB created and approved the Young Adult Modification Protocol for teams handling young adults between ages 18-25. The Protocol provides an overview of this emerging research and provides CSTs and MDTs flexible parameters for applying appropriate interventions under either the Adult or Juvenile Standards and Guidelines. Regional policy updates began in 2014 and will continue in 2015.

Best Practices for the Treatment and Supervision of Juveniles Who Have Committed Sexual Offenses

Recidivism Rates for Juveniles Who Have Committed Sexual Offenses

The literature regarding juveniles who commit sexual offenses suggests that sexual recidivism rates range from 7% to 19% depending upon the length of follow-up period, the type of recidivism measured and the relative risk level of the youth sampled (Reitzel & Carbonell, 2006).

A recent analysis in Colorado conducted by the SOMB compared probation outcomes prior to and after the implementation of the Juvenile Standards and Guidelines. The results indicate that after the Juvenile Standards and Guidelines were implemented the sexual recidivism⁵ rate (8.0% to 2.3%) and the violent, non-sexual recidivism rate (10.9% to 5.2%) for the sample both decreased by 5.7% from the rates for the sample prior to the implementation of the Juvenile Standards and Guidelines. These recidivism rates are consistent with literature⁶ to date (Caldwell, 2010; McCann & Lussier, 2008; Reitzel & Carbonell, 2006; Worling & Langstrom, 2006).

⁵ Recidivism was defined in this evaluation as the occurrence of new court filings within one year and within three years of termination of supervision. This includes both district and county filings (Denver county data were not available for this study). These data are based on Colorado filings as out-of-state data were not available.

⁶ The literature regarding juvenile recidivism typically documents intervention-based outcome studies using a pre- and post-design to determine program effectiveness. There are no known studies that evaluate a systemic intervention approach such as that utilized in the Standards and Guidelines. Therefore, caution must be exercised in comparing the Juvenile Standards and Guidelines Outcome Study and other research.

Best Practices for the Treatment and Supervision of Adults and Juveniles Who Have Committed Sexual Offenses

Polygraph Examinations

- The polygraph is widely used as an assessment and adjunct treatment tool nationally. A 2009 national survey of community-based adult (79.4%, n = 330) and adolescent (50.5%, n = 275) treatment programs found that a majority of adult programs and half of juvenile programs used the polygraph (McGrath et al., 2010).
- The use of the polygraph is a contentious issue in the field with debates about its ethical, policy, and practice implications (Chaffin, 2011).
- According to the Center for Sex Offender Management (2008), the polygraph has emerged as a tool that may substantially improve the management of individuals who have committed sex offenses.⁷ Many practitioners agree that the polygraph has been shown to be useful as an adjunct treatment and supervision tool (Gannon, Beech, & Ward, 2007; McGrath et al., 2010).
- The information obtained from the polygraph also serves as the means by which important services can be delivered to previously undisclosed victims.

Section 2: Policy Analysis Recommendations

The Policy Analysis Section consists of a literature review of the empirical research on key sex offender management public policy issues. For the purposes of this report, specific policy issues are examined in order to highlight areas that the Legislature may wish to consider for possible policy and legislative initiatives and enhancements.⁸ The following sex offender management public policy issues were identified by SOMB members for review:

Sex Offender Registration and Notification (SORN) Classification Systems

The SOMB hereby recommends that following:

Recommendation

- 1) Remove the SVP designation and replace the existing classification scheme with a three-level (i.e. Level 1, 2, and 3), risk-based classification system based for adult sex offenders upon the use of a new actuarial risk assessment instrument (developed by ORS in conjunction with the SOMB, or an existing instrument such as the Static-99).
- 2) All of those convicted of a sex crime should be subject to the risk assessment, not just those defined in the SVP legislation for adult sex offenders.

⁷ CSOM serves as a national center for information and technical assistance to state and local jurisdictions in the effective management of sex offenders. The center was originally formed by the Office of Justice Programs, the National Institute of Corrections (NIC), and the State Justice Institute (SJI) in order to synthesize and disseminate research and effective practices to the field.

⁸ SOMB members who wanted to identify sex offender management policy issues for further study were encouraged to identify those issues. Professionals outside the SOMB and members of the public could also propose a specific policy issue for board members to undertake if a SOMB member was willing to support the analysis. The SOMB staff in collaboration with each SOMB member gathered research and best practice literature on the topic, and identified potential policy alternatives for consideration by the Legislature.

- 3) Implement the new risk-based classification scheme as of the date of the legislation with no retroactive provision.
- 4) Utilize the Court and Parole Board to designate the risk classification level in a manner similar to the current SVP designation process, but consider the need for a risk assessment board or committee to make the designation. The Court and Parole Board currently have the ability to override the results of the SVPASI based upon aggravating and mitigating factors not part of the assessment process, and this discretion should continue to be allowed. This also provides an appeal process for those registrants who believe they are unfairly classified.
- 5) Make the risk classification information available to law enforcement for tracking registrant purposes, and provide the public with information on higher risk registrants. Community notification meetings may still be performed at the discretion of law enforcement agencies for higher risk registrants.
- 6) Ensure that information released to the public on registrants is consistent across state and county websites. Make reference on the websites to the availability of information on juveniles and misdemeanants via a paper list from local law enforcement or the Colorado Bureau of Investigation. Prohibit entities that obtain a copy of the paper list of all registered sex offenders from posting that list on a website, as this causes confusion for the public on why similar information is not available from state and county websites.
- 7) Develop specific criteria to broaden judicial decision making (and evaluator recommendation) in waiving the registration requirement for certain juveniles.
- 8) Develop a process whereby the Court can limit the public accessibility of registration information on certain juveniles under certain circumstances based upon set criteria.
- 9) A process to reassess a risk classification level should be explored based upon changes in risk over time. Such a change in risk level would have to be designated by the Court or Parole Board. A recommendation should be provided to the legislature about the feasibility of such a process.
- 10) Alternative public education mechanisms from community notification meetings regarding sexual offenders and offenses should be developed and implemented.

Transient Sex Offenders

The Sex Offender Management Board (SOMB) recognizes the community safety importance in holding registered sex offenders accountable and ensuring the accuracy of registration information that is provided to law enforcement and the public. The Colorado State Legislature took steps to address this issue in 2012 with the passage of H.B. 12-1346. While clearly not resolving all problems related to the registration of offenders who lack a fixed residence, the bill attempted to balance the competing interests of registrant accountability and sensitivity to the unique issues presented by truly homeless sex offenders. While some jurisdictions continue to refuse to register offenders who lack a fixed residence, many of the law enforcement jurisdictions who responded to an online survey conducted by the SOMB appear to be managing this function effectively and report enhanced accountability for this registration population as a result. A significant concern expressed by law enforcement agencies is the suspicion that some registrants are registering as lacking a fixed residence when in fact they do have a residence but do not wish to disclose this information for various reasons (e.g., not wanting this address on the state sex offender registry, not having told the person with whom they live of their registrant status, etc.).

Recommendation

The above concerns notwithstanding, given the findings of the annual survey of law enforcement, the SOMB is not recommending any change in the statute related to registration for those who lack a fixed residence. However, the SOMB does support the legislature exploring a more general adjustment to the registration statute based upon a change that took place with the passage of H.B. 11-1278. Within this legislation, the requirement that a registrant deregister (e.g., complete a registration cancellation form) was deleted as a requirement. This has created a significant problem for law enforcement and prosecutors in terms of holding registrants accountable for changing their registration address when they move from one jurisdiction to another. Now, the only way to know if a registrant moves is if they lawfully register in a new jurisdiction and notification is made by the new jurisdiction to the prior jurisdiction. This does not always happen and therefore, law enforcement is spending a great deal of resources trying to track offenders who have moved to a new jurisdiction and may in fact be lawfully registered.

In addition, this impacts registrants who change registration status from registering to residence to lacking a fixed residence, or vice versa. Relying on the registrant to provide this notification hampers offender tracking. Given that law enforcement has expressed significant concern regarding this deleted provision, the SOMB supports the legislature exploring the issue of deregistration further in order to fully address the potential public safety implications.

Geriatric and Aging Sex Offender Populations

There is limited research to date regarding geriatric sex offenders. The available research does appear to suggest that treatment options for geriatric sex offenders require a differential approach to their risk and needs. While some have argued that this population is suitable for treatment, there are no known validated risk assessment instruments specific to geriatric sex offenders. Moreover, clinical evidence suggests that some of the typical characteristics of an aging and geriatric population present unique challenges for treatment and supervision requirements (Hart, 2008). For example, clients with dementia may be more prone to forget requirements of a safety plan or the terms and conditions of probation. As a result, with limited engagement, it is difficult for the therapist to establish a therapeutic alliance and develop an adequate treatment plan, making treatment challenging.

Recommendation

Whether as a result of an indeterminate or lengthy determinate sentence, or a conviction for a sexual offense committed in the latter stages of life, geriatric sex offenders represent a small segment of a growing public safety problem. The following are identified as policy implications for geriatric sex offenders:

- 1) Based on the Risk, Need, Responsivity (RNR) Principles, treatment and supervision must be based upon the specific risk and needs of geriatric sex offenders, and provided in a manner that is responsive to the specific characteristics and limitations of this population. The Adult Standards and Guidelines Revisions Committee should address

the unique needs of this population as part of the ongoing RNR adjustments to the *Standards and Guidelines*.

- 2) As the number of geriatric sex offenders increase, additional housing and care facility resources will be needed. Such resources must be equipped to manage the unique needs of geriatric sex offenders and provide for the safety of other potentially vulnerable residents. Education may be needed both to provide for the safety of all residents as well as to encourage these resources to be willing to provide services for geriatric sex offenders.
- 3) Sex offender supervision and treatment requirements, including sex offender registration, may need to be adjusted or scaled back should a geriatric sex offender become physically or mentally incapacitated. Treatment providers, supervision officers, and law enforcement officers should be provided discretion to make appropriate adjustments without having to violate statutory mandates.

Section 3: Milestones and Achievements

Over the course of 2014, the SOMB accomplished many of its strategic goals through the collaboration of multiple stakeholders. The following highlights some of the many achievements.

- Revised and prioritized the SOMB strategic plan based-upon the results of the External Evaluation and the statewide focus groups conducted in 2013.
- Convened 18 SOMB committees that functioned at some point in 2014, and approved new initiatives and revisions (e.g., such as the Competency-Based Treatment Provider Approval Model). Several new committees were convened to address specific projects related to the strategic plan such as the Adult Standards Revisions Committee, the Continuity of Care Committee and policy issues related to SVP (relationship criteria).
- Convened a Family Support and Engagement Committee which held two informational panels for the Board, and distributed a survey through offender advocacy groups, criminal justice agencies, and approved providers that asks families of an adult or juvenile who has committed a sexual offense to share their experiences with the criminal or juvenile justice system.
- Revised Section 3.500 – Managing Offenders in Denial. Updates to Section 3.500 provide a more comprehensive framework for the issue of denial and how it relates to risk, treatment, supervision, and community/victim safety using current research. There is mixed and sometimes conflicting research regarding denial as a risk factor for sexual re-offense. In addition to incorporating more current research, the denial revisions provide direction to

*The SOMB conducted **64 trainings** to over **1,450 attendees** which included a **three-day statewide conference** to over **300 attendees** in Breckenridge. Presentations were conducted by **national speakers** to learn more about RNR, and evidence- and research-based practices. Additionally, this included trainings geared toward the statewide implementation of two risk assessment instruments: the **VASOR-2** and **SOTIPS**.*

Community Supervision Teams and provide evaluators and treatment providers with more authority in determining an offender's level of denial. More detailed descriptions of denial were added to clarify the differential classifications. Of importance, the revisions to Section 3.550 no longer prohibit Level 3 Severe deniers from being referred from community based supervision and treatment.

- Made efforts to increase visibility of victim issues and input on Standards revisions, reviewed research on best practice for victim needs, and provided board training and presentations.
- The SOMB conducted 64 trainings to over 1,450 attendees which included a three-day statewide conference to over 300 attendees in Breckenridge. Presentations were conducted by national speakers to learn more about RNR, and evidence- and research-based practices. Additionally, this included trainings geared toward the statewide implementation of two risk assessment instruments: the VASOR-2 and SOTIPS.
- Approved 40 new providers; reviewed 132 re-applications for provider approval; and processed 22 provider status-changes.
- Helped conduct three community notifications (CN) in Fort Collins, Jefferson County and Westminster and provided ongoing technical assistance around the state.
- Revised the provider re-application process to streamline workflow and increased oversight by implementing Standards Compliance Reviews (SCR).
- Developed an Implementation Model to ensure that new policies, revisions to the *Standards and Guidelines* and other changes are operationalized in the field with fidelity.
- The SOMB received 25 complaints during FY14 made against approved providers and disposed of 17 cases. During FY14, there were two founded complaints, one adult and one juvenile. Both treatment providers were removed from the list of approved providers. For FY15, the SOMB has received 14 complaints. Thus far, three complaints have been disposed of with no founded complaints at time of this publication.
- Initiated the Program Evaluation Training Curriculum – a project aimed at building capacity among approved treatment providers to evaluate their practices and outcomes in both the residential and community settings.
- Continued to provide board members and other interested stakeholders with research and literature including monthly journal articles , literature reviews in preparation for any *Standards and Guidelines* revisions, trainings by national leaders in the field for Colorado stakeholders, and research and best practice presentations as part of SOMB meetings.
- Published the 2014 Legislative Report and the 2014 Lifetime Supervision of Sex Offenders Annual Report.