

Section 6: Special population focus: Sex offenders



Many special populations have unique characteristics and service needs and present particular challenges to correctional professionals. Women, offenders with mental illness, youthful offenders, drug abusers, older offenders—these are examples of types of correctional population with special needs.

In recent years, sex offenders have received considerable attention from both the public and policy makers. Genuine fear of sex crimes combined with the fact that most sex offenders assault people they know sometimes makes it difficult to develop thoughtful and useful policies for managing this population.

This section highlights information about sex offender policies, practices, and research in Colorado. Specifically, it contains the following:

- The Colorado Sex Offender Management Board (SOMB)
- The “containment approach” for managing sexual offenders
- The prison treatment program for sex offenders
- Do residence restrictions protect the public?
- Domestic violence as a risk factor for rape
- The Colorado Sex Offender Risk Assessment Scale (SORS)

Colorado is considered a leader in sex offender management policies and practices. Why?

This section begins by introducing the reader to the Colorado Sex Offender Management Board, which plays a pivotal role in providing expertise and important policy direction for the safe management of adults and juveniles who have sexually offended.

Statewide 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.) which created a Sex Offender Management Board (SOMB) to develop standards and guidelines for the assessment, evaluation, treatment and behavioral monitoring of sex offenders.

The SOMB consists of a multidisciplinary group representing sex crime victims, district attorneys, polygraph examiners, state and county social services, out-of-home placements, community corrections, probation, parole, public schools, Department of Corrections, judges, defense attorneys, district attorneys, mental health professionals, the Division of Youth Corrections, and law enforcement. Working together, the group developed and continually updates the *Standards and Guidelines for Assessment, Evaluation, Treatment and Behavioral Monitoring of Adult Sex Offenders* along with the *Standards and Guidelines for the Evaluation, Assessment, Treatment and Supervision of Juveniles who have Committed Sexual Offenses* (see the juvenile and adult *Standards and Guidelines* sections below). Based on research, the *Standards and Guidelines* for both adults and juveniles are comprehensive, thoughtfully developed documents that are evidence-based and clinically relevant.

The SOMB has been meeting monthly for more than 15 years. While other states have replicated this concept, Colorado is the longest running state-level policy board, formed to ensure that treatment practices are consistent across the state and to require treatment programs and approaches to prioritize offender accountability and responsibility.

Because the SOMB operates with a structured yet open, inclusive format, the meetings draw at least as many professional visitors as members. Much work is done in subcommittees—reviewing treatment provider applications, updating sections of the *Standards and Guidelines*, and reviewing special issues such as offender contact with children. With the exception of the Application Subcommittee, visitors are typically important members of these subcommittees.

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The adult *Standards and Guidelines*

The *Standards and Guidelines for Assessment, Evaluation, Treatment and Behavioral Monitoring of Adult Sex Offenders*¹ were first published in January 1996. The *Standards and Guidelines* 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. Special sections of the *Standards* address sex offenders with developmental disabilities and the supervision of offenders under the indeterminate (lifetime) sentence statute.

These *Standards and Guidelines* are based on the best practices known today for managing and treating sex offenders. To the extent possible, the Board has based the *Standards* on current research in the field. Materials from knowledgeable professional organizations also have been used to guide 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”.

The *Standards and Guidelines* were updated in 1998 and 1999 to address gaps identified during implementation and to keep the *Standards and Guidelines* current with the developing literature in the field of sex offender management. The current version, revised in 2004, is undergoing significant revision by the SOMB to ensure consistency with available research.

¹ Colorado Sex Offender Management Board. (2004r). *The Standards and Guidelines for Assessment, Evaluation, Treatment and Behavioral Monitoring of Adult Sex Offender*. Colorado Division of Criminal Justice, Department of Public Safety. Denver, CO. Available at http://dcj.state.co.us/odvsom/sex_offender/SO_Pdfs/ADULTSDJUNE2004.pdf.

The Standards and Guidelines is an important document, and reflects considerable expertise amassed in Colorado and represented by members of the Sex Offender Management Board. The publication reflects hours of study combined with careful and thoughtful discussions by members of the SOMB. It is a “best practice” resource and is used by treatment providers and other sex offender management professionals not only in Colorado but across the nation.

The Colorado Sex Offender Management Board has revised its nearly 200-page Adult Standards and Guidelines four times and has published multiple studies and reports. Minnesota and Illinois, along with other states, relied heavily on Colorado’s work to develop standards of practice.

The juvenile Standards and Guidelines

Section 16-11.7-103, C.R.S., passed in 2000, required the SOMB to develop and prescribe a standardized set of procedures for the evaluation and identification of juvenile sex offenders. The legislative mandate to the SOMB was to develop and implement methods of intervention for juvenile sex offenders, recognizing the need for standards and guidelines specific to these youth.

Consequently, the *Standards and Guidelines for the Evaluation, Assessment, Treatment and Supervision of Juveniles who have Committed Sexual Offenses*² was published in

² Colorado Sex Offender Management Board. (2004). *Standards and Guidelines for the Evaluation, Assessment, Treatment and Supervision of Juveniles who have Committed Sexual Offenders*. Colorado Division of Criminal Justice, Department of Public Safety. Available at http://dcj.state.co.us/odvsom/sex_offender/juveniles.html.

2004. Adherence to the *Standards and Guidelines* is required for juveniles who are on probation or parole, committed to the Department of Human Services, in the custody of county human services, or out-of-home placement for sexual offending or abusive behavior. Juveniles with deferred adjudications and those whose charges that include an underlying factual basis of a sexual offense are also subject to the juveniles *Standards and Guidelines*. The SOMB recommends that these *Standards and Guidelines* be used with juveniles and families who are seeking intervention regarding sexually abusive behavior that has been disclosed through self-report or evaluation even if these cases are not formally designated as sex offenses.

Additionally, as part of its attention to juveniles with sexual behavior problems, the SOMB collaborated with local communities and the state Department of Education to develop a guide for schools.³

Contributing to research

Research undertaken in Colorado and elsewhere on the treatment and management of sex offenders has served as the foundation of the *Standards and Guidelines*. In the early years of the SOMB, DCJ’s Office of Research and Statistics had a federal research grant to identify best practices nationally for managing adult sex offenders. This study, eventually published by the American Probation and Parole Association, served as the foundation for the *Standards and Guidelines*.⁴

The SOMB recommends that these Standards and Guidelines be used with juveniles and families who are seeking intervention regarding sexually abusive behavior that has been disclosed through self-report or evaluation even if these cases are not formally designated as sex offenses.

³ Colorado Sex Offender Management Board and the Department of Education. (2003). *Reference Guide for School Personnel Concerning Juveniles Who Have Committed Sexually Abusive and Offending Behavior*. Colorado Division of Criminal Justice, Department of Public Safety, Denver, CO. Available at http://dcj.state.co.us/odvsom/sex_offender/SO_Pdfs/SchoolRef2003.pdf.

⁴ English, K., Pullen, S., and Jones, L. (Eds.). (1996). *Management of Adult Sex Offenders: A Containment Approach*. American Probation and Parole Association. Lexington, KY.

Other research that has been vital to understanding how best to manage this population and has contributed to SOMB decision-making includes the following:

- A second national study that focused on the use of the polygraph examination with sex offenders.⁵
- Research at the Colorado DOC on information learned from polygraph testing of sex offenders in treatment.⁶
- The impact of the lifetime supervision statute is tracked annually by probation, DOC and the SOMB.⁷
- An important study conducted for the Colorado General Assembly regarding the living arrangements of sex offenders in the community serves as a resource to many states concerned about the management of sex offenders,⁸ and resulted in the publication by the SOMB of *Living Arrangements Guidelines for Sex Offenders in the Community*.⁹
- Many other studies, including two studies of juveniles with sexual behavior problems, belong to this list, establishing the importance of research in the management of sex offenders in Colorado.

The field of sex offender management is an evolving one. As new research becomes available, programs get evaluated, and clinical understanding advances, the SOMB is positioned to update its *Standards and Guidelines*, include new stakeholders, debate new controversies, and provide information to policy makers.

⁵ English, K., Jones, L., Pasini-Hill, D., Patrick, D., & Cooley-Towell, S. (2000). *The value of polygraph testing in sex offender management*. Final research report submitted to the National Institute of Justice for grant number D97LBVX0034. Denver, CO: Colorado Division of Criminal Justice, Office of Research and Statistics; English, K., Jones, L., Patrick, D., and Pasini-Hill, D. (2003). Sex Offender Containment: Use of the Postconviction Polygraph. *Annals of the New York Academy of Sciences*, Vol. 989: 411-427; English, K., Jones, L., Pasini-Hill, D. Patrick, D. (2000). The Second National Telephone Survey on the Community Management of Adult Sex Offenders, Appendix B. *The Value of the Post-Conviction Polygraph*. National Institute of Justice, U.S. Department of Justice, Washington, D.C.

⁶ Simons, D., Tyler, C., and Heil, P. (2005, November). *Childhood risk factors associated with crossover offending*. Poster presented at the 24th Annual Association for the Treatment of Sexual Abusers Research and Treatment Conference in Salt Lake City, Utah; Ahlmeyer, S., Heil, P., McKee, B., & English, K. (2000). The impact of polygraphy on admissions of victims and offenses in adult sexual offenders. *Sexual Abuse: A Journal of Research and Treatment*, 12, 123-138; Heil, P., Ahlmeyer, S., and Simons, D. (2003). Crossover sexual offenses. *Sexual Abuse: A Journal of Research and Treatment*. 15(4), 221-236; Simons, D., Heil, P., Ahlmeyer, S. (2003). *Impact of Incentives and Therapist Attitudes on Polygraph Results*. Presentation to the Association for the Treatment of Sexual Abusers, 22 Annual Research and Treatment Conference in St. Louis, Missouri; Simons, D., Heil, P., English, K. (2004). *Utilizing polygraph as a risk prediction/treatment progress assessment tool*. Presentation to the Association for the Treatment of Sexual Abusers, 23rd Annual Research and Treatment Conference. Albuquerque, N.M.

⁷ This is an annual report jointly published by the Department of Corrections, the Judicial Branch and the Colorado Division of Criminal Justice and is available at http://dcj.state.co.us/odvsom/sex_offender/SO_Pdfs/Annual%20Report%202006.pdf.

⁸ Sex Offender Management Board. (2004). *Report on Safety Issues Raised by Living Arrangements for Location of Sex Offenders in the Community*. Colorado Division of Criminal Justice. Denver, CO.

⁹ Available at http://dcj.state.co.us/odvsom/sex_offender/SO_Pdfs/Living%20Arrangements%20Guidelines-SOMB.pdf.

Implementation of the adult *Standards and Guidelines*

A study undertaken by DCJ in 2003 found that significant efforts were actively underway in jurisdictions across the state to ensure the safe management of adult sex offenders and that these efforts were guided by the description of policies and procedures in the *Standards and Guidelines*.¹⁰ Some of the findings are summarized below.

During telephone interviews, 92 percent of 64 treatment providers and 98 percent of 110 probation and parole officers said that the *Standards and Guidelines* were useful in their work with adult sex offenders. Both groups valued the *Standards and Guidelines* for standardizing management practices and for being based on research.

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Nearly ten percent of supervising officers, one-third of therapists, and two-thirds of polygraph examiners said they had served on a SOMB subcommittee; many more had attended meetings of the SOMB over the years. Fifty-three pre-sentence investigation reports prepared by supervising probation officers and reviewed by researchers 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 Evaluation reports reviewed by researchers were found to be comprehensive and thorough. While gathering complete information about each offender is difficult, it is necessary in the development of a comprehensive treatment and supervision plan. For these reasons, obtaining and sharing this information among professionals is one of the key goals of the containment approach.

The need for training, the lack of clarification of a few of the *Standards and Guidelines*, and the loss of supervising officers resulting from state budget reductions and the corresponding

¹⁰ Lowden, K., English, K., Hetz, N., and Harrison, L. (2003). *Process Evaluation of the Colorado Sex Offender Management Board Standards and Guidelines A REPORT OF FINDINGS*. Office of Research and Statistics, Colorado Division of Criminal Justice, Department of Public Safety. Denver, CO. Available at <http://dcj.state.co.us/ors/pdf/docs/FINALSOMB.pdf>.

excessive caseloads were mentioned during interviews with researchers as barriers to full implementation of the *Standards and Guidelines*. However, many professionals described a variety of ways they sought to overcome impediments to implementation.

As a result of the study, the SOMB's training subcommittee expanded its efforts, and the SOMB issued a single standard revision¹¹ to clarify one of the issues raised in interviews.¹²

Implementation of the juvenile *Standards and Guidelines*

DCJ's Sex Offender Management unit received a grant from the U.S. Department of Justice (Bureau of Justice Assistance) to conduct a systematic implementation assessment of the juvenile *Standards and Guidelines*. As part of this project, representatives from eleven of Colorado's judicial districts provided detailed information to the SOMB regarding which juvenile *Standard and Guidelines* have been most successfully implemented, which ones have significant barriers to implementation, and what professionals need in order to fully implement them.

The assessment survey identified generally strong implementation in the areas of probation's pre-sentence investigations, probation officer training, offense specific assessments and treatment services, well functioning multidisciplinary teams, and the proper use of specialized conditions of probation and parole. The assessment also found that the polygraph was generally being used appropriately.

Surveys and interviews also identified needs in the following areas: case documentation and information sharing; timely and adequate training for various stakeholders including human service workers, judges, and magistrates; individualization of treatment services to meet developmental needs; a need for greater focus on the promotion of health and normalizing activities for youth that have committed sexual offenses; and more work in the area of victim-related issues in terms of training on victimization, contact with victims, and victim representation on multidisciplinary teams. Project participants also identified challenges and barriers that included resource constraints, limited specialized treatment capacities, systemic barriers to implementing a continuum of services.¹³

¹¹ *Standard and Guideline 5.7* required additional clarification, and the SOMB provided details to 5.7 ("Sex Offenders' Contact with Victims and Potential Victims") in the following document available at: http://dcj.state.co.us/odv-som/sex_offender/SO_Pdfs/5.700.pdf.

¹² A copy of the full report is available at <http://dcj.state.co.us/ors/pdf/docs/FINALSOMB.pdf>.

¹³ Pyle, J. (in progress). *Juvenile Standards Implementation Assessment Project*. Prepared on behalf of the Sex Offender Management Board. Colorado Division of Criminal Justice, Department of Public Safety. Denver, CO.

According to a 2006 national study of prison sex offender treatment programs in 2006, only seven of 44 states that participated in the survey have prison programs that are guided by state treatment standards. The treatment programs at the Department of Corrections and the Division of Youth Services both are subject to the SOMB's Standards

Sexually Violent Predators

*In 1999, the Colorado General Assembly passed legislation (16-13-901 through 19-13-905 C.R.S.) that mandated the SOMB to establish protocols and procedures for the identification and community notification of 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 its **Guiding Principles** that emphasize offender accountability and victim safety. (See "Predicting the future dangerousness of sex offenders" section on page 149.)*

Why is Colorado a leader in sex offender management?

- *Statewide Sex Offender Management Board since 1992.*
 - *Its value for multidisciplinary collaboration.*
 - *It holds victim and community safety as paramount objectives.*
- *Research and best practice.*
- *Standards of practice for those working with*
 - *Adults, including the developmentally disabled,*
 - *Offenders with lifetime sentences,*
 - *Prisoners, and*
 - *Juveniles.*
- *Recognition that the field of best practices continues to evolve.*

The containment approach for managing sex offenders

A very specific strategy for the treatment, supervision, monitoring, and risk management of sex offenders is frequently referred to as the containment approach. Some jurisdictions in Colorado have been using this approach since the early 1980s, and the approach has been used statewide for at least ten years.

The containment approach emerged in the 1980s when traditional methods of managing adult sex offenders were replaced with creative strategies that emphasized individualized case management and multidisciplinary teams. Jurisdictions across the country began using variations of this approach which was first documented by researchers at the Colorado Division of Criminal Justice in *Managing Adult Sex Offenders: A Containment Approach*, a final product in a federally-funded research study.¹⁴

The containment approach is a very specific case management tactic, a five-part “model process” that captured the consistent program elements found by researchers during an extensive field study in multiple states. It can be conceptualized as follows:

1. A philosophy that values public safety, victim protection, and reparation for victims as the paramount objectives of sex offender management;
2. Implementation strategies that rely on agency coordination, multidisciplinary partnerships, and job specialization;
3. Multiple, interrelated strategies that hold sex offenders accountable through the combined use of both the offenders’ internal controls (learned through intense

treatment), external criminal justice controls (probation, parole, law enforcement registration, etc.) and the use of the polygraph to monitor internal controls and compliance with external controls;

4. Development and implementation of informed public policies to create and support consistent practices; and
5. Quality control mechanisms, including program monitoring and evaluation, that ensure prescribed policies and practices are delivered as planned.

Within this framework multiple agencies cooperate and collaborate to develop and implement policies and protocols that focus on community safety. Multidisciplinary policy groups, case management teams consisting of treatment providers, polygraph examiners, and supervising probation or parole officers, job specialization that promotes expertise and increased communication, consistent public policy development. Such efforts have been underway in Colorado for many years.

Within this framework – adopted formally by Colorado in the form of the mandates and undertakings of the Sex Offender Management Board (SOMB), and by many local communities across the state – multiple agencies cooperate and collaborate to develop and implement policies and protocols that focus on community safety.

Since the officer represents the criminal justice agency responsible for the offender, he or she generally convenes the case management team. Supervising officers depend on a variety of information tools including “collateral contacts” (with an offender’s family members, employer, and victim therapist, for example), home visits, surveillance officers, electronic monitoring and urinalysis testing for drug use.

Polygraph testing is one technology in this varied set of tools that is used to improve the management of sex offenders. The integration of polygraph testing with treatment and supervision – never used as a tool on its own – remains at the core of the case management component of the containment approach. All convicted sex offenders sentenced to probation are subject to the containment approach, as specified by the Division of Probation Services. Convicted sex

¹⁴ English, K., Pullen, S., & Jones, L. (Eds.) (1996). *Managing adult sex offenders: A containment approach*. Lexington, KY: American Probation and Parole Association; English, K., Jones, L., Pasini-Hill, D., Patrick, D., & Cooley-Towell, S. (2000). *The value of polygraph testing in sex offender management*. Final research report submitted to the National Institute of Justice for grant number D97LBVX0034. Denver, CO; English, K., Jones, L., Patrick, D., and Pasini-Hill, D. (2003). Sex Offender Containment: Use of the post-conviction polygraph. *Annals of the New York Academy of Sciences*, Vol. 989: 411-427.

offenders in prison can participate in containment-oriented treatment, and those granted parole release into containment provided by the Department of Corrections parole supervision teams.

Convicted sex offenders on probation or parole supervision across the state are closely monitored and participate in specialized treatment and regular polygraph examinations.

Effectiveness of the containment model

Several studies around the nation have been conducted examining the effectiveness of containment approach practices. They are summarized below.

A 2004 study of the living arrangements of 130 sex offenders in Colorado during the first 15 months of supervision¹⁵ (see “Do residency restrictions help prevent sex crimes?” on page 144) found that 41 percent of problematic offender behaviors were discovered by the offender’s disclosure during a polygraph examination or treatment, or detection by the supervising probation officer. Note that this sample consisted of serious offenders: 60 percent of the offenders in this study were high-risk, and another 32 percent were medium-risk. Urinalysis testing, treatment absences, and failure to appear at scheduled appointments with the supervising officer accounted for another 27 percent of violations.¹⁶ Thirteen offenders in this study (10 percent) self-reported new hands-off sex crimes (voyeurism, indecent exposure) in the 15 months of study. No hands-on sex offenses were detected during the study. Clearly, close monitoring of these offenders results in obtaining information that would otherwise remain unknown.

In FY 2006, Colorado’s district court probation officers supervised 1,904 adult sex offenders; 916 were on intensive

supervision, and 988 were on non-intensive but specialized supervision. In FY 2006, 108 were revoked. Of these, 11 offenders were charged with committing new felony crimes and six were revoked for new misdemeanors.¹⁷ This appears to be an effective method to prevent new crimes.

Additionally, DCJ researchers evaluated the sex offender treatment program at the Colorado Department of Corrections.¹⁸ (see “Colorado prison’s therapeutic community for sex offenders reduces recidivism” on page 139). This program employed intense treatment with polygraph testing in the institution and, when paroled, the offenders participated in treatment, supervision, and polygraph testing in the community. Researchers found that 84 percent of the offenders who participated in the therapeutic community component of sex offender treatment in the institution successfully completed parole versus only 52 percent of the offenders who had not participated in institutional treatment. By the third year following parole discharge, 21 percent of the offenders who had participated in institutional treatment were arrested for a felony or misdemeanor crime versus 42 percent of the offenders who had not participated in treatment. Note the measure was arrest for *any* type of crime.

A preliminary study of the containment approach in Framingham, Massachusetts produced promising results. Of the 159 sex offenders managed under containment between

Several analyses by DCJ researchers and probation analysts have found that approximately 10 percent of sex offenders under supervision in Colorado are arrested for a new sex offense while under criminal justice supervision and treatment. The new crime is typically a hands-off crime such as voyeurism. Revocation rates range from 30-50 percent, depending on the study.

¹⁵ Colorado Division of Criminal Justice (2004). *Report on safety issues raised by living arrangements for and location of sex offenders in the community*. Colorado Division of Criminal Justice, Department of Public Safety, Denver, Colorado. Available at http://dcj.state.co.us/odvsom/sex_offender/SO_Pdfs/FullSLAFinal01.pdf.

¹⁶ Other violations were discovered because someone familiar with the offender notified the therapist or supervising officer of problem behaviors (other group members, employers, victim advocate), reflecting the value of collateral contacts; violations were also discovered by GPS monitoring and computer surveillance. Source: Dethlefsen, A. (2007). Additional analyses on the living arrangements study sample (see Footnote 8). Sex Offender Management Unit, Colorado Division of Criminal Justice, Department of Public Safety, Denver, CO.

¹⁷ Information was not available about the type of new offense. Source: Division of Probation Services, (2007). Special analysis. State Court Administrators Office, Judicial Branch. Denver, CO.

¹⁸ Lowden, K., Hetz, N., Patrick, D., Pasini-Hill, D., English, K., and 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.

1996 and 2005, 17 were still actively under supervision, 84 successfully completed supervision and 58 had returned to custody. Perhaps most importantly, only eight offenders had been arrested for new crimes, none of which were for sex offenses.¹⁹

The containment approach is a victim-safety focused, multi-agency, collaborative approach to managing offenders.

The Maricopa County (AZ) has been using the containment approach since 1986. An evaluation of the program involving 419 probationers with an average 36-month follow-up period found 2.2 percent of the offenders were arrested for a new sexual offense and 13.1 percent were arrested for a new criminal offense.²⁰ This appears to compare favorably to the Losel et al. (2005) meta-analysis that found average sexual recidivism rates of 11.1 percent and criminal recidivism rates of 22.4 percent for treated offenders over an average five-year follow-up.²¹

A study of the Jackson County (OR) probation and parole program also found support for the containment approach.²² Comparing outcome data on offenders in the Jackson County program with a comparison group from a nearby county, researchers found that offenders who stayed in treatment with polygraph testing and specialized supervision for at least one year were 40 percent less likely than those in the comparison group to be convicted of a new felony. The Jackson County program dates back to 1980.

The goal is to go the “extra mile” to obtain detailed information from the offender since sex crimes occur in secret and few victims report the crimes.

A study of containment implemented by probation agencies in several counties in Illinois concluded the following:

...all specialized probation programs should be based on the containment approach and should include (a) at least three unannounced random field visits per offender every month, (b) a full-disclosure polygraph and a maintenance polygraph exam every six months, and (c) a tight partnership between probation officers and treatment providers that includes probation officers appearing at random times at the treatment site to check on offenders' attendance.²³

In sum, the containment approach is a victim-safety focused, multi-agency, collaborative approach to managing offenders. Team members (supervising officers, treatment providers, and polygraph examiners, at a minimum) often go beyond the boundaries of their job descriptions for the sake of public safety.

A study of sex offender programs in several Illinois counties concluded “...all specialized probation programs should be based on the containment approach....” (Stalans, 2004).

¹⁹ 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 sexual offenders. November 15, 2005. San Francisco, CA.

²⁰ Hepburn, J., and Griffin, M. (2002). *An analysis of risk factors contributing to the recidivism of sex offenders on probation*. Report Submitted to the Maricopa Count Adult Probation Department and the National Institute of Justice.

²¹ Losel, F., & Schmucker, M. (2005). The effectiveness of treatment for sexual offenders: A comprehensive meta-analysis. *Journal of Experimental Criminology* 1, 117-146.

²² England, K. A., Olsen, S., Zakrajsek, T., Murray, P., and 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.

²³ 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.

Colorado prison's therapeutic community for sex offenders reduces recidivism

Specialized treatment of sex offenders is a critical public safety tool. In 2003, the Colorado Division of Criminal Justice conducted an evaluation of the sex offender therapeutic community (TC) at the Colorado Department of Corrections (DOC) to assess whether the interventions for this dangerous population were effective.²⁴

In 2003, the Colorado Division of Criminal Justice conducted an evaluation of the sex offender therapeutic community (TC) at the Colorado Department of Corrections.

To accomplish this goal, the evaluation focused on two primary questions.

1. Are the fundamental components of the TC firmly grounded in theory and best practices?
2. Are outcomes for sex offenders who receive Sex Offender Treatment and Monitoring Program (SOTMP) services better than outcomes for sex offenders who do not receive these services?

To answer these questions, researchers from the Office of Research and Statistics, Division of Criminal Justice reviewed the literature, examined 578 offender files, interviewed therapeutic staff and offenders, attended and quantitatively rated 67 treatment groups, conducted focus groups with inmates, and analyzed new arrests, court filings, and prison incarcerations on over 3,000 sex offenders. While this study was published in 2003, the findings are expected to remain consistent as long as the program delivers services as it did in 2002 and 2003. These findings are summarized here.

SOTMP description

Successful participation in the Sex Offender Treatment and Management Program (SOTMP) treatment program requires offender participation in three treatment phases. The first is a general mental health education program that

By the time an offender enters the TC, it is not uncommon that they have already participated in at least one year of sex offender education/treatment.

lasts at least 16 session-hours. Next is Phase 1, a six-month program that meets two hours/day, four days/week for six months. It should be noted that this is significantly more intense than treatment provided to sex offenders serving sentences in the community, although community programs are usually longer than 6 months. Because offenders commonly drop out of Phase I and then start it again before completing it, they often log between 8 and 12 months in Phase I. Finally, once an offender successfully completes Phase I, he is eligible to enter Phase II, or the therapeutic community. This phase was the main focus of the study.

The therapeutic community

To be consistent with best practices, the SOTMP TC program was designed to be a cognitive behavioral program that operates within a therapeutic community. In TCs, inmates are housed together in a therapeutic milieu where they live and work with others who are working on similar treatment issues. For theoretical reasons described below, the SOTMP TC model was *modified* from the traditional substance abuse format in order to accommodate specific treatment issues unique to sex offenders while maximizing treatment efficacy.

The SOTMP TC model was modified from a traditional format to accommodate treatment issues unique to sex offenders.

In a traditional TC, the key agent of change is the community itself. Consequently, TC members are expected to act in ways that influence attitudes, perceptions, and behaviors of fellow participants, creating a psychologically healthy environment. The traditional substance abuse TC model requires senior peers to have direct influence over new members of the treatment community. But this is problematic for sex offenders. Sex offenders evaluate relationships in terms of who has more power and they tend to have deficits in establishing authentic and power-equivalent relationships. Therefore, the SOTMP TC was modified to reflect a peer

²⁴ Lowden, K., Hetz, N., Patrick, D., Pasini-Hill, D., English, K., and 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.

Table 6.1. Colorado Sex Offender Treatment and Management Program

Component	Description
Mental health core curriculum	Voluntary group that meets a minimum of 16 session hours and provides education on fundamental mental health concepts.
Phase I	An intense educational program that meets for 2 hours, 4 days per week, for 6 months. Inmates must admit to committing a sex offense, see sex offending as a current problem, and must be willing to discuss it in the context of treatment.
Phase II	Occurs within a modified therapeutic community and is the final component of the prison SOTMP. The TC is a 96-bed program within a minimum-security prison in Canon City. The TC has 5 clearly defined successive levels of treatment. The primary mode of treatment is cognitive behavioral group therapy, which is based on the psychological principle that thinking leads to behavior, so modifying thoughts, attitudes, and reasoning will improve problem-solving and assist clients in developing new non-criminal behaviors.

Source: Adapted from Lowden, K., Hetz, N., Patrick, D., Pasini-Hill, D., English, K., and 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.

Criteria for sex offenders with lifetime sentences to receive a recommendation from SOTMP staff for placement in the community

Lifetime Supervision with 2 years or less minimum prison sentence: 1) Actively participating in treatment and applying what he/she is learning; 2) Completed a non-deceptive polygraph assessment of his or her deviant sexual history - any recent monitoring polygraph exams must also be non-deceptive; 3) Participated in a comprehensive sex offense-specific evaluation and have a SOTMP approved individual treatment plan; 4) No institutional acting out behavior within the last year.

Lifetime Supervision with 2 to 6 years minimum prison sentence: 1) Actively participating in treatment and applying what he/she is learning; 2) Completed a non-deceptive polygraph assessment of his or her deviant sexual history & any recent monitoring polygraph exams must also be non-deceptive; 3) Practicing relapse prevention with no institutional acting out behaviors within the past year; 4) Defined and documented his/her sexual offense cycle; 5) Identified, at a minimum, one approved support person who has attended family/support education and has reviewed and received a copy of the offender's personal change contract; 6) Compliant with any DOC psychiatric recommendations for medication which may enhance his/her ability to benefit from treatment and reduce his/her risk of reoffense; and 7) Able to be supervised in the community without presenting an undue threat.

Offenders with 6 years or more minimum prison sentence: 1) Actively participating in Phase II treatment and applying what he/she is learning; 2) Completed a non-deceptive polygraph assessment of his/her deviant sexual history & any recent monitoring polygraph exams must also be non-deceptive; 3) Completed a comprehensive personal change contract that is approved by the SOTMP team; 4) Identified, at a minimum, one approved support person who has attended family/support education and has reviewed and received a copy of the offender's personal change contract; 5) Practicing relapse prevention with no institutional acting out behaviors within the past year; 6) 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 reoffense.

monitoring system where senior members are expected to serve as role models who actively reflect the values of the community, but they maintain relationships based on equality, not power. This is a critical program modification, and it promotes important individual-level awareness and change in the program participants.

A central therapeutic function is learning and fostering responsible and constructive social behavior. Participation in the TC requires that offenders agree to be accountable for their own behaviors as well as the behaviors of their peers.

A central therapeutic function is learning and fostering responsible and constructive social behavior. Participation requires that offenders agree to be accountable for their own behaviors as well as the behaviors of their peers. The nature of the TC environment strengthens the standard sex offender treatment model, as it promotes personal responsibility and a sense of community.

In addition, successful participation in the SOTMP involves progress in treatment and completing specific treatment tasks. The number of tasks that each offender must complete to receive a community placement recommendation are based on the length of the offender's minimum prison sentence and lifetime supervision standards set by the Colorado Sex Offender Management Board.

Are the fundamental components of the TC firmly grounded in theory and best practices?

The study revealed that the philosophy and theoretical underpinnings of the SOTMP TC treatment approach were well documented in both the "SOTMP Program Manual" and its "Resource Guide." The tenets in these documents indicated that the TC program was indeed grounded in theory and research.²⁵

The study revealed that the philosophy and theoretical underpinnings of the SOTMP TC treatment approach were well documented in both the "SOTMP Program Manual" and its "Resource Guide." The tenets in these documents indicated that the TC program was indeed grounded in theory and research.

Are outcomes for sex offenders who receive Sex Offender Treatment and Monitoring Program (SOTMP) services better than outcomes for sex offenders who do not receive these services?

Over 3,000 sex offenders released from the Colorado DOC between April 1993 and July 30, 2002 were included in the outcome analysis. Sex offenders were assigned to one of three treatment groups:

1. No treatment, which included all of those who participated in less than 30 calendar days of Phase I treatment.
2. Phase I included those with more than 30 days in Phase I and no Phase II treatment
3. Phase II (TC) included those who completed Phase I and participated in Phase II treatment for more than 30 days.

The treatment groups in this study contained everyone who participated in that phase of treatment for at least 30 days whether or not they dropped out or were terminated after 30 days. This method makes the findings more significant. A common criticism of many sex offender treatment efficacy studies is that subjects are eliminated from the sample if they drop out of or are terminated before they complete the program. Because those that drop out or are terminated

The treatment groups in this study contained everyone who participated in that phase of treatment for at least 30 days whether or not they dropped out or were terminated after 30 days. This method makes the findings more significant. The DCJ evaluation findings of the benefit of the SOMTP can be viewed with greater confidence because the problem inmates were not excluded from analysis.

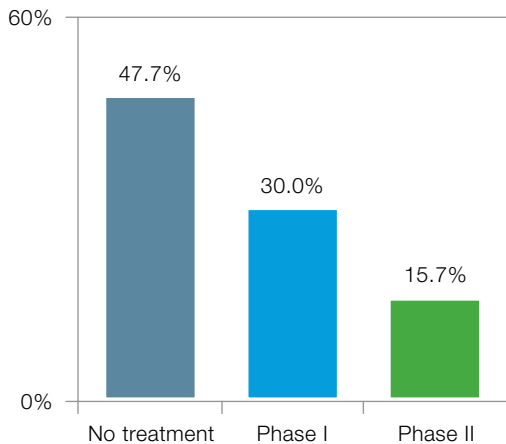
²⁵ Lowden, K., Hetz, N., Patrick, D., Pasini-Hill, D., English, K., and Harrison, L. (2003). *Evaluation of Colorado's Prison Therapeutic Community for Sex Offenders: A Report of Findings*. Office of Research and Statistics, Colorado Division of Criminal Justice, Denver, CO. Page 10.

typically have higher recidivism rates than offenders who do not participate in any treatment, excluding these problem clients skews the treated sample. Then it becomes unclear if the positive outcomes are due to sample bias or due to the treatment. Therefore, the DCJ evaluation findings of the benefit of the SOMTP can be viewed with greater confidence because the problem inmates were not excluded from analysis.

Finding: Participation in treatment was significantly associated with success on parole.

An analysis of the parole completion/revocation rates of 1,585 sex offenders released to parole between 1993 and 2002 indicated that nearly half of the offenders who did not receive treatment were revoked back to prison. This rate was three times higher than the group who received both Phase I and Phase II treatment and two times higher than the group who only received Phase I treatment.

Figure 6.1. Revocation rates of sex offenders released to parole between April 1, 1993 and July 30, 2002



Source: Lowden, K., Hetz, N., Patrick, D., Pasini-Hill, D., English, K., and 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. Table 16 on page 113.

Finding: The length of time that an offender participates in treatment was significantly related to positive outcomes after release from prison.

Each additional month spent in the TC increased the likelihood of success upon release by one percent (12 percent per year).

Study Findings

- **Participation in treatment was significantly associated with success on parole.**
- **The length of time that an offender participated in treatment was significantly related to positive outcomes after release from prison.**
- **Sex offenders who had NOT had treatment and who were discharged from parole were at least eight times more likely to get arrested for a violent crime during the first year out than those who had participated in Phase I and Phase II (TC) treatment.**

Table 6.2. New arrest is correlated with fewer months in treatment

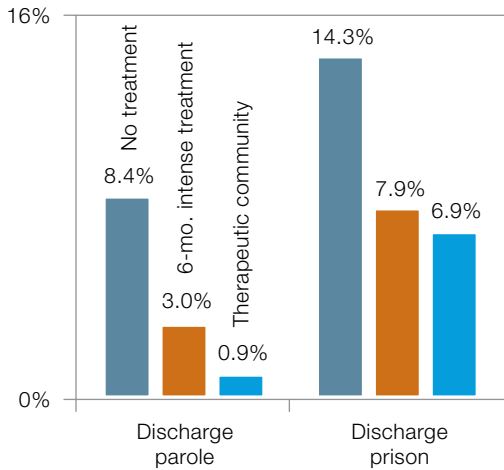
New felony or serious misdemeanor arrests		Average months in TC treatment*
Follow-up period: 12 months	No arrest	27.4
	New arrest	19.3
Follow-up period: 24 months	No arrest	30.1
	New arrest	20.1
Follow-up period: 36 months	No arrest	30.1
	New arrest	17.5

Notes: *Time in the Therapeutic Community is preceded by, on average, 8-12 months in Phase 1 sex offender treatment and general mental health educational programming. Differences in treatment time were also found for new sex crime arrests and new violent crime arrests.

Source: Lowden, K., Hetz, N., Patrick, D., Pasini-Hill, D., English, K., and 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, Table 29 on page 127.

Finding: Sex offenders who have NOT had treatment and who were released on parole are at least 8 times more likely to get arrested for a violent crime during the first year out than those who have participated in Phase I and Phase II (TC) treatment.

Figure 6.2. Sex offenders discharging from parole vs. discharging directly from prison: Arrest for a violent felony at 1 year



Source: 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*. Office of Research and Statistics, Colorado Division of Criminal Justice, Denver, CO. Tables 17 & 18 on pages 114 & 116.

In a final summary of the study, the evaluators said this about the Colorado Department of Corrections:

*The DOC is to be applauded for institutionalizing a program that targets a most dangerous offender population for intensive offense-specific treatment delivered according to best practices. The citizens of the state of Colorado are safer because of the effectiveness of the SOTMP.*²⁶



²⁶ Page 135 in 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*. Office of Research and Statistics, Colorado Division of Criminal Justice, Denver, CO.

Do residency restrictions help prevent sex crimes?

Approximately 22 states and hundreds of municipalities have passed statutes or ordinances prohibiting convicted sex offenders from living within specified distances of schools, daycare centers, and other places where children congregate. But there is no evidence that residency restrictions prevent repeat sex crimes.²⁷ There is evidence, however, that these laws encourage sex offenders to “disappear.”²⁸ In fact, those who originally advocated for the law are now actively working to rescind it. Several studies on the topic are described below.

- The Colorado Division of Criminal Justice evaluated the impact of residency restrictions implemented in some cities in the state.²⁹ The study stemmed from the fact that, for twenty years, a few sex offender treatment programs required higher risk program participants to live together and actively use treatment principles during their interactions as housemates. In approximately 2003, four offenders in the same treatment program went together to register with local law enforcement. This registration effort alerted the clerk that four offenders were living at the same address and alarm followed. Eventually this resulted in many cities passing “one-sex-offender-to-a-household” ordinances. The General Assembly requested that the Sex Offender Management Board undertake a study of these shared living arrangements (SLAs) to better understand this local issue. The study found the following:

There is no evidence that residency restrictions prevent repeat sex crimes.

²⁷ Nieto, M., & Jung, D. (2006). *The Impact of Residency Restrictions on Sex Offenders and Correctional Management Practices: A Literature Review* (Report No. CRB06-008). California Research Bureau, Sacramento, CA; Levenson, J., and Cotter, L. (2005). The impact of sex offender residence restrictions: 1,000 feet from danger or one step from absurd? *International Journal of Offender Therapy and Comparative Criminology* 49(2), 168-178.

²⁸ Sheriff Don Zeller from Linn County, Iowa reported that his county had 435 sex offenders registered in 2002 when the state residency restriction law first went into effect. The sheriff knew the location of about 90 percent from the registration requirement, but after the residency law was enacted, he said nearly half went underground. “We know where 50 to 55 percent of them are now...the law created an atmosphere that these individuals can’t find a place to live.” National Public Radio broadcast, April 25, 2006, as cited in Nieto and Jung (2006).

²⁹ Colorado Division of Criminal Justice (2004). *Report on safety issues raised by living arrangements for and location of sex offenders in the community*. Colorado Division of Criminal Justice, Department of Public Safety. Denver, Colorado.

- Four out of five offenders living in the SLAs were considered high-risk.³⁰
- A case study of 100 offenders revealed that the location of their residence was not linked to the location of their sex crime.
- The SLAs offered crime control equal to work release at the county jail.³¹
- Those living in these SLAs were significantly less likely to have revocations filed or to be rearrested for a new crime.
- When they did violate conditions of supervision, the time to detection was significantly shorter.

The Colorado study found that residency was not linked to the location of the crime. Further, the study found that structured Shared Living Arrangements (SLAs), where offenders on probation or parole who shared a therapist, shared a supervising officer, and lived together, actually improved public safety.

- The Minnesota Department of Corrections (2007) studied the potential deterrent effect of residency restrictions by analyzing the sexual reoffense patterns of all 224 recidivists released between 1990 and 2002 who were reincarcerated for a sex crime prior to 2006.³²
- None of 224 sex offenses would likely have been deterred by a residency restrictions law. Two-thirds (65 percent) of the offenders knew their victim in advance of the crime (family member, co-worker, spouse, friend, acquaintance). The other 35 percent of sex offenders met their victims by approaching them on the street, meeting them in a bar, or breaking into the victim’s home; 15 of these victims were children.
- Twenty-eight offenders initiated victim contact within one mile of their own residence, 21 within 0.5 miles

³⁰ Risk was measured by the probation or parole risk/supervision level instrument.

³¹ Available at http://dcj.state.co.us/odvsom/Sex_Offender/SO_Pdfs/FullSLAFinal01.pdf.

³² Minnesota Department of Corrections. (2007). *Residential Proximity and Sex Offense Recidivism in Minnesota*. MNDCC, St. Paul, MN. Available at <http://www.doc.state.mn.us/documents/04-07SexOffenderReport-Proximity.pdf>.

(2,500 feet), and 16 within 0.2 miles (1,000 feet). A juvenile was the victim in 16 of the 28 cases. But none of the 16 cases involved offenders who established victim contact near a school, park, or other prohibited area. Instead, the 16 (57 percent) of the offenders against children typically used a ruse to gain access to their victims, who were often their neighbors.

- Boundary or buffer zones around schools, parks or similar areas would have had little impact on the 224 sex offenses examined by Minnesota researchers. The results indicated that what matters with respect to sexual recidivism was most often social or relationship proximity. A little more than half (N = 113) of the 224 cases were “collateral contact” offenses in that they involved offenders who gained access to their victims through another person, typically an adult.
- Second, even when offenders established direct contact with victims, they were unlikely to do so close to where they lived. This may be due mostly to the fact that offenders are more likely to be recognized within their own neighborhoods.

Boundary or buffer zones around schools, parks, or similar areas would have had little impact on the 224 sex offenses examined by Minnesota researchers. The results indicated that what matters with respect to sexual recidivism was most often social or relationship proximity.

Most sexual offenses occur in the victim’s home, the perpetrator’s home, or the home of a neighbor or friend.³³

- The Minnesota Department of Corrections (2003) also studied sex offender living arrangements in relation to reoffense with the highest risk offenders. Similar to Colorado’s 2004 study reviewed above, they found the following:
 - No negative effects from high-risk sex offenders living with another sex offender.
 - This arrangement appeared to increase the supervising officer’s ability to closely supervise the offenders.
 - No evidence that proximity to parks or schools had played a role in any of the known reoffenses.

Further, probation and parole officers in Colorado monitor the offender’s residential location. In fact, Colorado Probation’s Guidelines for Adult Sex Offender Management (SOISP, Non-SOISP, and Presentence) clearly state that the supervising officer has the final authority to approve residence, employment, or school. Individualized case management and monitoring is more likely to protect the public than broad residence restriction policies.

In sum, boundary zones and residency restrictions are unlikely to increase public safety.

³³ Bureau of Justice Statistics. (2007). *Criminal Victimization in the United States, 2005 Statistical Tables*. U.S. Department of Justice available at <http://www.ojp.usdoj.gov/bjs/pub/pdf/cvus05.pdf>.

Sexual assault against women: Childhood exposure to domestic violence as a risk factor

Domestic violence is often reported in the childhood experiences of sex offenders, especially rapists. Researchers contend that continued exposure to a social environment characterized by hostility towards women, and where women are presented as inferior and undervalued, may promote and maintain attitudes supportive of sexual offending.

In 2005, 2,744 children received shelter for exposure to domestic violence in Colorado.³⁴ According to the Report of the American Psychological Association Presidential Task Force on Violence and the Family (1996), a child's exposure to the father abusing the mother is the strongest risk factor for transmitting violent behavior from one generation to the next.³⁵

Research from the Colorado Department of Corrections (CDOC)

Rapists were more likely to witness domestic violence in childhood

In a study of 269 incarcerated sexual offenders,³⁶ researchers and clinical staff at the Colorado DOC's Sex Offender Treatment and Management Program found that, as compared to child sexual abusers, rapists were more likely to report witnessing domestic violence and most (88%) of the perpetrators consisted of male caregivers (data not presented).

Another study of 314 sexual offenders by CDOC researchers found two pathways of sexual offending. Additional analyses of rapists and child sexual abusers³⁷ indicated that child sexual abusers were more likely to report experiencing a childhood characterized by heightened sexuality, whereas rapists were more likely to report experiences characteristic of violence. The following discussion describes these findings in more detail.

Table 6.3. Highlights of research findings of domestic violence and sexual assault

Source	N	Finding
Jankowski, Leitenberg, Henning and Coffey (1999)	N = 1576	Males who witnessed their fathers abusing their mothers were more likely than males without such a history to exhibit dating aggression.
Spaccarelli, Bowden, Coatsworth, and Kim (1997)	N = 210	Sexually aggressive adolescents were more than three times as likely as nonviolent adolescents to have been exposed to severe parental violence.
Straus, Gelles, and Steinmetz (1980)	N = 2,143	Observing inter-parental aggression was a greater risk factor for engaging in violence against women than was experiencing physical abuse as an adolescent.

Source: Jankowski, M., Leitenberg, H., Henning, K., and Coffey, P. (1999). Intergenerational transmission of dating aggression as a function of witnessing only same-sex parents vs. opposite-sex parents vs. both parents as perpetrators of domestic violence. *Journal of Family Violence*, 14, 267-279; Spaccarelli, S., Bowden, B., Coatsworth, J. D., and Kim, S. (1997). Psychosocial correlates of male sexual aggression in chronic delinquent sample. *Criminal Justice and Behavior*, 24, 71-94; Straus, M., Gelles, R. J., and Steinmetz, S. K. (1980). *Behind closed doors: Violence in the American family*. Doubleday Press, Garden City, NJ.

³⁴ Colorado Department of Human Services. (2005). Domestic abuse assistance program statistics for calendar year. Available at http://www.ccadv.org/publications/DAAP_Final_Statistics_2005.pdf.

³⁵ American Psychological Association Presidential Task Force on Violence and the Family. (1996). *Violence and the family*. Washington, D.C.

³⁶ Simons, D., Wurtele, S. K., & Durham, R. L. (in press). Developmental experiences of child sexual abusers and rapists. *Child Abuse & Neglect*; Simons, D. (2006). Childhood victimization of sexual abusers: Making sense of the findings. *ATSA Forum*, 18, 1-16.

³⁷ The sex offenders were in prison treatment and subject to polygraph testing on their sexual crimes. Offenders who reported 80 percent or more adult victims were designated as adult oriented rapists, and those who reported 80 percent or more child victims were designated as child sexual abusers. Source: Simons, D., Durham, R. L., Wurtele, S.K., & Ahlmeyer, S. (2003, October). *Developmental antecedents of differential sexual offending* (Paper presented at the 22nd Annual Association for the Treatment of Sexual Abusers Research and Treatment Conference in St. Louis, Missouri).

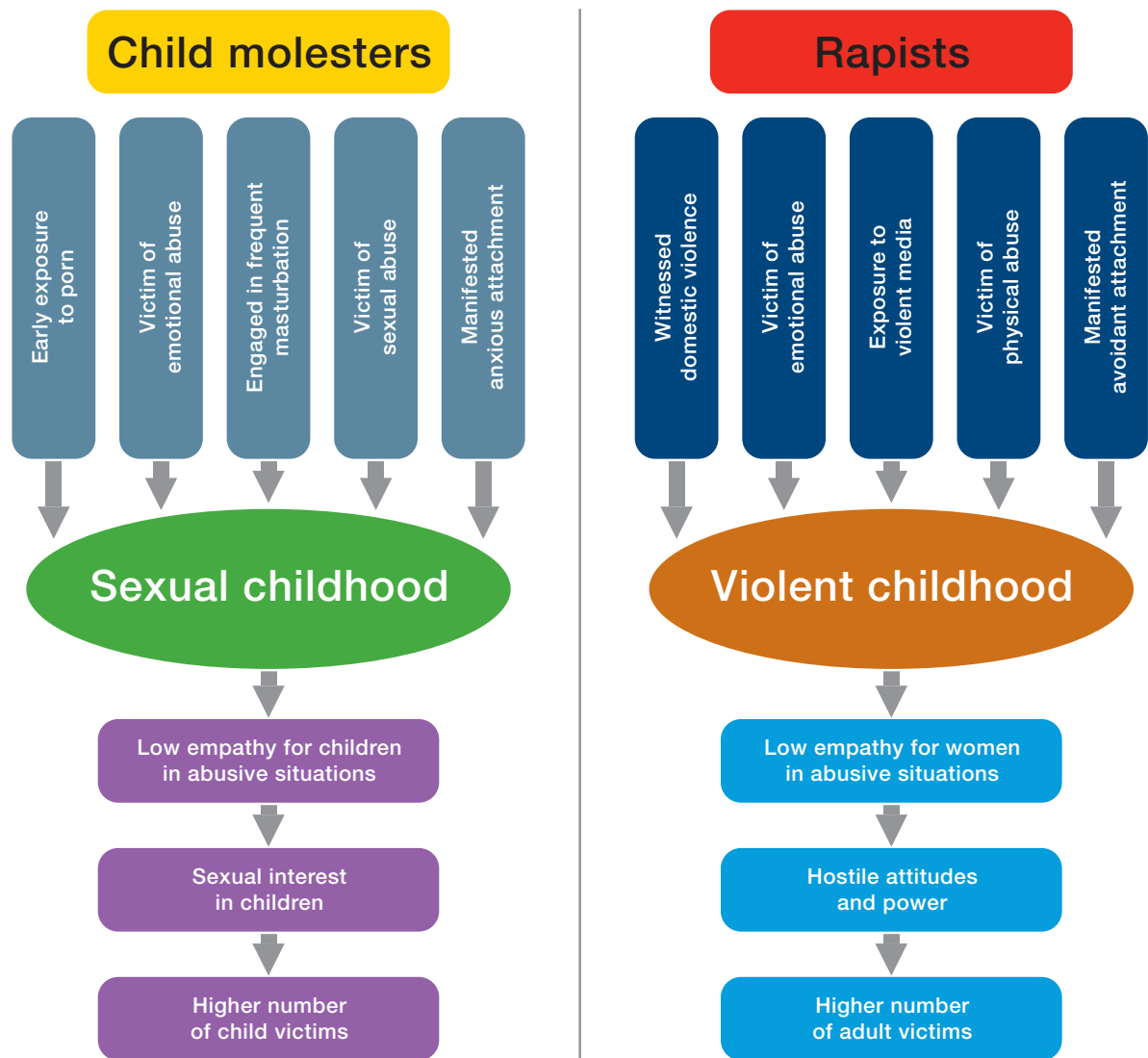
Developmental experiences of child sexual abusers

The developmental experiences of child sexual abusers can be statistically described as a sexual path. Many child sexual abusers reported a sexual childhood, characterized by a combination of developmental factors such as child sexual abuse, anxious attachment bonds, early exposure to pornography, emotional abuse, and early patterns of masturbation. In this group of offenders, a sexually abusive childhood was related to less empathy as an adult for children in abusive situations. Less empathy for children in abusive situations increased the likelihood of a sexual interest in children, which in turn, significantly increased the number of child victims.

Developmental experiences of adult rapists

In contrast to child sexual abusers, the developmental experiences of rapists can be described as a violent path. Figure 6.3 details rapists' reported experiences of a violent childhood, which was characterized by physical abuse, emotional abuse, avoidant attachment bonds, witnessing domestic violence, and exposure to violent media. Rapists were also more likely than child sexual abusers to have experienced multiple types of violence. The DOC study suggests that it is not one type of abuse but the *combination* of adverse experiences that seems to lead to low empathy for women in abusive situations.

Figure 6.3. Two developmental pathways of sexual abusers: Colorado DOC study



Note: N=314 sex offenders in treatment at the Colorado Department of Corrections.

Source: Simons, D., Durham, R. L., Wurtele, S.K., & Ahlmeyer, S. (2003). *Developmental antecedents of differential sexual offending*. Paper presented at the 22nd Annual Association for the Treatment of Sexual Abusers Research and Treatment Conference in St. Louis, Missouri.

How does childhood exposure to violence affect future behavior?

The relationship between domestic violence and the development of violent behavior is best understood from the perspective of Social Learning Theory.³⁸ Social Learning Theory asserts that aggression is a learned behavior acquired *indirectly* through observation or *directly* through experience. Habitual exposure or experience of abuse leads to an individual becoming desensitized to violence. Consequently, the person displays aggressive behaviors.

Research on the effects of domestic violence on children indicates that – in comparison to children who have *not* witnessed domestic violence in the home – children who have observed parental violence:

1. Tend to be more aggressive and demonstrate behavior problems in school;
2. Display internalizing behavior problems such as depression, suicidal behaviors, anxiety, fear, phobias, insomnia, and low self-esteem;
3. Demonstrate impaired abilities to concentrate, difficulty with school work, and lower scores on measures of verbal, motor, and cognitive skills.³⁹

Legal system's response to children exposed to domestic violence

The following recommendations are examples of legal responses to the problem of domestic violence.⁴⁰

1. Mandatory judicial training on domestic violence and its effects on children, for the benefit of assisting judges in educating offenders about benefits of treatment.
2. Child development training for police officers to assist in obtaining data from child witnesses in domestic violence evidence collection; screening for child abuse and neglect; and developing interviewing strategies to avoid multiple interviews with children.
3. Multidisciplinary team approaches, which often include police departments, domestic violence services providers, child advocates, and mental health professionals.
4. Supervised visitation centers to provide a safe place for victims of domestic violence (often called Child Advocacy Centers).

Courts, law enforcement agencies and schools may implement programs to improve interventions with children exposed to domestic violence. Useful programs contain the following components:⁴¹

1. Assessments of the impact of domestic violence on children involved in dependency and neglect cases.
2. Treatment protocols for mothers and children.
3. Support for mothers during the child protective services investigation process.
4. The use of advocates to assist women with obtaining restraining orders, developing safety plans, and finding housing.

³⁸ Bandura, A. (1972). *Aggression: A social learning analysis*. Prentice Hall, Englewood Cliffs, NJ.

³⁹ Fantuzzo, J. W., & Mohr, W. K. (1999). Prevalence and effects of child exposure to domestic violence. *Domestic Violence and Children*, 9, 21-32.

⁴⁰ Lemon, N. K. D. (1999). The legal system's response to children exposed to domestic violence. *Domestic Violence and Children*, 9, 21-32.

⁴¹ Lemon, N. K. D. (1999). The legal system's response to children exposed to domestic violence. *Domestic Violence and Children*, 9, 21-32.

Predicting the future dangerousness of sex offenders

Background

Per statute 18-3-414.5 C.R.S., the Division of Criminal Justice is mandated to develop, implement, and track a system for identifying Sexually Violent Predators. In 1997, the Office of Research and Statistics (ORS) within DCJ began work to develop a method by which sexually violent predators could be delineated from less dangerous sex offenders. Researchers worked with members of the Sex Offender Management Board (SOMB) and a research subcommittee to design and implement an actuarial risk assessment tool applicable to adult sex offenders throughout the Colorado criminal justice system called the Colorado Adult Sex Offender Risk Assessment Scale (SORS).

The following statistically selected 10-item SORS scale was implemented statewide on July 1, 1999, when the Sexually Violent Predator (SVP) law went into effect.⁴²

- A prior adult felony
- A prior juvenile felony
- Failed 1st or 2nd grade
- Not employed
- Drugged victim during crime
- Not sexually aroused during crime
- Used a weapon
- Scored 20 or more on a denial scale
- Scored 20 or more on a deviance scale
- Scored 20 or below on a motivation scale

Study sample and data collection

The risk scale development sample included 494 adult male sex offenders who were on probation, on parole, in community corrections, or incarcerated (and in sex offender treatment at the Department of Corrections) between December 1996 and November 1997.⁴³ Offenders who had left Colorado, those who died with no time at risk, those who were incarcerated continuously since the time of the original study, and those who could not be located were removed from subsequent analysis, leaving a sample of 405. Data from the Colorado Criminal Information Center

⁴² See English, K., Retzlaff, P. and Kleinsasser, D. (2002). The Colorado Sex Offender Risk Scale. *Journal of Child Sexual Abuse*, 11, 77-96.

⁴³ Of the 494 offenders in the original study, 218 were on probation, 47 on parole, and 224 in prison. Approximately 30 of those on probation or parole were in a community corrections facility.

Actuarial instrument

An actuarial instrument is a risk assessment tool that is developed on and for a specific population using statistical models to predict group probabilities, not individual-level risk. Developing an actuarial tool requires detailed information on every case in the study, including the outcome of interest. In the criminal justice arena actuarial risk is often used to predict offender recidivism and places offenders into specific risk categories.

(CCIC) were used to identify and obtain information on new arrests. Failure to register as a sex offender, failure to appear in court, and technical violations are excluded as recidivism crimes.

Researchers collected data at 12 and 30 months post treatment admission. Using new crimes as the only outcome measure, therefore, was not possible since those in the sample used to develop the SORS committed too few new crimes within the time frame of the study. Thus, the scale was developed to predict treatment and supervision failure which is a more common outcome early on. Offenders scoring four or more (the high-risk group) on the 10-item SORS were found to be significantly more likely to fail supervision/treatment than those scoring less than four (the low-risk group).

Because longer follow-up periods are required for studies of this type,⁴⁴ and given time limitations for outcome measures

Why is risk assessment important?

The overestimation of the dangerousness of an offender, also called a false positive, may result in the overexpenditure of treatment and management resources. On the other hand, UNDER estimating the dangerousness of an offender, also called a false negative, places the community at greater risk. Unfortunately, neither can be entirely avoided without compromising the other. This is the challenge in risk assessment.

⁴⁴ Only cases with a minimum of 5 years at risk in the community were included in this analysis.

in the development of the SORS, follow-up analyses were recently conducted by the ORS on the offenders in the original sample. The majority of the study sample has now had nine or more years at risk in the community, making new sexual and violent arrests viable outcome measures against which the validity of the SORS can be assessed.

The recent follow-up analysis confirmed that those scoring four or more were seven times as likely to fail treatment/supervision as the low-risk group.⁴⁵

The recent study also found that treatment and supervision failure was correlated with new arrest, indicating that failure in the first few years of supervision/treatment was statistically linked with rearrest in this sample of sex offenders. This relationship was not found in the original study because, again, too few people were rearrested after 12 and 30 months to conduct reliable analysis.

Further, analysis revealed that those offenders scoring four or more on the SORS were 2.84 times as likely as those scoring 0-3 to be arrested for a new violent crime within five years.

Time to new arrest

Only cases that were at risk for a minimum of five years, and only arrests occurring within those five years, were studied in the recent analysis presented above. Because another indicator of risk is the amount of time passing prior to a new arrest, a statistical technique called survival analysis was used to compare time to new arrest and arrest-free time for the higher-risk group to that of the lower-risk group.

Survival analysis is a set of statistical procedures used to discover relationships between variables and outcome events incorporating the passage of time until the outcome event occurs. One of the most valuable features of survival analysis is the ability to statistically manage the varying lengths of time that participants have been free in the community and at risk to reoffend. Survival analyses are particularly suited to studies of recidivism because those who offend sooner are more of a public safety threat. Reoffending early is an indication of their inability to maintain a pro-social lifestyle. Survival analysis can also indicate when an offender is at highest risk to reoffend, information that can be useful in the management of sex offenders.

The survival analysis indicated that individuals scoring four or more on the SORS were rearrested for violent crimes at a faster rate than were those who scored below four. The difference becomes apparent at approximately

two and a half years, which likely correlates with the endpoint of the probation or parole supervision period. After this point, the high-risk group fails at a much faster rate than the low-risk group.⁴⁶

Survival analysis

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Conclusion

The Colorado Adult Sex Offender Risk Scale (SORS) was found in this analysis to predict new violent crime. The scale appears to better predict new violent arrests than new sexual arrest probably because violent crimes are also almost twice as likely to be reported to law enforcement compared to sexual crimes. In addition, research has found that only 43 percent of reported sex crimes against adults results in an

arrest.⁴⁷ This further underscores the measurement problems associated with predicting sex crimes. Finally, the use of violent crime as an outcome measure is reasonable given that these crimes have a significant impact on public safety and, in the case of sex offenders, may have a sexual component or motivation as well.⁴⁸

⁴⁵ OR=7.089, P<.001.

⁴⁶ Harrison, L. and English, K. (2007). Colorado Adult Sex Offender Risk Scale (SORS): Nine Year Follow-Up. *Elements of Change*, 11(1). Division of Criminal Justice, Colorado Department of Public Safety.

Actuarial Risk Assessment Challenges

Issues confounding actuarial risk assessment for sexual offenders include insensitive measures of recidivism and hesitancy on the part of many victims to report such crimes. Research shows that approximately 30 percent of sexual assault victims are under the age of 12, and these victims are least likely to report the crime to law enforcement.¹ General population studies have established that sexual victimization is rarely reported.² Even if an arrest is made, the use of prosecution or conviction data as an indicator of

reoffense is hampered by a variety of factors, including administrative policies, surveillance priorities, availability of witnesses (particularly when these are young children), and the circumstances of the offender.³ Consequently, many sex offenders may appear to be “nonrecidivists” when, by virtue of the characteristics associated with the very topic of interest—new sex crime—only three percent of the rapes of adult women result in conviction;⁴ this is lower, of course, for victims who are children.

¹ Kilpatrick, D., Edmonds, C., & Seymour, A. (1992). *Rape in America: A report to the nation*. Charleston, S.C.: Medical University of South Carolina, National Victim Center and Crime Victims Research and Treatment Center.

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³ Elliott, D.S. (1994). Serious violent offenders: Onset, developmental course, and termination—The American Society of Criminology 1993 Presidential Address. *Criminology*, 32(1); Geerken, M. R. (1994). Rap sheets in criminological research: Considerations and caveats. *Journal of Quantitative Criminology*, 10, 3-21.; Kitsuse, J.I. & Cicourel, A.V. (1963). A Note on the Uses of Official Statistics. *Social Problems*, Vol. 11, No. 2.; Morris, N., & Hawkins, G. (1970). *The Honest Politician's Guide to Crime Control*. Chicago, IL: University of Chicago Press.

⁴ Tjaden, P. & Thoennes, N. (2006). *Extent, Nature, and Consequences of Rape Victimization: Findings from the National Violence Against Women Survey*. Washington, D.C.: National Institute of Justice, U.S. Department of Justice.

⁴⁷ Tjaden, P. & Thoennes, N. (2006). *Extent, Nature, and Consequences of Rape Victimization: Findings from the National Violence Against Women Survey*. Washington, D.C.: National Institute of Justice, U.S. Department of Justice.

⁴⁸ Quinsey, V.L., Harris, G.T., Rice, M.E. & Cormier, C.A. (1998). *Violent Offenders: Appraising and Managing Risk*. American Psychological Association. Washington, D.C.

