

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

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Pursuant to Section 16-11.7-109 (2), Colorado Revised Statutes (C.R.S), this annual report presents findings from an examination by the Sex Offender Management Board (SOMB) of best practices for the treatment and management of adults 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: Research and Evidence-Based Practices*

Within the field of sexual offender treatment and management, the interest in evidence-based practice 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 and juveniles who have committed sexual offenses.

- *Juvenile Transfers to the Adult Criminal Justice System:* In 2018 a request was made to the Board for research regarding the physical, psychological, and emotional effects of being placed in the adult criminal justice system as a juvenile. In 2020 the SOMB approved and published a white paper (Appendix B) examining the data and research relevant to this area of concern. The work done on this white paper was a review of the research available on the subject and was not designed to make commentary regarding the frequency of this issue or the process of transfers as they pertain to the state of Colorado. The white paper and the review of this literature is intended to be used as a resource by stakeholders for research on outcomes correlated with the placement of juveniles into the adult system. The research illustrates many of the physical, psychological, and emotional harms that may occur when a juvenile is placed into the adult criminal justice system and facilities.
- *Female Sex Traffickers of Minors Under 18:* Beginning in 2019 the SOMB began work on a white paper (Appendix C) examining the research surrounding females convicted of sex trafficking related crimes in which the victim is under the age of 18. There were requests to the SOMB to provide guidance regarding how to complete meaningful risk assessments and provide treatment responsive to the unique experiences and needs of this client group. The white paper's purpose is to provide guidance to SOMB approved providers when evaluating and treating females who fall into this specific population, and the paper primarily focuses on females as part of a trafficking organization, regardless of the organization's level of sophistication. Research has shown that many of the female traffickers were victims of trafficking prior to their movement into a trafficker role (Henderson, 2019; Rapheal & Myers-Power, 2010). There is a new study which found that while there is a high likelihood of female traffickers being victims prior, not all female sex traffickers are prior victims (Wijkman & Kleemans, 2019). This study by Wijkman and Kleemans (2019) also found that some female traffickers may be financially motivated, and that some play major co-conspirator or leadership roles. Often victims in the trafficking trade may be manipulated into an abusive process to gain

compliance, such as substance dependency and being subject to violence, coercion and threats. This cycle can help create powerful emotional bonds for these victims that become resistant to change, which can lead to the consequence of a sex trafficking victim not identifying as a victim (Carnes, 2019). New research has suggested that females convicted for sex trafficking offenses may present with a unique set of characteristics. This research is still in a relatively new state; however, it has begun to identify common themes and characteristics for the population of females convicted of sex trafficking related offenses. Women in this population often present with complex trauma, along with high rates of previous victimization (Cortoni, 2018; Raphael & Myers-Power, 2010). The research on this subject continues to grow in size; however, what it has shown now is that this population is an immensely complex group to work with that requires a lot of consideration in response to their risk and needs.

- *SOMB Data Collection Analysis:* The SOMB Data Management System provides an avenue for Approved Providers to track service provision and communicate issues and concerns, as well as what is working, directly to the SOMB. The data collection system includes comment boxes throughout the process which allows Approved Providers to input comments and other qualitative data. The SOMB will be able to use this data to make adjustments to *Standards and Guidelines*, improve implementation processes, and provide training and technical assistance opportunities. For example, an Approved Evaluator noted the lack of a risk assessment instrument to determine risk for a client who “committed a juvenile crime and is now an adult with the crime occurring over four years ago.” Finally, many Approved Polygraph Examiners use the comment boxes to identify exam specifics, client countermeasures, or disclosures, and Approved Treatment Providers describe their denial intervention and other treatment modes being utilized. Most evaluators who entered data report using empirically based and validated risk assessment instruments such as the SOTIPS and VASOR/VASOR2 for adult clients, and the JSOAP-II for juvenile clients. It should be noted that Colorado previously implemented a federal grant project to train all Approved Providers and supervision officers on the use of the VASOR2 and SOTIPS for adult clients, and the JSOAP-II for juvenile clients, and based on inclusion of a train the trainer component with this project continues to be able to provide this training. Given the results of the data collection, it appears these efforts have been successful in supporting the use of these instruments by Approved Evaluators. In terms of treatment outcomes, data collected to date indicates an overall decrease in risk level for both adult clients and juvenile clients, with a sharper drop for juveniles. The integration of the Risk, Need, Responsivity (RNR) Principles into the *Standards and Guidelines* appears to have been incorporated into treatment as evidenced by the data entered by Approved Treatment Providers. The majority of data entered by Approved Treatment Providers notes numerous adjustments and modifications throughout treatment to meet client needs. Finally, unsuccessful discharge from treatment appeared to be correlated with engaging in risk behavior (treatment contract violation) or a new offense. While this outcome is not ideal, it is hoped that with the additional collection of information, including the eventual incorporation of recidivism data, it may be possible to identify factors that contribute to unsuccessful discharge, and target those in future *Standards and Guidelines* revisions. Despite this concern, the very low new sex crime rates (6 cases, 1.5%) and new non-sex crime rates (7 cases, 1.7%) during treatment is the best evidence to show that treatment appears to be effective.
- The majority of polygraph exams (71.8%) taken were found to be NSR (no significant response)/non-deceptive, which demonstrates client accountability in their treatment and

supervision process. Most of the exams (75.6%) are initial exams which supports the efficient and effective use of the tool to resolve test issues. Slightly higher SR (significant response)/deception rates were found in repeat exams and this finding is comparable to SOMB's previous polygraph study. In addition, the prior polygraph study conducted by the SOMB during the final quarter of 2017 had a comparable rate of NSR/non-deception results (77% of the initial exams, and 74% of the exams overall). Finally, the SOMB made a change in polygraph standards for juveniles from previously requiring polygraph to now only using polygraph when clinically indicated. Given the small number of juvenile polygraph tests, it appears as if this change has been implemented within the field.

- Based on this preliminary review, Approved Providers appear to be following the *Standards and Guidelines* and utilizing RNR to individualize treatment. It also appears that clients are benefitting from services (risk reduction and producing polygraph results of NSR/non-deception). Future analyses will investigate these areas. The SOMB would like to thank the Colorado State Legislature for providing support and funding in the data collection project. It is hoped that the more Approved Providers use the data management system, the faster they can input the data and the more they can see the evidence in supporting future policy initiatives and revisions. The SOMB Data Management System also makes it possible for the SOMB to have an all-around perspective for future improved *Standards and Guidelines* in the field.

## ***Section 2: Relevant Policy Issues and Recommendations***

Relevant Policy Issues and Recommendations consist of a literature review of the empirical research on issues in sex offender management, policies, and practices. Specific policy issues are examined to highlight areas that may be of particular interest to the members of the general assembly. Two examples of this are the recommendations regarding sex offender registration and notification (SORN) for juveniles, and sexually violent predator (SVP) policies. Both of these topics are once again pertinent topics for this year. Per the 2019 SOMB Sunset Report there is a recommendation regarding the classification of "sexually violent predator," (SVP) and replacement with a risk classification system. This recommendation came about as a result of a change in federal SORN law, which no longer requires states to designate SVPs. Likewise, there are current legislative initiatives related to the issue of juvenile registration in the form of bills that have been proposed. A legislative committee has been studying this issue for the past several years and requested input from the SOMB on the matter. As a result, the SOMB prepared a white paper regarding juvenile registration and have included the findings in its legislative report several times including this year as the committee has proposed bringing forth legislation in this area. For these reasons these two topics are once again relevant policy issues for the SOMB Legislative Report.

### **Sexually Violent Predator Designation**

Research on the topic of the SVP designation has been reviewed and presented in previous years by the Board. This research states that classification systems not based on risk assessments generally do not do a good job of accurate assessment of risk to reoffend (Harris, Lobanov-Rostovsky, & Levenson, 2010; Levenson, Grady, & Leibowitz, 2016). Additionally, the research has suggested that mislabeling somebody as higher risk than they actually are can lead to a loss of protective factors through social rejection (Levenson et al, 2016; Zgoba, Miner, Levenson, Knight, Letourneau, & Thornton, 2016). The

implications of the research have not changed and therefore the recommendations of the Board regarding the SVP designation remain the same. The SOMB has approved a series of recommendations for the Legislature to consider regarding modification of the current classification system to eliminate SVP designation. This change can only be made by the legislature, as SVP requirements are described in statute (16-13-901-906 C.R.S). These recommendations are listed below:

- 1) Move to a three-tier risk level system in lieu of SVP designation (based on risk assessment).
- 2) Recognize that risk is dynamic and tier levels (or SVP status) should be changed based on changes in risk level.

### Juvenile Registration

Research has suggested that public access to juvenile registries can lead to issues with the therapeutic goals set by the multidisciplinary team supervising the juvenile through disruptions of the juvenile's life at home and in school (Batastini et al, 2011; Harris et al, 2016; Stevenson et al, 2013). Research has also suggested that general juvenile sexual recidivism rates are approximately 3% (Caldwell, 2016) with some research citing rates as low as less than 1% (Batastini et al, 2011). Research has also been presented in previous years that suggests that juveniles are at greater risk for suicide, mental health issues, loss of protective factors, and labelling concerns when they are required to register (Batastini et al, 2011; Stevenson et al, 2013; Harris et al, 2018; Letourneau et al, 2018). Based on the research the SOMB again makes the following recommendations for juvenile registration:

1. Make juvenile registry information a law enforcement only tool that is non-public (do not include juveniles on the lists provided by law enforcement)
2. For those who are eligible, a hearing for discontinuation from the registry will automatically be set at the time of successful completion from supervision. All notifications including those required by the Victim Rights Amendment must be made with time allowed for responses prior to vacating the hearing. This hearing can be vacated if there are no objections.
3. Change the threshold for release from registration - instead of "more likely than not," release from registry should be contingent on being found to be low risk to commit a sex offense as evidenced by clinical indicators. Clinical indicators are anything which provides information regarding the individual's clinical presentation, such as interviews, level of participation in treatment, risk assessment scores, evaluation, etc.
4. Improve sentencing procedures to increase the information provided and expand judicial discretion concerning registration, including developing criteria that an evaluator can use to make a recommendation for no registration
5. Remove the ineligibility to petition for release after additional adjudication for non-sex offense
6. Remove requirement for out-of-state juveniles to register if the originating state has already relieved the juvenile from registration requirements
7. Consider allowing a juvenile access to court-appointed counsel for relief from registration

## SOMB 2020 Audit

In 2020 the SOMB underwent an audit performed by the Office of the State Auditor (Appendix D). The result of this audit was a list of 6 different recommendations, each composed of multiple parts, to revise or create new policies to ensure the Board improves its work. The recommendations ranged from things such as strengthening the complaint handling process of the Board to creating new Standard Operating Procedures (SOP) for the work of the Board and its staff. The SOMB and its staff have taken great strides in responding to and achieving compliance with the recommendations from the Audit. To date the SOMB and its staff have completed 96% of the recommendations from this audit. The last item to be completed out of the 24 recommendations is on track to be completed by June 2021.

## Section 3: Milestones and Achievements

In 2020, the SOMB completed the final item from the SOMB Strategic Action Plan created and approved in 2018. For a comprehensive summary of the work of the SOMB, please refer to Appendix A.

The following highlights some of the many additional achievements of the SOMB in 2020:

- Managed 11 SOMB committees that functioned at some point during 2020.
- Made adjustments to the way the SOMB conducts business in response to the COVID-19 pandemic, while offering additional trainings and continuing all normal business in a virtual environment.
- Conducted 30 trainings virtually to over 1,500 attendees from across Colorado in calendar year 2020. These trainings covered a range of topics related to the treatment and supervision of individuals convicted of or adjudicated for sexual offenses.
- Implemented monthly Lunch and Learns. On a monthly basis, SOMB staff hosts a virtual, one-hour technical assistance session for Approved Providers. This allows staff to update providers on recent changes to the *Standards and Guidelines* as well as allowing providers to have questions answered.
- Supported several community notifications of Sexually Violent Predators (SVP's) by providing ongoing technical assistance to law enforcement around the state.
- Developed a white paper providing research implications for Juveniles placed into the Adult system and Adult facilities (see Appendix B)
- Continued to provide SOMB members and other interested stakeholders with research and literature, including 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 2021 SOMB Annual Legislative Report and the 2020 Lifetime Supervision of Sex Offenders Annual Report.

# Introduction

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## ***Purpose***

Pursuant to Section 16-11.7-109 (2), C.R.S.,<sup>1</sup> this annual report presents findings from an examination by the Sex Offender Management Board (SOMB) of best practices for the treatment and management of adults and juveniles who have committed sexual offenses. This report fulfills the statutory mandate by providing:

1. A summary of emerging research- and evidence-based practices regarding evaluation, assessment, treatment and supervision strategies in the field of sex offender management; and
2. A review of policy issues affecting the field of sex offender management that the Legislature may wish to review for potential statutory change.

Additionally, this report documents the 2020 achievements and current efforts being undertaken by the SOMB.

## ***Background of the Sex Offender Management Board***

In 1992, the Colorado General Assembly passed legislation (Section 16-11.7-101 through Section 16-11.7-107, C.R.S.) that created a Sex Offender Treatment Board to develop *Standards and Guidelines for the Assessment, Evaluation, Treatment and Behavioral Monitoring of Adult Sex Offenders* (henceforth referred to as the *Adult Standards and Guidelines*). The General Assembly changed the name to the Sex Offender Management Board (SOMB) in 1998 to more accurately reflect the duties assigned to the SOMB. The *Adult Standards and Guidelines* were originally drafted by the SOMB over a period of two years and were first published in January 1996. The *Adult Standards and Guidelines* applied to convicted adult sexual offenders under the jurisdiction of the criminal justice system. From the beginning, the *Adult Standards and Guidelines* were designed to establish a basis for systematic management and treatment of adult sex offenders. The legislative mandate to the SOMB and the primary goals of the *Adult Standards and Guidelines* are the safety of the community and the protection of victims. The *Adult Standards and Guidelines* were revised in written form in 1998, 1999, 2008, 2011, and 2017.

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<sup>1</sup> 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.

In 2000, the Colorado General Assembly amended and passed legislation (16-11.7-103, C.R.S.) that required the SOMB to develop and prescribe a standardized set of procedures for the evaluation and identification of juveniles who committed sexual offenses. The *Standards and Guidelines for the Evaluation, Assessment, Treatment and Supervision of Juveniles Who Have Committed Sexual Offenses* (henceforth referred to as the *Juvenile Standards and Guidelines*) was first published in 2003, and subsequently revised in 2008, 2011, 2014, and 2017. As with the *Adult Standards and Guidelines*, the *Juvenile Standards and Guidelines* continue to hold public safety as a priority, specifically the physical and psychological safety of victims and potential victims.

Both the *Adult* and *Juvenile Standards and Guidelines* are now continuously revised in real time on the SOMB website, updating each section with new changes as they are approved. Between 2017 and 2020, a number of revisions have been made to each document. These revisions address omissions in the prior versions and continue to incorporate the growing literature on sex offender treatment and management.

The *Adult* and *Juvenile Standards and Guidelines* are both specifically designed to establish a framework for the systematic risk management, assessment, and clinical treatment of adult sex offenders and juveniles who have committed sexual offenses. Both the *Adult* and *Juvenile Standards and Guidelines* support a comprehensive range of therapeutic modalities and interventions for identified treatment needs, along with behavioral monitoring strategies for improved supervision based on risk level. This systemic approach fulfills a two-fold purpose: (1) managing and reducing sexually abusive risk behavior, while also (2) promoting protective factors that enable an offender's success.

The *Adult* and *Juveniles Standards and Guidelines* support a coordinated approach in which a Community Supervision Team (CST) for adult sex offenders, or a Multi-Disciplinary Team (MDT) for juveniles who have committed sexual offenses, provide an individualized treatment and supervision plan that targets both psycho-social deficits and potential risk factors, while concurrently building upon the resiliency and positive traits inherent in the person. To be effective, this approach must include interagency and interdisciplinary teamwork. The CST and MDT commonly consist of a supervising officer, treatment provider, victim representative, polygraph examiner, and other adjunct professionals, where applicable. CST and MDT members, independent of each other, possess critical expertise and knowledge that once shared can enable improved decision-making among the team. This enhances not only public safety but the supervision and accountability of the individual under supervision.

**The *Adult* and *Juvenile Standards and Guidelines* are based on research and best practices for managing and treating adult sex offenders and juveniles who have committed sexual offenses.** To the extent possible, the SOMB has based the *Adult* and *Juveniles Standards and Guidelines* on evidence-based practices in the field. However, the specialized field of sex offender management and treatment is still developing and evolving. Professional training, literature reviews, and documents from relevant professional organizations have also been used to direct the *Adult* and *Juveniles Standards and Guidelines*. The SOMB will continue to modify the *Adult* and *Juveniles Standards and Guidelines* periodically on the basis of new empirical findings.

In part, the SOMB stays current on research through the work of its active committees. These committees meet on a regular basis and report back to the SOMB to inform potential modifications to the *Adult* and *Juvenile Standards and Guidelines*. The following is a list of the SOMB committees:

1. Adult Standards Revisions Committee
2. SOMB Executive Committee
3. Juvenile Standards Revision Committee
4. Best Practices Committee
5. Victim Advocacy Committee
6. Application Review Committee
7. Training Committee (in Collaboration with the Domestic Violence Offender Management Board)
8. Family Support and Engagement Committee
9. SONICS Workgroup
10. Sex Offender Registration Legislative Work Group
11. Community Corrections Lifetime Supervision Criteria Workgroup

## ***Report Organization***

This annual legislative report consists of four sections. The first section provides a summary of the current and relevant literature concerning research and evidence-based practices. The second section highlights relevant policy issues. The third section highlights the 2020 achievements of the SOMB. This section will include priorities identified by the SOMB, which will be addressed in 2021. The fourth and final section provides the future goals and directions of the SOMB.

# Section 1: Research and Evidence-based Practices

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## *Juvenile Transfers to the Adult Criminal Justice System*

In 2018 a request was made to the Board for research regarding the physical, psychological, and emotional effects of being placed in the adult system as a juvenile. In 2020 the SOMB approved and published a white paper (Appendix B) examining the data and research relevant to this area of concern. The work done on this white paper was a review of the research available on the subject and was not designed to make commentary regarding the frequency of this issue or the process of transfers as they pertain to the state of Colorado. The white paper and the review of this literature is intended to be used as a resource for stakeholders for research on outcomes correlated with the placement of juveniles into the adult system.

### *Summary of Literature and Research*

Overall, research suggests that the consequences of juveniles being transferred into the adult court and adult facilities outweigh any perceived benefits. There is a substantial field of research on this topic as it pertains to the criminal justice involved juvenile population as a whole; however, research looking specifically at the juveniles who committed a sexual offense is not as common. The research highlights differences in intellectual maturity, such as decision-making and impulsivity, between adults and juveniles. This area of concern is highlighted due to the fact that the adolescent brain is roughly 80% developed and that the development and growth continues into an individual's mid-20s before it can be considered "complete" (Jensen & Nutt, 2015). Related to this difference in intellectual maturity and brain development are a number of possible outcomes that can occur in the adult system with juveniles. Kolivoski and Shook (2016) found that juveniles in adult facilities can have more frequent prison misconduct reports, which can be attributed to their age at incarceration, as well as the interaction between their developmental stage and the realities they face in the adult prison environment.

The research also identified a myriad of additional negative effects that can occur when a juvenile is placed into an adult facility. These effects include physical, psychological, and emotional trauma and impact. Much of the emotional impact that these placements can cause was similar across the research and how it can lead to an increase in mental health concerns. Allard and Young (2002) found that juveniles are 7.7 times more likely to commit suicide when incarcerated in an adult facility. Similarly Murrie and colleagues (2009) found that youth who were housed in adult facilities reported higher rates of mental health symptoms as opposed to those housed in juvenile facilities. This outcome was also observed by Ng and colleagues (2011) who found that youth in adult facilities were 37 times more likely to be depressed than their counterparts in the youth facilities.

The research also identified common occurrences regarding the physical effect that these transfers and placements can have on juveniles. Allard and Young (2002) found that juveniles incarcerated in an adult facility are 5 times more likely to be victims of sexual assault than adults. Lambie and Randall (2013) also found that 40% of juvenile inmates reported physical and/or sexual abuse over a 6-month

period, with the likelihood of occurrence increasing as the age of the individual decreased. Lambie and Randall (2020) also revisited this area of research and came to the same findings and conclusion as their previous work, with the additional note that based on findings they believe it is not an effective option due to the risks it poses to the juveniles. Juveniles were also twice as likely to be physically assaulted by staff and 50% more likely to be assaulted with a weapon by another individual than their adult counterparts (Allard & Young, 2002). Barnert and colleagues (2017) performed a large longitudinal study of adults who had been incarcerated as juveniles or young adults prior to full brain maturity. This study found that as time of incarceration increased the likelihood of negative effects also increased, including depressive symptoms, general health, suicidal thoughts, and adult functional limitations (Barnert et al., 2017).

Research also included implications on these placements in regard to the impact it has on the system and future recidivism of the juveniles who are incarcerated. One study found in particular that transfer of juveniles into the adult system and facilities does not have a deterrent effect on future recidivism, and may in fact lead to an increased in likelihood for future recidivism (Zane et al., 2016). Another study found that youth may actually receive longer sentencing when transferred into the adult court system due to a perception of higher risk that comes with a transfer (Kurlychek & Johnson, 2010). Research also found that juveniles who commit sex offenses and are transferred to the adult system are more likely to be convicted for new crimes against a person, which has, in part, been attributed to the negative perceptions that come from a history of adult charges (Rinehart et al., 2016). This means that juveniles who have a series of adult convictions often experience unintended effects of the system due to these convictions. It is important to note that when compared to adult populations, juveniles are less likely to recidivate in general and that juveniles who commit sexual offenses are even less likely to recidivate for sexual offenses (Letourneau, 2009; Przybylski, 2015). Juveniles who commit sexual offenses are already at risk for excess harm when transferred into the adult system, which combined with the low rate of sexual offense recidivism, suggests that decisions related to juvenile transfer should be carefully considered.

## ***Female Sex Traffickers of Minors Under 18***

Beginning in 2019 the SOMB began work on a white paper (Appendix C) examining the research surrounding females convicted of sex trafficking related crimes in which the victim is under the age of 18. There were requests to the SOMB to provide guidance regarding how to complete meaningful risk assessments and provide treatment responsive to the unique experiences and needs of this client group. The white paper's purpose is to provide guidance to SOMB approved providers when evaluating and treating females who fall into this specific population, and the paper primarily focuses on females as part of a trafficking organization, regardless of the organization's level of sophistication.

## ***Summary of Literature and Research***

Research has identified a variety of methods by which sex trafficking can occur such as, in the context of family systems, intimate partner relationships, social networks, and structured organizations/global human trafficking networks (Henderson, 2019; Keinast, Lakner, & Neulet, 2014). Some studies indicate that persons of a vulnerable socio-economic background and those of racial minority backgrounds are at a higher risk to be victims of trafficking (Butler, 2015). There was a study which pulled cases from a five-year period between 2010 and 2015 to examine the racial makeup of traffickers. This study found that over 70% of sex traffickers of minors belonged to racial minority groups (Roe-Sepowitz, 2019). In

regard to this study it is vital to note that these findings did not differentiate between male and female traffickers, and in addition to this the “race” aspect of the data was absent in approximately half of the cases being studied.

Research has shown that many of the female traffickers were victims of trafficking prior to their movement into a trafficker role (Henderson, 2019; Rapheal & Myers-Power, 2010). There is a new study which found that while there is a high likelihood of female traffickers being victims prior, not all female sex traffickers are prior victims (Wijkman & Kleemans, 2019). This study by Wijkman and Kleemans (2019) also found that some female traffickers may be financially motivated, and that some play major co-conspirator or leadership roles. Often victims in the trafficking trade may be manipulated into an abusive process to gain compliance, such as substance dependency and being subject to violence, coercion and threats. This cycle can help create powerful emotional bonds for these victims that become resistant to change, which can lead to the consequence of a sex trafficking victim not identifying as a victim (Carnes, 2019).

New research has suggested that females convicted for sex trafficking offenses may present with a unique set of characteristics. This research is still in a relatively new state; however, it has begun to identify common themes and characteristics for the population of females convicted of sex trafficking related offenses. Women in this population often present with complex trauma, along with high rates of previous victimization (Cortoni, 2018; Raphael & Myers-Power, 2010). Likewise these women also have high rates of previously being recruited in trafficking or have been trafficked by family members (Gotch, 2016; Raphael & Myers-Power, 2010). The research also suggests that these women often have influential co-defendants or male partners involved in criminal activities, and they often have high rates of substance abuse in relation to their complex trauma (Cortoni, 2018; Keinast, Lakner, & Neulet, 2014). The research on this subject continues to grow in size; however, what it has shown now is that this population is an immensely complex group to work with that requires a lot of consideration in response to their risk and needs.

## ***SOMB Data Collection Analysis<sup>2</sup>***

The 2016 Sex Offender Management Board (SOMB) Sunset review process led to a consensus among the SOMB, General Assembly and other stakeholders of the importance of gathering client service data to measure the efficacy of SOMB policies. As a result, the Colorado Legislature passed House Bill 16-1345. The bill required the SOMB to identify a plan to collect data from SOMB Approved Evaluators, Treatment Providers, and Polygraph Examiners who provide services to adults convicted and juveniles adjudicated for a sex offense, and to begin collecting these data when funding was available. The SOMB completed the data collection plan and included it in the Annual Legislative Report issued in January 2017. Per the SOMB data collection plan, each Approved Provider was required to submit service information about the evaluation, treatment, or polygraph examination for each client at the time of service completion for that client, regardless of the outcome of the service. The data collection plan was in keeping with the Legislature’s mandate for the SOMB’s *Standards and Guidelines* to be evidence-based. The mandate required a review of the national research along with conducting of original research using Colorado data collected and/or reviewed by the SOMB [see 6-11.7-103 (4) (e), C.R.S.].

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<sup>2</sup> Any figures referenced in this section can be located within Appendix G

In 2013, the General Assembly funded an external evaluation of the *Standards and Guidelines*. Based on the results of the evaluation as well as feedback from focus groups conducted by the SOMB, a strategic plan to review and implement changes to the *Standards and Guidelines* was developed in 2014. The SOMB reported on its progress in completing this review and revision process in each Annual Legislative Report and completed this process in 2019. The SOMB *Standards and Guidelines* are based on the Risk, Need, Responsivity Principles (RNR), which are evidence-based and grounded in empirical research. The RNR Principles are also the basis for the SOMB data collection plan to ensure this evidence-based model is being implemented with fidelity and has positively transformed client services. Based on the plan developed by the SOMB, the Legislature funded the SOMB Provider Data Management System in 2018.

### ***Implementation Process***

The SOMB worked with the Office of Information Technology (OIT) to develop the database system. As part of this process, the SOMB hired a researcher to undertake development, support, training, and analysis of the data. The SOMB delegated work related to further refinement of the data collection plan and instrument to its Best Practices Committee (the Committee made up of 80% Approved Treatment Providers per 16-11.7-103 (4) (b) (II), C.R.S.). The Best Practices Committee identified research questions yet was sensitive to the additional work required of Approved Providers who must enter the data. Finally, feedback was obtained during the development phase from several Approved Providers to ensure that relevant data elements were collected, and the questions were clear and easily answerable. The analysis of these data will occur in two phases. First, the SOMB will use this information to assess the extent to which *the Standards and Guidelines* linked to RNR research are implemented as required. This baseline data will serve as a general evaluation of the *Standards and Guidelines* implementation. The second phase of the project will follow clients longitudinally and track recidivism. Between September and December 2019, the SOMB provided comprehensive database training to the approximately 500 Approved Providers in Colorado. January 1, 2020 was the official implementation date for the new data collection system although some Approved Providers began entering data after training in late 2019. As of June 2020, 97% of Approved Providers had been trained, had established a system log-in, and were actively entering information into the data management system. The remaining Approved Providers appeared to not currently be practicing in Colorado.

### ***Phase I of the Data Collection Project***

The SOMB continues to troubleshoot database issues and has made adjustments to the data collection process accordingly based on ongoing Provider feedback. At the same time, the SOMB continues to provide individual training and technical assistance to Approved Providers. As of November 30, 2020, a significant amount of client service data has been collected, but there are challenges with a few Approved Providers entering data. The data are de-identified (that is, Approved Providers are anonymous) so that Approved Providers feel comfortable participating in the process. It is unclear why at this point some Approved Providers are not entering data, but outreach is ongoing. There is a second component to the SOMB Data Management System that allows Approved Providers to manage their provider status online through the system. Thus, all Approved Providers should be actively using the system to maintain their provider status.

Current efforts include ensuring that all Approved Providers are regularly logging in and using the system for the SOMB data collection effort. A small number of Approved Providers have informed the

SOMB that although they remain on the provider list, they are not providing direct services (e.g., supervisors, consultants, trainers, etc.). The SOMB has set up a new mechanism to identify and verify those who are not currently entering data due to not having any active clients. Approved Providers will be required to notify the SOMB if they are not currently seeing clients. The Application Review Committee (ARC) of the SOMB will ensure all Providers who should be entering data are doing so, as it is a requirement of their Approved Provider status. Those who continue to not follow this requirement may find this adversely impacts their status as an Approved Provider. The goal is to achieve 100% participation for Approved Provider with active clients. To achieve this, efforts are underway to help providers identify and address the issues preventing them from participation (e.g., technical problems, lack of understanding, etc.).

The SOMB data collection project is to provide needed information to those who advocate on behalf of the clients who receive services. However, Approved Treatment Providers report that approximately half of the clients decline to participate in data collection, and Approved Polygraph Examiners reported that approximately one-third of clients declined data collection participation. Compared with adult clients, a higher proportion of juvenile clients declined to participate in the data collection. To encourage participation and increase understanding of the importance of the data collection effort, the SOMB made a video speaking directly to the clients to address their concerns. If a client declines to participate, service records can still be entered without a client identifier (i.e., court case number), but this will limit the SOMB's ability to track these records and study recidivism in Phase II. Thus, the SOMB is working with clients and advocacy groups to boost client participation.

### ***Preliminary Findings***

The following provides an initial summary of the services provided in Colorado to clients who have committed sexual offenses. Additional data will be available for analysis in next year's Annual Legislative Report. The goal of the Phase I analysis is to provide a summary of the services provided by Approved Providers and determine whether the services accomplish the following:

- 1) Adhere to the *Standards and Guidelines*
- 2) Are being implemented as required by the *Standards and Guidelines*
- 3) Are consistent with the RNR Principles, and are being individualized based on a client's risk and need levels

Three separate data collection questionnaires were developed to capture the different service types: evaluation, treatment, and polygraph. In addition, there are different versions of the questionnaires depending upon whether the client is subject to the *Adult or Juvenile Standards and Guidelines*. It should be noted that some juveniles may be subject to the *Adult Standards and Guidelines*, and some adults may be subject to the *Juvenile Standards and Guidelines* depending upon the date of offense and adjudication/conviction, and which court handled the case. In addition, some young adults who were adjudicated in juvenile court for a sex crime may receive a subsequent adult criminal court conviction for a non-sex offense, making them subject to both sets of Standards and Guidelines. Between October 18, 2019 (the first SOMB data collection training) and November 25, 2020, there have been 383 evaluation records, 411 treatment records, and 4,950 polygraph exam records entered into the data collection system.

Among the 383 evaluations, 318 records (83%) were subject to the *Adult Standards and Guidelines*, and 65 (17%) were subject to the *Juvenile Standards and Guidelines*. Among the 411 treatment records entered at the time of client discharge, regardless of whether the outcome was successful or not, 358 records (87.1%) were subject to the *Adult Standards and Guidelines*, and 53 (12.9%) were subject to the *Juvenile Standards and Guidelines*. Finally, among the 4,950 polygraph exams entered, 4,757 records (96.1%) were completed under the *Adult Standards and Guidelines*, and 193 (3.9%) were completed under the *Juvenile Standards and Guidelines*. There are 856 additional polygraph exam records that were submitted without any data entry due to client refusal and therefore, were not included in the data analysis. Thus, the total valid polygraph cases where data was entered was 4,094.

If clients refuse to allow their data to be entered into the system, the SOMB still expect providers to enter the declination so that the SOMB can track the number of refusals. But the Approved Providers do have the option to enter the details of the service information. Many Approved Polygraph Examiners do use this option. The volume of polygraph results is significantly higher because Approved Polygraph Examiners can conduct as many as four exams per day, while treatment discharge and evaluation completion typically occur less frequently.

### ***Evaluation Results***

The ages of the evaluation clients ranged from 10 to 80. Specifically, 280 (73%) were 18 years or older, 74 (19%) were under the age of 18, and 8% of the clients' ages were of left blank. Among the clients being evaluated, 11 (2.9%) were females, 254 (92.4%) were males, 1 was reported as Other, and 17 skipped this question. Additionally, 13 (3%) clients (11 adults and 2 juveniles) had a developmental or intellectual disability (DD/ID). Among the clients being evaluated, 61% had a contact offense, 14% had a non-sex crime with a history of a sex crime, and 10% had a non-contact in-person victim (e.g., exposing, voyeurism, or image/video capturing). Finally, 112 (29%) had previously been in sex offense treatment. To match treatment to the level of risk, evaluators recommended the following: adjustments in frequency of treatment services (34%), adjustments to community access (e.g., level of restrictions) (41%), adjunct non-sex offense specific treatment (60%), changes to supervision (22%), implementing changes to supervision (5%), and/or adjustments to types of groups (21%), and type of placement, length of stay, or step-down (21%).

The incorporation of the RNR Principles was evident among Approved Evaluators. A large majority of the evaluations (95%) reported specifically addressing the individual client's self-reported needs, reviewing past records and collateral data (91%), having discussions with Community Supervision Team and Multidisciplinary Team members (CST/MDT) (34%), and/or discussing with the client's support system (20%) about the client's needs. To address client needs, the evaluators made treatment recommendations regarding an individualized treatment plan (71%), increased support (35%), increased resources (35%), flexible scheduling options (3%), modified programming (14%), modifications to treatment expectations (14%), modified treatment assignments (17%), modified supervision conditions (19%), used the sex history evaluation matrix (12%), implemented modification to supervision conditions (5%), modified the *Standards and Guidelines* through a variance (1 case, .3%), used the young adult modification protocol (24 cases, 6%), or modified the *Standards and Guidelines* by the MDT/CST (11 cases, 3.9%).

To address the client's responsivity to treatment, the evaluations recommended adjustments to the frequency of treatment services (30%), assessment of cultural/language/sexual orientation/gender

identification and family needs (7%), assessment of intellectual/cognitive functioning for additional testing (15%), feedback from the client (42%), feedback from the support system (25%), implemented modification to supervision conditions (11%), recommendation to modify supervision conditions (13%), modifications to increase progress (10%), and/or use of mental health related adjunct therapy (61%). Finally, the top three recommended treatment setting were community provider (58%), community corrections (13%), and Department of Corrections (10%).

The evaluations reported the use of standardized and validated risk assessment instruments as part of the evaluation process. In terms of risk assessment instruments, the SOTIPS and the VASOR/VASOR2 were the most used instruments for adult evaluations, and the J-SOAP-II was the most used instrument for juvenile evaluations. As shown in Figure 1, the majority (61%) of juvenile clients evaluated were low, low moderate or moderate risk clients, and about 5% were moderate-high risk clients. On the other hand, of the adult clients evaluated, 15% were moderate-high and 12% were high risk clients.

### ***Treatment Completion***

Among the treatment completion records, 323 were for clients ages 18 and over, while the remaining 66 were for clients under the age of 18 with 22 records skipping this question. There were 9 female clients (2.2%), 382 male clients (93%) and 1 “Other.” Notably, treatment started as early as in 2013. The treatment client ages ranged from 12 to 83 years old. Among them, 21 (5%) were designated as development disability/intellectual disability (DD/ID) clients. In terms of race/ethnicity, 61% of the treatment clients were white, 24% were Hispanic, 5.8% were African Americans, 2.2% were Alaska Natives/American Indians and .7% were Asian-American.

As far as the offense of conviction or adjudication, 289 (70%) had a contact sexual offense, 12 (2.9%) had a current non-sex crime with a history of sex crime, 31 (7.5%) had non-contact offense (e.g., exposing, voyeurism, or image/video capturing), and 61 (14.8%) had a non-contact online offense (e.g., child sexual abuse images, or sexting). Most of the client needs were identified by self-report (93%), followed by discussion with CST/MDT (87%), review of past records or collateral data (82%), and support systems (46%). Once a client’s needs were identified, treatment consisted of an individualized treatment plan (88%), modified assignments (50%), increased support (41%), flexible scheduling (37%), increased resources (34%), modified treatment expectations (24%), modified programming (13%), modified supervision conditions (21%), implemented modification to supervision conditions (7%), young adult protocol (5%), modifications to *Standards and Guidelines* by the MDT/CST (2.9%), and/or modifications to *Standards and Guidelines* through a variance (1.2%).

According to Figures 2 and 3 regarding overall risk level, the ending overall risk level decreased for both adult and juvenile clients from the beginning risk level. This decrease was particularly pronounced among juvenile clients. Additionally, the pattern was similar in overall decrease in denial patterns among the clients. As shown in Figure 4, the level of denial decreased significantly over the course of the treatment. As shown in Figure 5, 149 of the 411 clients (36%) successfully completed treatment. In addition, 51 clients were transferred administratively, 10 received a medical discharge, 8 were discharged because of lack of progress, 8 were discharged for administrative reasons, and 4 for therapeutic transfer. The remaining 155 (38%) treatment clients received a non-compliance discharge. In terms of the non-compliance discharge clients, 138 (34%) violated treatment contracts or the terms and conditions of supervision, 7 (1.7%) committed new non-sexual crimes, and 6 (1.5%) committed new sexual crimes.

## ***Polygraph Assessment***

In terms of the type of polygraph exam, 3,095 (76%) of the polygraph exams conducted were initial exams while 984 (24%) were retests. Retests are used to clarify initial exams which resulted in significant responses indicative of deception (SR/Deception) or no opinion resulting in an inconclusive test result (NO/Inconclusive), or when there was an attempt to manipulate the test results. In terms of specific types, 2,922 (71.5%) were Maintenance/Monitoring Exams, 799 (19.6%) were Sex History Exam, 269 (6.6%) were Specific Issue, 79 (1.9%) were Instant Offense exams, 52 (1.3%) were Index Offense, and 15 (.4%) were Child Contact Screening exams.

The age range of the clients tested was from 13 to 91. Approximately 4.3% (168 adults and 9 juveniles) of the clients were identified as having some form of a DD/ID. Of the clients referred for polygraph exam, 31 (.8%) clients (30 adults and 1 juvenile) were not suitable for polygraph testing. Regarding the use of counter measures during a polygraph exam, about 1.2% (48 cases) used such measures during the polygraph exam, and 2.6% (108 cases) were suspected of using counter measures. To address client responsibility factors, 99.6% polygraphers had discussions with client during pre-test interview, 22% adjusted the testing situation, 36.7% had discussions with MDT/CST, and/or 30.6% had recommendations to the MDT/CST as requested.

In terms of clinically relevant disclosures, 2,081 (50.8%) made disclosures in the pre-test, during the test, or in the post-test, including 433 (10.6%) who indicated sexually abusive thoughts, feelings, and attitudes; 795 (19.4%) who indicated sexual behavior (e.g., use of pornography), 315 (7.7%) who admitted to historical information (e.g., admitting an unknown offense), 588 (14.4%) admitted change of circumstance/risky behavior (e.g., increased access to children), and 605 (14.8%) admitted other behaviors. The remaining 2,013 (49.2%) exams did not indicate any type of clinically relevant admission.

According to Figure 6, 71.8% clients were classified as non-deceptive based on having no significant responses (NSR/Non-deception)<sup>3</sup> (72.4% among adult clients and 61.2% among juvenile clients). As seen from Figure 7, 75.1% of Maintenance/ Monitoring exams, 72.6% of Sex History exams, 66.7% of Child Contact Screening exams, and 53.9% of Specific Issue exams were NSR/non-deceptive, followed by 28.8% of Index Offense exams and 24.1% of Instant Offense exams being NSR/non-deceptive. The lower rates of NSR/non-deceptive results in the latter two exams is not a surprise given that they most likely involve denial of the offense for which the client was convicted. The SR/deception responses were slightly higher among repeat exams (36.3% vs. 20.4%). Overall, the NSR/non-deceptive rate of polygraph exam (71.8%) is important information for the SOMB and the Colorado State Legislature to use in considering future policy initiatives.

## ***Limitations***

The results of this preliminary review should not be generalized to all Approved Providers as there are still a number of providers who have not as yet entered any data in the system. The data entered also suffered from some missing data issues, as providers were able to skip certain questions or all of the

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<sup>3</sup> The NSR/non-deceptive responses include NSR/non-deceptive responses, or NSR/non-deceptive and NO/Inconclusive responses.

questions when the client declined to participate. It is unclear why Approved Providers are not answering certain other questions, but the missing data does impact the overall review.

### ***Summary and Conclusions***

At the end of the Year One of the post-implementation of the data collection project, all active Approved Providers have been trained and are now using the SOMB Data Management System. The SOMB has received a significant amount of data in the past year, which demonstrates commitment on the part of many Approved Providers to support evidence-based research for the *Standards and Guidelines*, as well as fidelity in implementing them. In particular, the volume of polygraph exams entered has been noteworthy and shows the commitment of Approved Polygraph Examiners, as well as their openness and transparency to providing their work for objective review and analysis.

In addition, the SOMB Data Management System provides an avenue for Approved Providers to track service provision and communicate issues and concerns, as well as what is working, directly to the SOMB. The data collection system includes comment boxes throughout the process which allows Approved Providers to input comments and other qualitative data. The SOMB will be able to use this data to make adjustments to *Standards and Guidelines*, improve implementation processes, and provide training and technical assistance opportunities. For example, an Approved Evaluator noted the lack of a risk assessment instrument to determine risk for a client who “committed a juvenile crime and is now an adult with the crime occurring over four years ago.” Finally, many Approved Polygraph Examiners use the comment boxes to identify exam specifics, client countermeasures, or disclosures, and Approved Treatment Providers describe their denial intervention and other treatment modes being utilized.

Most evaluators who entered data report using empirically based and validated risk assessment instruments such as the SOTIPS and VASOR/VASOR2 for adult clients, and the JSOAP-II for juvenile clients. It should be noted that Colorado previously implemented a federal grant project to train all Approved Providers and supervision officers on the use of the VASOR2 and SOTIPS for adult clients, and the JSOAP-II for juvenile clients, and based on inclusion of a train the trainer component with this project continues to be able to provide this training. Given the results of the data collection, it appears these efforts have been successful in supporting the use of these instruments by Approved Evaluators.

In terms of treatment outcomes, data collected to date indicates an overall decrease in risk level for both adult clients and juvenile clients, with a sharper drop for juveniles. The integration of the RNR Principles into the *Standards and Guidelines* appears to have been incorporated into treatment as evidenced by the data entered by Approved Treatment Providers. The majority of data entered by Approved Treatment Providers notes numerous adjustments and modifications throughout treatment to meet client needs. Finally, unsuccessful discharge from treatment appeared to be correlated with engaging in risk behavior (treatment contract violation) or a new offense. While this outcome is not ideal, it is hoped that with the additional collection of information, including the eventual incorporation of recidivism data, it may be possible to identify factors that contribute to unsuccessful discharge, and target those in future *Standards and Guidelines* revisions. Despite this concern, the very low new sex crime rates (6 cases, 1.5%) and new non-sex crime rates (7 cases, 1.7%) during treatment is the best evidence to show that treatment appears to be effective.

The majority of polygraph exams (71.8%) taken were found to be NSR/non-deceptive, which demonstrates client accountability in their treatment and supervision process. Most of the exams (75.6%) are initial exams which supports the efficient and effective use of the tool to resolve test issues. Slightly higher SR/deception rates were found in repeat exams and this finding is comparable to SOMB's previous polygraph study. In addition, the prior polygraph study conducted by the SOMB during the final quarter of 2017 had a comparable rate of NSR/non-deception results (77% of the initial exams, and 74% of the exams overall). Finally, the SOMB made a change in polygraph standards for juveniles from previously requiring polygraph to now only using polygraph when clinically indicated. Given the small number of juvenile polygraph tests, it appears as if this change has been implemented within the field.

Based on this preliminary review, Approved Providers appear to be following the *Standards and Guidelines* and utilizing RNR to individualize treatment. It also appears that clients are benefitting from services (risk reduction and producing polygraph results of NSR/non-deception). Future analyses will investigate these areas. The SOMB would like to thank the Colorado State Legislature for providing support and funding in the data collection project. It is hoped that the more Approved Providers use the data management system, the faster they can input the data and the more they can see the evidence in supporting future policy initiatives and revisions. The SOMB Data Management System also makes it possible for the SOMB to have an all-around perspective for future improved *Standards and Guidelines* in the field.

# Section 2: Relevant Policy Issues and Recommendations

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## ***Background***

Beginning in 2011 with the SOMB Sunset renewal, policies were put into place requiring the SOMB to make policy recommendations along with implementation of standards based on evidence and research. Every year in the annual legislative report the SOMB has made policy recommendations based on research, and has identified current research trends on pertinent or emerging topics in the field. Some of these recommendations have gained traction and been followed; however, some have not gotten the same amount of response and have been a reoccurring topic or point of concern. Two examples of the latter are the recommendations regarding sex offender registration and notification (SORN) for juveniles, and sexually violent predator (SVP) policies. Both of these topics are once again pertinent topics for this year. Per the 2019 SOMB Sunset Report there is a recommendation regarding the classification of “sexually violent predator,” (SVP) and replacement with a risk classification system. This recommendation came about as a result of a change in federal SORN law, which no longer requires states to designate SVPs. Likewise, there are current legislative initiatives related to the issue of juvenile registration in the form of bills that have been proposed. A legislative committee has been studying this issue for the past several years and requested input from the SOMB on the matter. As a result, the SOMB prepared a white paper regarding juvenile registration and have included the findings in its legislative report several times including this year as the committee has proposed bringing forth legislation in this area. For these reasons these two topics are once again relevant policy issues for the SOMB Legislative Report.

## ***Process***

The process of policy recommendations for the Legislative report follow a similar path as the process for general Board and committee work. At the onset of the process research is sought out and compile from a myriad of sources such as Google Scholar, ResearchGate, Academic Search Complete, and other criminal justice search engines. This research is again synthesized into a presented format, either as a formal written literature review or put together as a Board presentation. This material is sent out to the committee or the Board for member review, and then is either formally presented at a meeting, or in some cases is given an informal overview and discussion begins on the topic. The implications of the research findings are then reviewed and discussed, and the Board reviews these from a best practice and evidence-based policy perspective. Recommendations are then drafted based on the conclusions of the Board and the implications of the research on the specific policy or in question. This process meets both of the statutory requirements of the Board in regards to policy recommendations and evidence- and research-based implementation. To see a more comprehensive summary of this process please see the SOMB’s recently created and approved Research Standard Operating Procedure (Appendix E).

## Recommendations

### *Sexually Violent Predator Designation*

Research on the topic of the SVP designation has been reviewed and presented in previous years by the Board. This research states that classification systems not based on risk assessments generally do not do a good job of accurate assessment of risk to reoffend (Harris, Lobanov-Rostovsky, & Levenson, 2010; Levenson, Grady, & Leibowitz, 2016). Additionally, the research has suggested that **mislabeled somebody as higher risk than they actually are can lead to a loss of protective factors through social rejection** (Levenson et al, 2016; Zgoba, Miner, Levenson, Knight, Letourneau, & Thornton, 2016). The implications of the research have not changed and therefore the recommendations of the Board regarding the SVP designation remain the same. The SOMB has approved a series of recommendations for the Legislature to consider regarding modification of the current classification system to eliminate SVP designation. This change can only be made by the legislature, as SVP requirements are described in statute (16-13-901-906 C.R.S). These recommendations are listed below:

1. Move to a three tier risk level system in lieu of SVP designation (based on risk assessment).
2. Recognize that risk is dynamic and tier levels (or SVP status) should be changed based on changes in risk level.

### *Juvenile Registration*

Research has suggested that public access to juvenile registries can lead to issues with the therapeutic goals set by the multidisciplinary team supervising the juvenile through disruptions of the juvenile's life at home and in school (Batastini, Hunt, Present-Koller, & DeMatteo, 2011; Harris, Walfield, Shields, & Letourneau, 2016; Stevenson et al, 2013). Research has also suggested that general juvenile sexual recidivism rates are approximately 3% (Caldwell, 2016) with some research citing rates as low as less than 1% (Batastini et al, 2011). Research has also been presented in previous years that suggests that **juveniles are at greater risk for suicide, mental health issues, loss of protective factors, and labelling concerns when they are required to register** (Batastini et al, 2011; Stevenson et al, 2013; Harris et al, 2016; Letourneau et al, 2018). Based on the research the SOMB again makes the following recommendations for juvenile registration:

1. Make juvenile registry information a law enforcement only tool that is non-public (do not include juveniles on the lists provided by law enforcement)
2. For those who are eligible, a hearing for discontinuation from the registry will automatically be set at the time of successful completion from supervision. All notifications including those required by the Victim Rights Amendment must be made with time allowed for responses prior to vacating the hearing. This hearing can be vacated if there are no objections.
3. Change the threshold for release from registration - instead of "more likely than not," release from registry should be contingent on being found to be low risk to commit a sex offense as evidenced by clinical indicators. Clinical indicators are anything which provides

information regarding the individual's clinical presentation, such as interviews, level of participation in treatment, risk assessment scores, evaluation, etc.

4. Improve sentencing procedures to increase the information provided and expand judicial discretion concerning registration, including developing criteria that an evaluator can use to make a recommendation for no registration
5. Remove the ineligibility to petition for release after additional adjudication for non-sex offense
6. Remove requirement for out-of-state juveniles to register if the originating state has already relieved the juvenile from registration requirements
7. Consider allowing a juvenile access to court-appointed counsel for relief from registration

## ***SOMB 2020 Audit***

In 2020 the SOMB underwent an audit performed by the Office of the State Auditor (Appendix D). The result of this audit was a list of 6 different recommendations, each composed of multiple parts, to revise or create new policies to ensure the Board improves its work. The recommendations ranged from things such as strengthening the complaint handling process of the Board to creating new Standard Operating Procedures (SOP) for the work of the Board and its staff. The SOMB and its staff have taken great strides in responding to and achieving compliance with the recommendations from the Audit.

### ***Audit Response***

To date the SOMB and its staff have completed 96% (23 of 24) of the projects in response to the recommendations from the SOMB Audit from this year. Recommendation 1 from the audit referred to aligning the guidelines and revision processes of the SOMB with the statutory guidelines. Thus far this is the only recommendation that is not completely finished; however, the SOMB has completed 2 of the 3 projects in tandem with this recommendation. The SOMB has completed a Standard Operating Procedure (SOP) for the research process of the Board and its committees along with implementation of committee charters to ensure supporting research is properly considered and cited in the Standards. Additionally the SOMB completed a committee charter for the Best Practices Committee and has updated the Bylaws to require this committee to have more substantial involvement in the Standards revision process. Currently the SOMB is reviewing previous Standards revisions to identify research support per the SOP, and is on track to have this item fully complete by June 2021.

The second recommendation from the audit was regarding the approval process of the Board and ensuring the Board only approves qualified treatment providers. In response to this recommendation the SOMB developed a charter for its Application Review Committee (ARC) along with an SOP for this committee. The Board also modified its bylaws, policies, and provider applications to address this recommendation from the audit. The SOMB staff also now documents all ARC deliberations and findings related to provider applications, and tracks whether applicants have met the application requirements. This final process utilizes the SOMB's new data management system to streamline the processes. The third recommendation also pertained to the SOMB and more specifically the ARC's processes through a recommendation for strengthening the complaint handling processes of the Board and the ARC. In

response to this the Board developed an SOP for the ARC's complaint process along with modifying the Board's bylaws, policies, and provider complaint form to address the recommendation from the audit. Similar to the second recommendation the SOMB staff also documents all ARC deliberations and findings related to provider complaints while tracking all of the steps in the complaint process via the new data management system.

The fourth recommendation from the audit pertained to the Boards conflict of interest, and improving the controls over any conflicts. To address this recommendation the SOMB requested and received written legal opinion from legal counsel, and revised the SOMB bylaws and conflict of interest policy in accordance with this legal guidance. Additionally the revised bylaws and conflict of interest policy were approved on November 20, 2020 and have been successfully fully implemented. The fifth recommendation was for the SOMB to improve controls over funding allocations. To address this the SOMB developed a charter for the Surcharge Allocation Committee, along with an SOP for this committee and revisions to the bylaws to address this recommendation. The Board also developed a fund solicitation form for all agencies to complete in order to receive a recommendation for funding from the SOMB. The SOMB staff have also consulted with Joint Budgetary Committee (JBC) staff and the State Controller's Office as required, and have established a target fund balance. The sixth and final recommendation from the audit was for the Board to increase transparency with votes and documentation of these votes. To address this recommendation the Board revised its bylaws and implemented changes in Board and committee meetings to report all individual appointed member votes, along with who is responsible for the report of these votes.

# Section 3: Milestones and Achievements

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## ***Overview of 2020 Accomplishments***

The SOMB established the second SOMB Strategic Action Plan in 2018. Over the last two years, the SOMB Strategic Action Plan has driven change and enhanced collaboration between stakeholders. Throughout 2020, the SOMB has accomplished all of its strategic goals through collaboration with multiple stakeholders. As of December 2020, all strategic action items identified were completed. The Board continued its expansion of Person First language in its work, and is working on updating the *Standards* to reflect this. Additionally, in the wake of the COVID-19 Pandemic the SOMB successfully migrated all of its work, trainings, and meetings to an online format in 2020.

## ***SOMB Strategic Action Plan Work Groups***

Following the completion of the majority of the items from the SOMB 2014 Strategic Action Plan, the Board decided to take time to evaluate their processes and identify areas that could be worked on to improve the functions of the Board. This review identified a large number of internal Board processes that also have an impact externally to the field. From these identified areas the Board crafted the 2018 Strategic Action Plan. The SOMB Strategic Action Plan developed in October of 2018 created five strategic work groups, each with their own specific objectives and identified key deliverables. These work groups meet during specified times on the SOMB agenda to work on their key deliverables. As of December of 2020 all of the workgroups have completed their key deliverables, and the SOMB has completed the entirety of the strategic action plan from 2018.

1. Mission/Purpose Alignment
2. Board Engagement
3. Process Consistency
4. Communication & Information
5. Research-Based Decision Making

For a full comprehensive summary of the SOMB Strategic Action Plan from 2018, please refer to Appendix F.

## ***Expansion of Person-First Language***

In 2017, concerns were raised by stakeholders to the SOMB regarding the language used in the *Standards*, and it was suggested that the Board focus on the incorporation of person-first language in its work. Person-first language is language that focuses on not labeling people based on their offenses, and focusing on them as an individual rather than an offender. This issue was taken up by the Board in

2018 and at this time the SOMB delegated the task of addressing this topic to the Adult Standards Revision Committee. From 2018 through 2020, the Board has worked to change the language in its work to promote a person-first perspective where applicable. There are certain areas where non-person first language is still used, such as the use of the term “sex offender” when discussing the statutory definition of a person convicted of a sexual offense. The Board is continuing to address and incorporate a person-first strategy when it or its committees produce work or make revisions to its standards.

## ***Adjusting to the COVID-19 Pandemic***

The COVID-19 Pandemic was an incredibly impactful event throughout the course of 2020, making a significant mark on the way that business was conducted for the SOMB, the SOMB’s staff, and the treatment providers across the state. In the wake of this unprecedented scenario the SOMB adapted many aspects of the way it conducts business to respond to the new reality of life during the pandemic. One such example is how the SOMB migrated all of its trainings, committee meetings, and Board meetings to an online format in less than a month, while still maintaining the same frequency and schedule for these individual meetings and trainings. Due to COVID-19 the SOMB had to cancel their annual conference and has planned to have a virtual conference in 2021. Along with this the SOMB also allowed a new way of providing treatment for individuals by the way of tele-mental health, as a way of allowing people to still give and receive the necessary treatment in a safe manner. The SOMB and its staff responded quickly and efficiently to the changing environment of the world due to COVID-19 without missing a step in the migration and transition.

## ***Policy Updates***

### ***Committees***

The majority of the work conducted by the SOMB occurs at the committee level. Within these committees, a variety of policy and implementation related work is proposed, discussed, and reviewed by relevant stakeholders. These committees then make proposals for the SOMB to consider. The SOMB staffed 10 active committees during the course of 2020, which were open to all stakeholders in order to work on statutorily mandated duties. These committees included the following:

1. Adult Community Supervision Standards Revisions Committee
2. SOMB Executive Committee
3. Juvenile Standards Revision Committee
4. Best Practices Committee
  - 4.1. SONICS Workgroup
5. Victim Advocacy Committee
6. Application Review Committee
7. Training Committee (in Collaboration with the Domestic Violence Offender Management Board)

8. Family Support and Engagement Committee
9. Sex Offender Registration Legislative Work Group
10. Community Corrections Lifetime Supervision Criteria Work Group

All of these committees have been and continue to be engaged in studying advancements in the field of sex offender management, recommending changes to the *Adult* and *Juvenile Standards and Guidelines* as supported by research, and suggesting methods for educating practitioners and the public to implement effective offender management strategies. For a comprehensive summary of the work of the SOMB, please refer to Appendix A.



Figure 1. Organizational chart of the SOMB committees and workgroups.

## Current Availability of Providers

Table 1 provides the current statistics on the availability of service providers approved to operate in Colorado. Currently, there are **315 adult treatment providers and 211 juvenile treatment providers** approved by the SOMB in Colorado. As of December 2020, there are **28 adult polygraph examiners and 17 juvenile polygraph examiners**. Treatment providers may choose to pursue an addition of services onto their status. For example, a full operating treatment provider may also be approved as a full operating treatment provider Developmental Disabled/Intellectually Disabled (DD/ID), a full operating evaluator, a full operating evaluator DD/ID, a clinical supervisor for treatment providers, and a clinical supervisor for evaluators.

On average, providers operated in three different counties. In total, the SOMB has approved providers located in all 22 judicial districts in the state, as depicted in Figure 2 through Figure 4.

**Table 1. Number of approved sex offender service providers in Colorado, 2019<sup>4</sup>**

		Service Level		
Population	Service	Associate	Full Operating	Total
Adult	<b>Treatment Provider</b>	<b>131</b>	<b>184</b>	<b>315</b>
	<i>Treatment Provider DD/ID<sup>5</sup></i>	<i>23</i>	<i>41</i>	<i>64</i>
	<i>Clinical Treatment Provider (Supervisor)</i>	<i>N/A</i>	<i>105</i>	<i>105</i>
	<b>Evaluator</b>	<b>43</b>	<b>81</b>	<b>124</b>
	<i>Evaluator DD</i>	<i>9</i>	<i>15</i>	<i>24</i>
	<i>Clinical Evaluator (Supervisor)</i>	<i>N/A</i>	<i>46</i>	<i>46</i>
	<b>Polygraph Examiner</b>	<b>4</b>	<b>24</b>	<b>28</b>
	<i>Polygraph Examiner DD/ID</i>	<i>1</i>	<i>11</i>	<i>12</i>
	Juvenile	<b>Treatment Provider</b>	<b>98</b>	<b>113</b>
<i>Treatment Provider DD/ID</i>		<i>14</i>	<i>28</i>	<i>42</i>
<i>Clinical Treatment Provider (Supervisor)</i>		<i>N/A</i>	<i>63</i>	<i>63</i>
<b>Evaluator</b>		<b>20</b>	<b>42</b>	<b>62</b>
<i>Evaluator DD</i>		<i>5</i>	<i>13</i>	<i>18</i>
<i>Clinical Evaluator (Supervisor)</i>		<i>N/A</i>	<i>24</i>	<i>24</i>

<sup>4</sup> The numbers in the following table come from the new SOMB Provider Database which is still being finalized, any major discrepancies between these numbers and those from reports earlier in the year can be attributed to the new system

<sup>5</sup> Developmentally Disabled/Intellectually Disabled







## ***Additional year end accomplishments***

In 2020, the SOMB completed the SOMB Strategic Action Plan created and approved in 2018. For a comprehensive summary of the work of the SOMB, please refer to Appendix A. The following highlights some of the many additional achievements of the SOMB in 2019:

- **Managed 11 SOMB committees** that functioned at some point during 2020.
- Made adjustments to the way the SOMB conducts business in response to the COVID-19 pandemic, while offering additional trainings and continuing all normal business in a virtual environment.
- **Conducted 30 trainings virtually to over 1,500 attendees** from across Colorado in calendar year 2020. These trainings covered a range of topics related to the treatment and supervision of individuals convicted of or adjudicated for sexual offenses.
- **Implemented monthly Lunch and Learns.** On a monthly basis, SOMB staff hosts a virtual, one-hour technical assistance session for approved providers. This allows staff to update providers on recent changes to the *Standards and Guidelines* as well as allowing providers to have questions answered.
- Supported several community notifications of Sexually Violent Predators (SVP's) by providing ongoing technical assistance to law enforcement around the state.
- Developed a **white paper providing research implications for Juveniles placed into the Adult system and Adult facilities** (see Appendix B)
- Continued to provide SOMB members and other interested stakeholders with research and literature, including 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 2021 SOMB Annual Legislative Report and the 2020 Lifetime Supervision of Sex Offenders Annual Report.

## ***Ongoing implementation***

Ongoing implementation refers to the dissemination of information from the SOMB to approved service providers. The main components of ongoing implementation include training professionals, implementing policies with fidelity, and offering research/program evaluation support activities. This is a process that SOMB is consistently working on, and mechanisms have been put in place to ensure that there is continuous progress in this area. There are consistent training programs that are offered by the SOMB to provide updated information and guidance to the SOMB's approved providers. The SOMB hosts monthly lunch and learn trainings for providers along with consistent online and in person trainings on a wide variety of topics pertinent to the field. The SOMB also retains lines of communication for providers and stakeholders through the use of email lists for communication and a quarterly newsletter. The SOMB Adult and Juvenile coordinators have also been distributing monthly bulletins

that contain training information and assistance to aid those working in the field with the *Standards*. The SOMB staff have also created a new website to make the ongoing work product of the SOMB and contact with the Board or its staff easier to find and access for Providers and members of the public. The SOMB has also adopted a new process at the Board level to address the implementation of changes to standards. The Board now identifies an implementation period for newly ratified changes and allows providers a window during this period to ensure that they are familiar with the changes and to make sure the implementation of these changes proceeds smoothly.

## ***Training***

In calendar year 2020, the SOMB provided 30 trainings virtually to over 1,500 attendees from across Colorado. These trainings covered a range of topics related to the treatment and supervision of individuals convicted or adjudicated for sexual offenses such as:

- Adherence and Application of the Risk, Need and Responsivity Principles
- *Adult and Juvenile Standards and Guidelines* Introduction Trainings
- *Adult and Juvenile Standards and Guidelines* Booster Trainings
- Vermont Assessment of Sex Offender Risk -2 (VASOR - 2) and Sex Offender Treatment Intervention and Progress Scale (SOTIPS) Risk Assessment Trainings
- Informed Supervision in Schools
- Monthly Lunch and Learns
- Trauma Informed Care
- Sex Offender Registration and Notification (funded by the 2015 Adam Walsh Act Grant)
- Purview
- Executive Function Deficits in those with Neurodevelopmental Disorders
- Adjusting to the COVID-19 Environment
- Sex Offense Evaluations
- New SOMB Provider Data Management System

# Section 4: Future Goals and Directions

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The mission of the SOMB as written in its enabling statute is to have continuing focus on public safety. To carry out this mission for communities across the state, the SOMB strives toward the successful rehabilitation of offenders through effective treatment and management strategies while balancing the welfare of victims of sexual crimes, their families and the public at large. The SOMB recognizes that over the past 20 years, much of the knowledge and information on sexual offending has evolved. Since the creation of the SOMB, the *Adult and Juvenile Standards and Guidelines* for the assessment and treatment of sexual offenders has been a ‘work in progress.’ Thus, periodic revisions to improve the *Adult and Juvenile Standards and Guidelines* remains a key strategic priority for the SOMB through its process of adopting new research and evidence-based practices as they emerge from the literature and the field. The SOMB will continue to recognize the key role that the RNR model plays in the successful rehabilitation and management of adults and juveniles who commit sexual offenses.

## ***Strategic goals and initiatives***

As of December, 2020, all items on the SOMB Strategic Action Plan were completed. Beginning in 2018 the SOMB began creating a new Treatment Provider database, and as of December, 2020 this database has been created and is functioning properly. This database is where information is housed regarding all of the SOMB’s Approved Treatment Providers and the services that they provide. This database also serves as a hub for all other information pertinent to the Board, such as all current complaints against providers and service tracking records for providers. This database will not only serve as a tool for the SOMB’s uses but will also be of great benefit to the public as a centralized and streamlined way to find providers that fulfill certain roles, for example an adult treatment provider who is qualified to work with DD/ID clients and speaks a language other than English. Moving forward into 2021, the Board will complete the recommendations from the 2020 Audit.

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# Appendices

## Appendix A. Committee Updates

Figure 5. Committee Organizational Chart



## 1. Adult Community Supervision Standards Revisions

### Active

Committee Chairs: Taber Powers & Kim Kline

Purpose: This Committee was reconvened with the purpose of returning to the Standards for review due to technical assistance questions from both providers and other stakeholders.

Major Accomplishments: In November of 2020 this committee was reconvened to ensure effective implementation and adherence to research in the Standards. The Committee began the process of reviewing new research, addressing technical assistance concerns, and ensure the Standards are compliant with statutory requirements and recommendations from the 2020 audit.

Future Goals: This has multiple literature reviews on its agenda to begin the year of 2021. The committee intends to review literature regarding labeling to enforce the changing of language throughout the entirety of the Standards to a person first perspective. Additionally the Committee intends on to do a review of previous revisions to ensure these revisions were conducted in a way that coincides with the SOMB's newly adopted Research Standard Operating Procedure.

## 2. SOMB Executive Committee

### Active

Committee Chair: Judge Marcelo Kopcow

Purpose: The purpose of the SOMB Executive Committee is to review and maintain the mission of the SOMB. The Executive Committee prepares the agenda consisting of presentations, decisions items and discussions prior to the SOMB meeting.

Major Accomplishments: Managed the SOMB agenda and Strategic Action Plan implementation process, which included the completion and progress on many of the SOMB strategic goals. The SOMB Executive Committee additionally ensures the efficiency and efficacy of the SOMB's work.

Future goals: The SOMB Executive Committee will continue to maintain the mission of the SOMB and ensure that the SOMB continues to move forward with its initiatives.

## 3. Juvenile Standards Revision Committee

### On hiatus

Committee Chair: Carl Blake

Purpose: The Committee is reviewing and revising *the Juvenile Standards and Guidelines* as needed, based on emerging research and best practices. Revisions are also made to clarify information based on any feedback received from stakeholders.

Major Accomplishments: In 2020 the committee revised section 2.00 to provide guidance to evaluators regarding recommendations in the evaluations for registration as a sex offender. The committee also revised section 3.00 to include reference to the ATSA practice guidelines.

Future Goals: The Committee will reconvene when guidance from the Board is provided on areas for revision

#### 4. Best Practices Committee

##### Active

Committee Chair: Tom Leverage and Colton McNutt

Purpose: This Committee strives to ensure that the *Adult and Juvenile Standards and Guidelines* remain current with any emerging research by making recommendations to other active committees, including the SOMB when necessary. This Committee consists of a minimum of 80% treatment providers, in accordance with language from the 2016 Sunset Bill. This Committee meets once per month.

Major Accomplishments: In 2020 the Best Practices Committee completed a White Paper regarding Juveniles tried in Adult Court. This paper is not intended to make statements regarding the process or frequency of juvenile transfers in the state of Colorado; however, it is a review of the national research pertinent to issue at hand. This paper is intended to serve as a resource for stakeholders, a resource which provides research on outcomes correlated with placement of juveniles in the adult system.

The Best Practices committee recommended the SOMB authorize providers to utilize tele therapy while conducting offense-specific treatment. This is based on the need to continue to provide treatment while practicing safety measures with COVID-19. The Best Practices committee continues to be involved with the Board regarding this issue and having discussions regarding training, providing further education, technical assistance and collecting data.

The Best Practices committee has also completed a White Paper for Adult Females Convicted of Sex Trafficking Related Offenses Against Minor Children as a companion to the paper previously approved related to Adult Males Convicted of a Sex Trafficking Related Offenses. The rationale for the SOMB to complete this White Paper is based on the increase in conviction rates for this population and uncertainty on the part of Approved Providers related to providing suitable treatment. The White Paper has received an initial review by the SOMB and will be before the SOMB for final approval on January 15, 2021.

This committee initially reviewed the Lifetime Supervision Criteria for Parole and Probation in 2019. This year the committee continued its review and made suggested revisions to the Lifetime Supervision work group. These criteria are to be reviewed by the SOMB on January 15, 2021.

Future Goals: The Best Practices Committee will continue to review and provide feedback to the SOMB and other revisions committees. This Committee will continue to review relevant and contemporary research to ensure adherence to evidence-based practices.

#### 4.1 SONICS Workgroup

**Purpose:** This workgroup focuses on developing a classification system to designate clients into different categories according to a comprehensive assessment of needs. The goal is to improve accuracy and consistency in decision-making across disciplines by creating a common language system to describe and communicate a client's overall risk profile.

**Major Accomplishments:** In 2020 the SONICS Workgroup finalized the Integrated Classification System and selected a number of providers to participate in a Pilot Group testing this new system. The Pilot group successfully utilized the SONICS and provided positive feedback to the workgroup. The workgroup also presented the SONICS and its purpose/uses to a variety of stakeholder groups, and received a wide range of feedback from these groups.

**Future Goals:** Moving forward, the workgroup will utilize the feedback from the pilot group and stakeholder groups to make improvements through the next pilot phase, and for the eventual implementation of the SONICS on a larger scale.

#### 5. Victim Advocacy Committee

##### Active

Committee Chair: Allison Boyd

**Purpose:** To ensure that the SOMB remains victim-centered and that the *Adult and Juvenile Standards and Guidelines* address victim needs and include a victim perspective.

**Major Accomplishments:** In 2020, the Victim Advocacy Committee helped plan multiple trainings and presentations to the SOMB in honor of Sexual Assault Awareness Month, Domestic Violence Awareness Month, and from Victim Representatives. The committee has also been providing support to victim representatives on community supervision teams and multidisciplinary teams throughout the year. This year the committee also began working on a resource guide for victims, that they hope to have completed in 2021. Finally, the committee continues to also provide feedback to various other SOMB committees on their work to ensure it is victim-centered, and to provide education to the SOMB

**Future Goals:** Moving forward, the Victim Advocacy Committee will continue identifying victim research that pertains to SOMB hot topics, gathering feedback from victims on the SOMB standards, and holding a training for providers on victimization. The Victim Advocacy Committee will continue to support the SOMB in a victim centered approach to sex offender management.

#### 6. Application Review Committee

##### Active

Committee Chair: Carl Blake

**Purpose:** The Application Review Committee (ARC) reviews all new and re-applications for treatment providers, evaluators and polygraph examiners. Complaints made against listed

providers are also reviewed by ARC. ARC additionally conducts randomized or for-cause Standards Compliance Reviews to ensure consistent implementation of the Standards.

Major Accomplishments: ARC continued to review provider applications and complaints. ARC continues to monitor variances and the application process to ensure proper oversight of listed providers. ARC completed standard compliance reviews for listed providers in 2020. ARC also formalized its committee charter, member appointments, and its Standard Operating Procedure.

Future Goals: Continue reviewing applications, complaints, and variances. Review and revise, as needed, the Competency Based Model and the application process.

## **7. Training Committee (In collaboration with the Office of Domestic Violence Offender Management)**

### **Active**

Committee Chair: Angel Weant and Jesse Hansen

Purpose: The Training Committee assists with the ongoing identification of training topics and objectives, and provides support in the planning process of long-range and large-scale training events. This Committee also helps define and assess the training needs for stakeholders affiliated in the fields of domestic violence and sex offender management.

Major Accomplishments: In 2020 the Training Committee met in preparation for the 2020 Domestic Violence and Sex Offender Management Conference; however, due to the COVID-19 Pandemic this conference was cancelled. The committee continued to meet virtually throughout 2020 to provide input and feedback regarding the training needs of stakeholders and the development of online trainings. Additionally the committee formalized its charter in 2020.

Future Goals: In 2021, the Training Committee is continuing to plan for training events that will be impactful to both SOMB and DVOMB stakeholders to include the 2021 Domestic Violence and Sex Offender Management Conference. The 2021 conference has been planned to be a virtual conference to accommodate the possibly lingering risk of COVID-19 and to hopefully extend attendance to a wider audience.

## **8. Family Education, Engagement and Support Committee**

### **Active**

Committee Chairs: Chris Renda and Roberta Ponis

Purpose: The purpose of the Family Education, Engagement and Support Committee is to provide ways to educate families of adults who have been convicted of sexual offenses about the journey their loved one will take from arrest to post sentencing; to support families by acknowledging the impact their loved one's offenses will have on their family; and to offer appropriate engagement opportunities for families who want to know what they can do and where they can go to get help and answers to their questions. The committee includes family members, registered citizens, advocates for people with sexual offenses, advocates for people who have been sexually victimized, community and prison-based therapists, probation and parole representatives, legal representatives, and SOMB members and staff. The *Resource*

*Guide of Families of Adults Accused, Charged or Convicted of Sexual Offenses in Colorado* is divided into three parts: Part 1 From Arrest to Sentencing, Part 2 Serving the Sentence, and Part 3 Agency Information. As reported in earlier updates, Part 1 has been completed which can be viewed on the Advocates for Change (AFC) website where AFC, as a public service only, is providing access for the completed drafts of the Guide for public review.

**Major Accomplishments:** In 2020 the committee continued to progress on the development of the Family Resource Guide, including the completion of the section of the guide pertaining to treatment. As with previous sections in the guide the committee sought feedback from a variety of stakeholders on each section prior to its completion.

**Future Goals:** The committee will continue working on drafting the remaining chapters in Part 2 Serving the Sentence and the remaining sections in Part 3 Agency Information which should complete the Guide. The committee will then work on distribution of the Guide in multiple formats and among various agencies/sites where the target audience will most likely be able to get the information. The committee is also considering delivering the Guide as an app and translating the Guide into Spanish.

## 9. Sex Offender Registration Legislative Workgroup

### Active

Committee Chair: Jeff Shay

**Purpose:** The Sex Offender Registration Legislative Work Group strives to ensure that sex offender registration and community notification is working effectively by addressing system level concerns of stakeholders. The Committee works with law enforcement to examine and make suggestions for improvements to registry processes.

**Major Accomplishments:** In 2020, the Sex Offender Registration Legislative Workgroup provided support to the amendments made to registration requirements for incapacitated offenders. Additionally, the workgroup also helped craft the modifications to the community notification protocol. The Committee continues to identify other key registration issues and concerns while attempting to problem solve within the work group.

**Future Goals:** Moving forward, the Committee will continue to discuss key registration issues and identify problem areas and potential solutions. This Committee will continue to provide input into the work of the Adam Walsh Act (AWA) 18 Implementation Grant obtained by the Sex Offender Management Unit to work on further registration training for law enforcement personnel, and improvements to the Colorado Sex Offender Registry (COSOR) to better align with the Sexual Offender Tracking and Registration (SOTAR) system.

## 10. Community Corrections Lifetime Supervision Criteria Work Group

Work Group Chairs: Christina Ortiz-Marquez and Amanda Retting

**Purpose:** The Lifetime Supervision Act of 1998 requires the Sex Offender Management Board to establish criteria “In collaboration with the department of corrections, the judicial department, and the parole board...in which a sex offender may demonstrate that he or she would not pose an undue threat to the community if released on parole or to a lower level of

supervision.” Senate Bill 20-85, passed by the Colorado Legislature “Concerning a requirement that a sex offender being placed in a community corrections program meet certain requirements for a sex offender being released on parole.” Following this bill the Department of Corrections requested to set up a work group and work in collaboration with the SOMB and include members of the judicial department and parole board, to create appropriate criteria for those who fall under the lifetime supervision act and are requesting to be released to Community Corrections. It is the goal of this committee to provide consistency throughout the state for those assessing these individuals within the Department of Corrections, Community Corrections, and Parole Boards.

Major Accomplishments: This group was founded in the end of 2020 and did not have its first meeting until December of 2020, and as such does not have any major accomplishments to report out on thus far.

Future Goals: Moving forward this group intends to create new criteria to specifically address those sentenced under the Lifetime Supervision Act. The goal is to have a workgroup that has representation for all stakeholder groups to help in the creation of these new criteria.

## ***Appendix B. Juveniles Placed in the Adult Criminal Justice System***

### ***Colorado Sex Offender Management Board Educational Paper Regarding Juveniles Tried in Adult Court***

***June 19th, 2020 Board Meeting***

#### **Introduction:**

In 2018, a request was made to the board for research regarding the physical, psychological, and emotional effects of being in the adult system as a juvenile. This request came from a concern regarding the effect transfers have on juveniles, specifically juveniles who have committed sex offenses. Based on the review of the research produced by this search a decision was made to put together this paper as a comprehensive review of the research on this topic. This paper is not intended to make statements regarding the process or frequency of juvenile transfers in the state of Colorado; however, it is a review of the national research pertinent to issue at hand. This paper is intended to serve as a resource for stakeholders, a resource which provides research on outcomes correlated with placement of juveniles in the adult system.

#### **Background:**

Until late in the 19th century criminal courts were responsible for trying both youth and adults; however, in 1899 the first juvenile court was established in Cook County, Illinois and became the catalyst for the birth of the juvenile justice system (“Juvenile Justice History,” n.d.). When the juvenile justice system was founded, its primary purpose was to serve as an entity for rehabilitation of youth who committed delinquent acts. Beginning in the 1950s and 1960s concern began to grow regarding the effectiveness of this system due to questions surrounding the discretion afforded to the judges and the informal nature of the court hearings (“Juvenile Justice History,” n.d.). In the mid-20th century, two important decisions were made by the U.S. Supreme Court, *Kent vs U.S.* (1966) and *In re Gault* (1967), which established and expanded rights of due to process to juveniles in the justice system.

The national trend over the past three decades has seen it become increasingly common for juveniles who were prosecuted in the adult court system. There are a variety of ways in which a juvenile can be transferred to the adult court to include: statutory exclusion, prosecutorial discretion, and judicially controlled transfers (Teigan, 2019). Statutory exclusion refers to the fact that certain state laws exclude specific offenses that involve juvenile offenders from the juvenile court (i.e., murder and violent felony cases), thereby giving the adult court exclusive jurisdiction. Prosecutorial discretion allows the prosecutor the ability to file in either juvenile or adult court if the category of the case has both juvenile and criminal jurisdiction. Finally, judicially controlled transfers occur when that state’s laws dictate that all cases against juveniles begin in the juvenile court and a waiver by the judicial court must occur in order for the case to be transferred to the adult system.

In addition, certain states also operate transfers in an extended method known as “once an adult, always an adult” policies (Teigan, 2019). This type of policy refers to a process that occurs if a juvenile is transferred to the adult system at one point and comes back into contact with the court again before reaching the legal age of adulthood. Under this policy, once a juvenile has been transferred to the

adult system any further offenses are automatically waived to the adult court, thereby enforcing the policy of once a juvenile is transferred to the adult system, the juvenile is always considered an adult.

As more research has become available regarding these policies, processes, and outcomes, questions surrounding these policies and the implications of the research have come to the forefront. The resulting debate regarding transferring juveniles to adult court has become a topic of conversation within criminal justice policy and research. Cases are being made for both the perceived benefits and consequences of juveniles continuing to be transferred to adult court. This topic impacts every step in the criminal justice system and as such, is an issue of continuing debate.

#### Summary of Literature and Research:

A search for pertinent research regarding the subject was conducted and a review of the available literature is presented below. The search was performed using Google scholar, the ATSA journal database, Research Gate, and Academic Search Complete. The research focused on juveniles, included non-delinquent juveniles, juveniles in adult court, and juveniles in juvenile court. Research with small sample sizes were excluded, unless denoted as containing pertinent information or discussion. Overall, research suggests that the consequences of juveniles being transferred to adult court outweigh any perceived benefits. In particular, the research highlights the differences in intellectual maturity (i.e., decision-making, impulsivity, susceptibility to peer influence, etc.) due to the fact that the adolescent brain is roughly 80% developed and that this growth continues into an individual's mid-20s (Jensen & Nutt, 2015). As a result, juveniles in the adult system can have more frequent prison misconduct reports, which can be attributed to the individual's age at incarceration, as well as the interaction between their developmental stage and the realities faced in the adult prison environment (Kolivoski & Shook, 2016). There was a substantial amount of research regarding the negative effects that transfers of juvenile to the adult system can have, including the following:

- Juveniles are 7.7 times more likely to commit suicide when incarcerated in an adult facility, 5 times more likely to be victims of sexual assault, twice as likely to be physically assaulted by staff, and 50% more likely to be assaulted with a weapon (Allard & Young, 2002)
- 40% of inmates reported physical and/or sexual abuse over a 6-month period with an increasing likelihood as age decreases (Lambie & Randell, 2013)
- Youth housed in adult facilities report higher rates of mental health symptoms as opposed to those housed in juvenile facilities (Murrie et al., 2009).
- Youth housed in adult facilities were 37 times more likely to be depressed than severe youth offenders (youth who were labeled as "severe" due to the aggravated or severe nature of their offenses) who were housed in youth facilities (Ng et al., 2011).
- Transfer of juveniles to the adult system does not have a deterrent effect on future recidivism, and may actually increase future recidivism (Zane et al., 2016).
- Youth may be given longer sentences due to the perceived heightened level of risk following a transfer to the adult system (Kurlychek & Johnson, 2010).

Additionally, research was reviewed that dealt with juveniles who commit sex offenses and are transferred to the adult system. Research specific to this population was relatively limited compared with juveniles who commit non-sexual crimes, but is still important in light of the findings related to the latter population. When compared to adult populations, juveniles are less likely to recidivate in general and those who commit sex offenses are less likely to recidivate for sexual offenses, (Letourneau, 2009; Przybylski, 2015). Juveniles who commit sex offenses and are transferred to the adult system are more likely to be convicted for new crime against a person, which has, in part, been attributed to the negative perceptions that come from a history of adult charges (Rinehart, Armstrong, Shields, & Letourneau, 2016). What this means is that juveniles who have a series of adult convictions often experience unintended consequences. Juveniles who commit sexual offenses are already at risk for excess harm when transferred into the adult system, which combined with the low rate of sexual offense recidivism, suggests that decisions related to juvenile transfer to adult court should be carefully considered.

#### Summary and Conclusions:

The research indicates that the potential for physical and mental harm from transferring juveniles to the adult system outweighs any perceived benefits. Additionally, the research suggests that there is not reduction in recidivism when juveniles are placed in the adult system. Regarding juveniles who commit sex offenses, this research in conjunction with the overall low base rate for sexual reoffending suggests decisions related to transfer to adult court should be carefully considered.

Given the research on transferring juveniles to adult court, early intervention strategies for juveniles who are involved in illegal behavior should be developed and supported in an attempt to keep juveniles from progressing to more serious crimes that could result in such a transfer. The research suggests that once a juvenile reaches the point of transfer to adult court, the likelihood of reducing negative outcomes is negligible. As such, the expansion of diversionary programs for youth who are deemed to be of a low to moderate risk can have a positive impact on the likelihood of future recidivism but keep youth out of the juvenile and criminal justice system. This intervention may help deter youth being placed in juvenile detention facilities, and provide them with an opportunity to receive positive rehabilitative programming in the community setting. For youth who are deemed to be at the highest risk levels it must be evaluated what the best placement for them is, and then place them accordingly. By maximizing these resources for youth most at risk, the level and intensity of services can be matched to the risk and need of the youth. The matching of these services for youth can be done through the utilization of the Risk, Needs, Responsivity (RNR) model (Andrews & Bonta, 2006). Given the similarity of experience for any juveniles, including those who have committed sexual offenses, these conclusions would also appear to be relevant for this specific population.

## *Appendix C. White Paper Regarding Adult Females Convicted of Sex Trafficking Related Offenses of Minor Children*

### **White Paper Regarding Adult Females Convicted of Sex Trafficking Related Offenses of Minor Children**

#### **Colorado Sex Offender Management Board**

**Approved on January 15, 2021**

#### **Purpose:**

This white paper is written to provide guidance to Colorado Sex Offender Management Board (SOMB) approved providers when evaluating and treating females who are convicted of sex trafficking related crimes in which the victim is under the age of 18.

This white paper is precipitated by requests to the SOMB to provide guidance regarding how to complete meaningful risk assessment and provide treatment responsive to the unique experiences and needs of this client group. This paper's primary focus is on females as part of a trafficking organization, regardless of the organization's level of sophistication.

#### **Definition:**

Sex trafficking is the process of one individual compelling another to engage in commercial sex acts against his or her will for the economic benefit of the trafficker.<sup>6</sup> Convictions for any of the following sex trafficking offenses in which the victim is a minor, requires evaluation and treatment per the Colorado Sex Offender Management Board's *Standards and Guidelines for the Assessment, Evaluation, Treatment and Behavioral Monitoring of Adult Sex Offenders*:<sup>7</sup>

§18-7-402	Soliciting Child Prostitution
§18-7-403	Pandering of a Child
§18-7-403	Procurement of a Child
§18-7-404	Keeping a Place of Child Prostitution
§18-7-405	Pimping of a Child
§18-7-405	Inducement of Child Prostitution
§18-7-406	Patronizing a Child Prostitute
§18-3-504	Human Trafficking of a minor for Sexual Servitude

#### **Discussion of the Issue:**

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<sup>6</sup> In Colorado, there are two definitions involving human trafficking for sexual servitude. Regarding adult victims, the definition is as follows: A person who knowingly sells, recruits, harbors, transports, transfers, isolates, entices, provides, receives, or obtains by any means another person for the purpose of coercing the person to engage in commercial sexual activity commits human trafficking for sexual servitude. (§18-3-504, C.R.S.). In cases in which the victim is a minor, the definition is as follows: A person who knowingly sells, recruits, harbors, transports, transfers, isolates, entices, provides, receives, obtains by any means, maintains, or makes available a minor for the purpose of commercial sexual activity commits human trafficking of a minor for sexual servitude. (§18-3-504, C.R.S.).

<sup>7</sup> §16-11.7-102, C.R.S.

The steady increase of female involvement in organized crime, in particular human trafficking, should not be underestimated.<sup>8</sup> Compared with male traffickers, female traffickers were more likely to be younger, worked in groups and play bottom supporting roles in sex-trafficking rings.<sup>3</sup> Individuals convicted of a sexual offense present with varying levels of risk and need.<sup>9</sup> To effectively evaluate, treat and supervise females convicted of sex trafficking related offenses involving minors, it is essential that professionals have a solid understanding of the risk, needs and responsivity issues specific to this population.

Sex trafficking can occur in a variety of ways.<sup>10</sup> Sex traffickers access their victims within the context of family systems, intimate partner relationships, social networks, and via a structured criminal organization or via global human trafficking networks.<sup>11</sup>

There is limited research to date, however, on demographic characteristics of sex traffickers and victims of sex trafficking. There are a few research studies that indicate that persons of a vulnerable socio-economic status and people of racial minorities backgrounds were at a higher risk to be victims of sex trafficking.<sup>12</sup> Based on cases found from online media, government reports, and court documents electronically filed between 2010-2015, one published study did conclude that over 70% sex traffickers of minors (without differentiating male and female traffickers) were from racial minority groups.<sup>3</sup> However, the research methodology and results are further undermined by the fact that half of race information was missing. Therefore, much remains unknown about the true demographic characteristics of sex traffickers.

Criminal justice research in general is subject to the inherent inequalities of the criminal justice system, and as a result, may not fully capture information about all of those involved in certain crime types. As such, any statistics in criminal justice research should not be used to generalize groups of people and the number may only reflect the racial disparities that pervade the criminal justice system.

Evaluating and treating female sex traffickers is a complex task, in part because most of these clients were victims of a sex trafficker prior to moving into a role in which they have trafficked a victim.<sup>13</sup> A few emerging research studies indicated that not all female sex traffickers were

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<sup>8</sup> Roe-Sepowitz, D. (2019). A six-year analysis of sex traffickers of minors: exploring characteristics and sex trafficking patterns. *Journal of Human Behavior in the Social Environment*, 29(5), 608-629.

<sup>9</sup> Bonta, J., & Wormith, J. S. (2013). Applying the risk-need-responsivity principles to offender assessment. In L.A. Craig, L. Gannon, L., & T. A. Dixon (Eds.), *What works in offender rehabilitation: An evidence-based approach to assessment and treatment* (pp. 71-93).

<sup>10</sup> Henderson, A., Ph.D. (2019). A view from the bottom: the victim-offender overlap in commercial sexual exploitation. Training provided to the Female Sex Trafficking Workgroup of the Colorado Sex Offender Management Board on May 10, 2019; Keinast, J., Lakner, M., & Neulet, A. (December 2014). *The role of female offenders in sex trafficking organizations*. Regional Academy of the United Nations.

<sup>11</sup> Ibid

<sup>12</sup> Butler, C. N. (2015). The racial roots of human trafficking. *UCLA L. Rev.*, 62, 1464.

<sup>13</sup> Henderson (2019); Raphael, J., & Myers-Power, B. (2010). *From victims to victimizers: Interviews with 25 ex-pimps in Chicago*. Schiller Ducanto & Fleck Family Law Center, DePaul University Chicago, 1-9;

victims.<sup>14</sup> Some female traffickers may be financially motivated or play major co-conspirator roles or even leadership roles.<sup>9</sup>

Victims in the sex trade may be subject to a position of trust relationship or may perceive themselves to be in a consensual, romantic relationship with their traffickers. Victims within sex trafficking organizations are often manipulated into substance dependency and subject to violence, coercion and threats. This abusive process is used to gain compliance and often results in trauma bonding, which occurs as a result of the ongoing cycles of abuse in which the intermittent reinforcement of reward and punishment creates powerful emotional bonds that are resistant to change.<sup>15</sup> Trauma bonding cogently aligns with trauma reactions being disproportionately represented and criminalized for girls and women of color from low-income communities.<sup>16</sup> The term Trauma-to-Prison-Pipeline describes the fact that many girls from low-income communities and girls of color who experience sexual abuse are routed into the criminal justice system because of the behaviors they exhibit as a direct result of their victimization. In addition, the term School to Prison Pipeline is used to describe the transfer of certain youth from the public school system into the juvenile and criminal justice system. According to Baumle (2018), “Girls in the system have disproportionately experienced many kinds of trauma, including structural trauma of racism and poverty.” Thus, repeated exposure to instances of racism or race-based stress results in the same psychological effects as traditional, interpersonal trauma including intrusion, avoidance and arousal.<sup>17</sup> A frequent consequence with vast implications is that the sex trafficking victim does not self-identify as a victim. Moreover, research suggests the need to create a system of supportive services that directly address the trauma of abuse, poverty and racism.

Eventually, the victim may be offered a means to minimize her own victimization by recruiting and managing additional victims to be trafficked.<sup>18</sup> Without intervention, she is unlikely to comprehend the magnitude of harm she causes when enticing, coercing or forcing a victim into the commercial sex trade. In fact, these clients often see themselves in a caretaking and mentorship role.<sup>19</sup>

Emerging research suggests that females convicted of sex trafficking related offenses may present with a potentially unique set of characteristics. While research to date is preliminary, common themes are emerging and indicate that adult female sex traffickers may:

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<sup>14</sup> Wijkman, M., & Kleemans, E. (2019). Female offenders of human trafficking and sexual exploitation. *Crime, Law and Social Change*, 72(1), 53-72.

<sup>15</sup> Carnes, P. P. (2019). *Betrayal Bond: Breaking Free of Exploitive Relationships*. Health Communications, Incorporated.

<sup>16</sup> Baumle, D (2018). Creating the Trauma-to-Prison pipeline: How the U.S. justice system criminalizes structural and interpersonal trauma experienced by girls of color. *Family Court review*, Vol 56, Oct 2018, 695-708

<sup>17</sup> *Ibid*

<sup>18</sup> Raphael, J., & Myers-Power, B. (2010).

<sup>19</sup> Henderson, A., Ph.D. (2019).

- Present with complex trauma (i.e. – exposure to multiple traumatic events)<sup>20</sup>
- Have high rates of previous victimization including physical, emotional, and sexual abuse<sup>21</sup>
- Have high rates of being previously recruited into sex trafficking<sup>22</sup> or have been trafficked by family members<sup>23</sup>
- Have family members and family acquaintances involved in sex trafficking and other criminal activities<sup>24</sup>
- Have an influential co-defendants<sup>25</sup> or male partner involved in criminal activities<sup>26</sup>
- Have high substance abuse rates in relation to their complex trauma<sup>27</sup>
- See themselves in the role of caretaker and mentor, and not as an offender<sup>28</sup>.

### Implications for the Sex Offense-Specific Evaluation

In order to best assess the risk and needs of females convicted of sex trafficking related offenses, the evaluation team will need to reach beyond the probable cause affidavit. It is incumbent upon the evaluator to obtain additional collateral information, such as police reports that will detail victim interviews and co-defendant statements. Oftentimes, additional investigation outcomes will be revealed (e.g., forensic searches of electronic devices and collateral witness interviews) after the original referral packet is received by the evaluator. Therefore, it is important to contact the referral source and prosecuting attorney to further ascertain additional investigative findings that will contribute to the evaluation conclusions and recommendations. Evaluators should seek to obtain any of the following, if available:

- Additional statements by the defendant not contained in the original probable cause affidavit.
- New co-defendant information, or new statements/information from existing co-defendants.
- Forensic searches of electronic devices or financial accounts with pertinent results.
- Newly identified victims or new statements/information from previously identified

<sup>20</sup> Cortoni, F. A. (2018). *Women who sexually abuse: Assessment, treatment & management*. Brandon, VT: Safer Society Press; Cortoni, F., Ph.D.(Producer). (2017). *Women who Sexually Offend: Assessment, Treatment and Management* [webinar]. Available from <https://vimeo.com/247395529/21afd92f26>.

<sup>21</sup> Raphael, J., Myers-Power, B. (2010).

<sup>22</sup> Gotch, K. (2016). Preliminary data on a sample of perpetrators of domestic trafficking for sexual exploitation: Suggestions for research and practice. *Journal of Human Trafficking*, (2) 99-109.

<sup>23</sup> Raphael, J., Myers-Power, B. (2010).

<sup>24</sup> Keinast, J., Lakner, M., & Neulet, A. (2014). The role of female offenders in sex trafficking organizations. *Regional Academy of the United Nations*.

<sup>25</sup> Cortoni, F. A. (2018); Cortoni, F., Ph.D.(Producer) (2017).

<sup>26</sup> Keinast, J. et al. (2014).

<sup>27</sup> Cortoni, F. A. (2018); Cortoni, F., Ph.D.(Producer) (2017).

<sup>28</sup>Henderson, A., Ph.D. (2019).

victims.

- Additional charges.
- County Department of Human Services records, if available.<sup>29,30, 31</sup>

When documenting social history and familial experiences, along with attachment considerations, these clients also may have dependency issues. Other areas that should be considered are non-traditional homes, multiple home placements, lack of stable living environment, homelessness, and unpredictable or unreliable parental figures. It is of the utmost importance to consider the client's history and why turning to sex trafficking was a viable option.

A challenge in evaluating the needs of this population includes the lack of normed actuarial risk assessment tools for females convicted of sexual offenses. Evaluators are encouraged to verify that screening and assessment instruments are trauma informed and gender specific (e.g. – The Women's Risk Needs Assessment<sup>32</sup>). When tools are not trauma-informed or validated for females, this should be articulated when drawing observations and conclusions. When evaluating this population, the evaluator is encouraged to reference Appendix M: Female Sex Offender Risk Assessment. Additionally, in order to better capture the risk and needs of females convicted of sex trafficking related crimes, current sex offense-specific evaluation protocols should be supplemented with additional procedures and tools.

While research is limited specific to females convicted of sex trafficking related crimes, experience of subject matter experts crafting this paper identified several commonly exhibited risk and need factors that may require additional assessment within the SOSE. These may include:

- History of involvement within the commercial sex industry
- History of complex trauma (i.e. – exposure to multiple traumatic events)
- Maladaptive coping strategies, such as addictive behaviors, unhealthy relationships, dependency issues and using sex as a coping strategy
- Existing personality disorders
- Attachment styles and history with parental figures
- Life skills (education level, parental skills if applicable, financial literacy, job skills, etc.)

Existing research indicates that the parent-child relationship may serve as a protective factor for

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<sup>29</sup> Additionally, many of the traffickers (and their victims) have extensive victimization histories (including physical, sexual and emotional abuse/neglect) as well as prior involvement in juvenile justice and/or child welfare systems.

<sup>30</sup> DHS records can be accessed via a Release of Information signed by the client. When a release is not signed, a Court Order must be obtained in order for DHS to release records. Additional information regarding records requests is available via the following link: <https://www.colorado.gov/pacific/archives/request>.

<sup>31</sup> DHS records can be accessed via a Release of Information signed by the client. When a release is not signed, a Court Order must be obtained in order for DHS to release records. Additional information regarding records requests is available via the following link: <https://www.colorado.gov/pacific/archives/request>.

<sup>32</sup> The Women's Risk/Needs Assessment (WRNA), which assesses both gender-neutral and gender-responsive factors and affords separate forms for probation, prison, and pre-release; and 2) the Women's Risk/Needs Assessment - Trailer (WRNA-T) which is designed to supplement existing risk/needs assessments such as the Level of Service Inventory.

mothers that are incarcerated.<sup>33</sup> When considering contact issues, there should be careful consideration given to whether such contact can be done safely and in the best interest of the child (for more information, see the Adult Standards and Guidelines Section 5.700). Due to the high prevalence of trauma with this population, evaluation teams should consider using gender specific research supported instruments that target trauma.<sup>34</sup> Evaluation teams are encouraged to strengthen current protocols with the following additional assessment tools:

#### Gender-Specific Risk Needs Assessment:

- The Women’s Risk Needs Assessment<sup>35</sup>
- LSI – Level of Service Inventory-Revised<sup>36</sup>

#### Relational Domain:

- Attachment Assessment tools (Adult Attachment Interview, The Attachment Style Questionnaire, Bartholomew Attachment Inventory, Adult Attachment Scale)
- Personality Inventories (e.g. – PAI, MMPI and MCMI)
- The Experiences in Close Relationships – Revised Questionnaire<sup>37</sup>

#### Self-Management:

- Trauma Symptom Inventory 2 (TSI-2)<sup>38</sup>
- Adverse Childhood Experiences (ACE) Questionnaire<sup>39</sup>
- Personality Inventories (e.g. – PAI, MMPI and MCMI)
- Structured Assessment of Protective Factors for Violence Risk (SAPROF)<sup>40</sup>

Please note that the assessment tools listed above may require additional credentialing and instrument-specific training. Evaluation teams should also be well-versed in the application of such tools specific to the person being evaluated.

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<sup>33</sup>Mignon, S. I., & Ransford, P. (2012). Mothers in prison: maintaining Connections with Children. *Social Work in Public Health*, 27(1-2), 69-88. doi:10.1080/19371918.2012.630965; Tasca, M. (2015). The Gatekeepers of Contact. *Criminal Justice and Behavior*, 43(6), 739-758. doi:10.1177/0093854815613528.

<sup>34</sup>Id.; Burt, G., Olver, M.E. & Wong, S.C.P. (2016). Investigating characteristics of the non-recidivating psychopathic. *Criminal Justice and Behavior*, 43(12), 1741–1760.

<sup>35</sup> The Women’s Risk/Needs Assessment (WRNA), which assesses both gender-neutral and gender-responsive factors and affords separate forms for probation, prison, and pre-release; and 2) the Women’s Risk/Needs Assessment - Trailer (WRNA-T) which is designed to supplement existing risk/needs assessments such as the Level of Service Inventory.

<sup>36</sup> The Level of Service Inventory–Revised™ (LSI-R™) is a quantitative survey of offender attributes and their situations relevant to level of supervision and treatment decisions. Designed for ages 16 and older, the LSI-R helps predict parole outcome, success in correctional halfway houses, institutional misconducts, and recidivism. The 54 items are based on legal requirements and include relevant factors needed for making decisions about risk and treatment. The LSI-R Manual explains the use of the LSI-R and summarizes research studies on its reliability and validity.

<sup>37</sup> The ECR-R measures individuals on two subscales of attachment: Avoidance and Anxiety. In general Avoidant individuals find discomfort with intimacy and seek independence, whereas Anxious individuals tend to fear rejection and abandonment.

<sup>38</sup>A broadband measure, the TSI-2 is designed to evaluate posttraumatic stress and other psychological sequelae of traumatic events, including the effects of sexual and physical assault, intimate partner violence, combat, torture, motor vehicle accidents, mass casualty events, medical trauma, traumatic losses, and childhood abuse or neglect.

<sup>39</sup>The term Adverse Childhood Experiences (ACEs) refers to a range of events that a child can experience, which leads to stress and can result in trauma and chronic stress responses.

<sup>40</sup>The SAPROF contains 17 protective factors organized into three scales. 15 of the factors are dynamic, making the factors valuable treatment targets and treatment evaluation measures.

There may be instances in which evaluation findings determine that sex offense-specific treatment is not appropriate. In such instances, it is important to recommend against sex offense-specific treatment and instead suggest interventions and supervision strategies that will likely mitigate the individual's criminogenic needs. This may mean that once an individual completes the sexual behavior disclosure process, additional sex-offense specific treatment may not be warranted. Similarly, if adjunct treatment needs are acute and severe, these may need to be addressed before a client is able to benefit from sex offense-specific treatment. A gender-specific and trauma informed approach<sup>41</sup> to the sex offense-specific evaluation will likely lead to more comprehensive and individualized conclusions and recommendations.

Given the complexity of the crimes perpetrated by sex traffickers, sex offense-specific evaluations in such cases require additional information and collateral resources. Therefore, it is important that the referral source be aware of this need, so that additional time may be requested for a thorough and meaningful evaluation to be completed.

### **Implications for Sex Offense-Specific Treatment**

Upon admission of a female convicted of a sex trafficking related offense into a sex offense-specific treatment program, it is incumbent upon the clinician to review the sex offense-specific evaluation and available collateral materials. If not acquainted with the research and dynamics presented by females convicted of sex trafficking related crimes, it is imperative that expertise and guidance be sought from a knowledgeable professional. Additionally, when possible, consideration should be given to form a separate group from women who have committed other types of sexual offenses. Doing so will allow better targeting of client risk and needs as well as insulate both groups from potential vicarious trauma and may promote client well-being.

An individualized gender specific treatment plan, consistent with the risk, needs and responsivity factors of the client should be established in collaboration with the client. Ongoing assessment via the treatment process, including the use of tools appropriate to measure the risks and needs may determine that sex offense-specific treatment will need to be augmented or replaced, in order to effectively reduce risk and meet the criminogenic needs unique to the client. Section 3.120 and 3.160(B)(6) of the *Standards and Guidelines* requires providers to refer to adjunct treatment providers when clinically indicated. Adjunct needs may include:

- Complex Trauma
- Substance Misuse and Dependency
- Parenting Skills
- Healthy Relationships

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<sup>41</sup> Levenson, J. S., Willis, G. M., & Prescott, D. (2018). Incorporating Principles of Trauma-Informed Care Into Evidence-Based Sex Offending Treatment. *New Frontiers in Offender Treatment*, 171-188. doi:10.1007/978-3-030-01030-0\_9.

- Healthy Sexuality
- Self-Esteem
- Conflict Resolution
- Financial Literacy
- Employment Skills Training

It is important to use gender-specific techniques that enhance motivation for change, build pro-social supports and help a client create a legal, sustainable means of financial stability. Independent and stable lifestyles supplemented with supportive pro-social networks and dependable services are critical factors for long-term successful rehabilitation of female sex traffickers.<sup>42</sup>

When working with this population, it is important that the clinician be knowledgeable about the research and treatments related to the commercial sex industry, victimization and trauma recovery. Providers shall continue to identify this type of offender who may perceive themselves as helpers (e.g., helping other women to achieve financial independence), nurturers rather than perpetrators in order to formulate a risk, need responsive approach for evaluation and treatment.

## **Conclusion**

As previously stated, research on females convicted of sex trafficking related crimes is preliminary and emerging. While not all female sex traffickers fit one specific profile, there are common themes that have been identified in the literature that may be helpful for evaluators, treatment providers, and supervision officers working with this population. It is essential that those working with this population carefully evaluate client risk and criminogenic needs, and design treatment and supervision plans that are consistent with the responsivity factors presented by the client. This may or may not include the need for sex offense-specific treatment, and regardless of whether this need exists, females convicted of a sex trafficking related crime typically present with a number of additional needs that must be addressed in supervision and treatment planning in order to achieve favorable outcomes.

Professionals with expertise in this area (i.e., trauma-informed treatment, gender-based interventions, sex trafficking, complex trauma, personality disorders, etc.) should be sought and relied upon to help direct this work, and it is incumbent upon professionals to not practice outside their scope of expertise. Providers should consider consulting with experienced practitioners when developing treatment and supervision strategies, as well as to identify possible resources that may

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<sup>42</sup>Cortoni, F. A. (2018); Cortoni, F., Ph.D.(Producer). (2017).

aid in information gathering. For further guidance related to working with the sex trafficking population, contact the Adult Standards Coordinator at 303.239.4499.

## ***Appendix D. OSA Audit Report Highlights***

CONCERN: How the Sex Offender Management Board (Board) fulfills its statutory duties can affect both sex offenders in the criminal justice system and the safety of victims and potential victims. Our audit found deficiencies in how the Board has established standards of conduct for providers who serve offenders, as well as issues in how the Board approved providers and investigated complaints alleging these providers violated standards. We also found a lack of transparency and accountability in how the Board mitigates conflicts of interest among its members and documents those decisions during its meetings

### KEY FINDINGS

- Most sections of the Board Standards do not reference supporting evidence, as required by statute. Of the 381 subsections on evaluating, identifying, and treating offenders, only 18 percent of the subsections in the Adult Standards and 11 percent of the subsections in the Juvenile Standards cited supporting evidence.
- Of 18 provider applicants we reviewed who applied for Board approval to serve offenders, the Board did not verify that 13 applicants met applicable requirements related to references, competency in professional standards and ethics, clinical supervision, sex offender-specific training, example work products, and competency to serve offenders with developmental/intellectual disabilities or juvenile offenders.
- In some instances, the Board did not comply with the statutory requirement to investigate complaints and did not clearly follow the Board's complaint policy. For example, the Board took no action on two anonymous complaints submitted during the period we reviewed, and also took no action on two other complaints that met the Board's criteria requiring some investigative action.
- Nine Board members who were active during our testing period had actual conflicts or situations that created the appearance of a conflict that were not disclosed and did not prevent them from performing official actions. For example, three members of the Board's Application Review Committee were owners, directors, or officers of the same businesses that employed individuals whom the Committee approved to be providers during Calendar Year 2018.
- Both revenue and the balance of the Sex Offender Surcharge Fund have been increasing over the last 5 years, but the Board's annual allocation recommendations have not increased.

KEY RECOMMENDATIONS: The Board should implement policies and procedures to guide its standards revision process as well as revise standards to clearly indicate, for each standard, which is evidence-based and which lacks supporting evidence, and why. The Board should approve only qualified providers by checking references for first-time applicants, and requiring staff and committee members to document their review of applicants' qualifications. The Board should strengthen its complaints handling process to comply with statute, and ensure fairness and consistency by implementing written policies that address various aspects of the process. The Board should obtain a written legal opinion from the Attorney General that clarifies how the State

Code of Ethics applies to Board members, and implement written guidance to specify how the statutory provisions apply to the Board. The Board agreed with all six recommendations.

*Appendix E. SOMB Research Standard Operating Procedure*



**COLORADO**  
Department of Public Safety



Standard Operating Procedure

<p>Title: SOMB Research Implementation</p> <p>Main Section:</p> <p>Sub Section:</p>	<p><b>SOP NUMBER: 2020-4</b></p> <p>VERSION: September 18, 2020</p> <p>Supersedes:</p>
<p>Related Mandates, Law, Standards, Executive Orders, Policies, or Procedures: 16-11.7-103 (4) (b) (II) C.R.S., SOMB Bylaws Revised 7.21.2020, and Best Practices SOP</p>	
<p>APPROVED BY: _____</p> <p style="text-align: center;">APPROVING AUTHORITY</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Honorable Marcelo Kopcow Chair, Sex Offender Management Board</p> <p style="text-align: right;">_____</p> <p style="text-align: right;">EFFECTIVE DATE</p>	



I. BACKGROUND AND PURPOSE

Based on the statutory requirement pursuant to 16-11.7-103 (4) (b) (II) C.R.S., the SOMB shall research and analyze the effectiveness of the evaluation, identification, and treatment procedures developed pursuant to this article for juveniles who have committed sexual offenses. The board shall revise the guidelines and standards for evaluation, identification, and treatment, as appropriate, based upon the results of the board's research and analysis. The board shall also develop and prescribe a system to implement the guidelines and standards developed pursuant to paragraph (j) of this subsection (4).

The board shall research, either through direct evaluation or through a review of relevant research articles and sex offender treatment empirical data, and analyze, through a comprehensive review of evidence-based practices, the effectiveness of the evaluation, identification, and treatment policies and procedures for adult sex offenders developed pursuant to this article. This research shall specifically include, but need not be limited to, reviewing and researching reoffense and factors that reoffense for sex offenders as defined in this article, the effective use of cognitive behavioral therapy to prevent reoffense, the use of polygraphs in treatment, and the containment model for adult sex offender management and treatment and its effective application. The board shall revise the guidelines and standards for evaluation, identification, and treatment, as appropriate, based upon the results of the board's research and analysis. The board shall also develop and prescribe a system to implement the guidelines and standards developed pursuant to paragraph b of this subsection (4). 16-11.7-103 (4) (e) C.R.S.

II. SCOPE

In order to uphold the Board's mandate for promulgation of evidence-based practices, this standard operating procedure addresses how a research review process is incorporated into decision-making through a review of the research on a pertinent topic for both the Board and the Committees that the Board oversees. The goal is to provide the SOMB and its Committees with an analysis and summary regarding the research on specific identified topics of interest or topics related to current Standards revisions. Research is fluid and difficult to determine, so it is necessary to have in place a standardized operating procedure to ensure fidelity in the review of research is upheld by the Board and its Committees.

III. PROCESS

One of the primary steps in the work of the SOMB and its Committees is the research review process, which guides the decisions and recommendations from the Board. This process typically begins with the request for research on a specific topic or issue, a request that often begins at the Committee level from the members of the Committee, or from the Board itself during discussion at a meeting. When these requests for research are made, there is an invitation to Committee members and attendees to provide any pertinent research for the topic to be reviewed.

The staff researcher then begins an additional search for research through a variety of repositories for research articles such as: Google Scholar, the Association for the Treatment of Sexual Abusers (ATSA), Research Gate, Academic Search Complete, and other similar search engines. The research is then reviewed by the staff and a synthesis of the literature and its findings is compiled for presentation to the applicable Committee or the Board. Research is incorporated if it meets criteria for inclusion, which includes a review of the research design for the study. If a study has a strong research design and is of a high quality it meets this inclusion criteria, while if the study does not meet these criteria it is not included in the summary/review. There are no set criteria for what deems a study to be “high quality” enough; however, all articles are read and evaluated based on their strengths, threats to validity, and strength of findings to determine if they are high quality. In the event that a study is included but there are multiple threats or weaknesses to the study, it is noted in the Literature Review. The Staff Researcher and Analyst has the discretion to choose an appropriate format for the presentation of the literature being reviewed. This presentation can range from a formal PowerPoint or Literature Review to a more informal document for discussion. The format of presentation is often decided based around the focus of the topic and the amount of research present for that topic. While the original research articles may not be provided due to copyright laws, the formal Powerpoint or Literature review will be available to all Board and Committee members, as well as members of the public.

One of the questions that the Board often faces regarding research is about how contemporary the research is that is being used for decision-making. While “contemporary” research is often referred to as the most recent research in the timeframe, this is not always the case. Research into topics is an ongoing process and oftentimes there are occasions where there is no “recent” research in terms of date of publication. In these cases, older

research is utilized and this is also where the use of meta-analyses become an important piece of the process. It is important to note that there is older research that is still seminal to the field and the topic being reviewed. This research is still considered in these cases, even if there is newer research, and is used in conjunction with the newer studies. These meta-analyses are very comprehensive bodies of research that utilize an amalgam of research articles and study them as one massive sample size. These types of studies are useful in that they not only include recent research but also older pieces of work that might be comprehensive studies. There is also the chance that there may not be contemporary or any research conducted on a specific topic. In the instances where there is a lack of research, steps are taken to seek out any old research that may have been conducted to be used as a source of information for the topic and any decision-making.

Research is incorporated into the Standards and Guidelines based on the discussions held at the Committee and Board levels. This research typically is cited when it pertains to a point of policy or a revision of a practice Standard and Guideline that is necessary due to new research findings. These statements of fact are cited with research to reflect that they are based in evidence and research, and that they have been evaluated by the Board from this frame of perspective. There are also certain policies and decisions made by the Board to be used as standards that do not have research citations as these standards for practice are procedural and not something that requires a research citation. One such example is the number of continuing education hours for SOMB approved providers, as this is simply a procedural standard and there is no research present that suggests an optimal hour of continuing education hours.

Another topic that must be considered in the use of research for decision and policy making by the Board is the presence of conflicting research. Research is a fluid field with new studies and research designs on topics occurring quite frequently, and often the findings from these studies are in conflict with previously published work or other contemporary pieces of research. The research summaries provided to the Board/Committees often include these conflicting studies along with commentary and information to help in the decision-making process. One of the steps when looking at new research with conflicting findings is the analysis and evaluation of the research design of the study and its findings. This information can help assist in the decision-making process because a study may have findings that conflict with previous findings; however, if the design of the study is less than adequate or its

findings are non-significant it can demonstrate that simply conflicting findings is not enough to reverse previous work done on a topic.

#### IV. SOMB SUPPORTING STAFF ROLES AND RESPONSIBILITIES

The SOMB Staff Researcher and Analyst has the following responsibilities in the research review process:

1. Conduct literature searches for research relevant to the topic being discussed by the SOMB or an SOMB Committee.
  - (i) It is acceptable and recommended to notify the members of the Committee or SOMB that if they have research on the topic that they would like to enter into consideration they can submit these to the staff for evaluation.
2. Evaluate the collected research, with a focus on: Validity of the research design, concerns with the research design, and strength of the findings.
  - (i) It is acceptable and recommended to include research with conflicting conclusions in the review, so long as the research in conflict is also of sound design, with limited concerns, and findings of a strong nature.
3. Prepare the literature review for the presentation to the Committee or SOMB for the month the item is on the meeting agenda.
4. Present the information to the Committee or SOMB for discussion at the meeting, but do note that not all of these reviews are as formal or in-depth, as this is dependent on the topic and the amount of research present.
  - (i) Should a request be made and there is not a substantial amount of quality research on the topic, the staff should make note of this to the Committee or SOMB and commit to keep tabs on the topic of interest should the research around it expand.
5. It is up to the discretion of the Staff Researcher and Analyst for the presentation format of the research. This can be based on abundance or scarcity of research on the topic, the amount of time being given to the topic on the agenda, or whether the Staff Researcher believes a different format would prove to be better for the conveying of research.
6. The Staff Researcher and Analyst cannot provide direct articles to committee members or members of the public due to copyright issues. However, and the Staff can receive articles from members of the public and committee members.

- (i) The Staff can provide direct articles to the Chairs of the Committee or Board should they desire them.
- 7. After a Standards revision, the Staff Researcher will provide additional documentation for the research that was used (addendum, footnotes, etc.) to be included in the Standards and Guidelines.

V. REVISION HISTORY

- A. SOMB Research Implementation SOP, Version September 18, 2020, adopted \_\_\_\_\_

## *Appendix F. SOMB Strategic Plan Summary*

The SOMB Strategic Plan was created in October of 2018. Despite presented challenges due to the current environment surrounding the pandemic, the work of all strategic work groups created thereafter continued to be in full swing in 2020. Each group was able to work on their action plans, meet their objectives and execute on their key deliverables. Below is a high-level summary of each work groups outcomes.

1. Mission/Purpose Alignment
  - a. The team delivered multiple educational presentations to the board and other stakeholders covering the mandated legislative statute and breaking down the overall mission and purpose of the Board.
  - b. An abbreviated portion of the presentation material has been included in the New Board Member Orientation.
2. Board Engagement
  - a. The team instituted a new mentorship process for new incoming board members.
  - b. Team created an FAQ sheet for potential board members covering roles and duties of the SOMB and SOMB membership.
  - c. The group developed a comprehensive New Board Member Orientation to be conducted semi-annually.
3. Process Consistency
  - a. The group diligently worked through and initiated one of the two by-law revisions that occurred in 2020.
  - b. The team instituted for each SOMB Committee and Work group to have their own Committee Charter. During Q4 of 2020 the board went through and approved all committee charters under the SOMB purview.
  - c. Concurrently, based on the recommendations from the Statue Auditors Office, the team actively participated in implementing Standard Operating Procedures for the Board. This initiative improved overall process consistency, efficiency and transparency efforts of the board.
4. Communication & Information
  - a. The team collaborated with the Department of Public Safety's POI to create and communicate out a stakeholder survey gathering feedback on how the Board and the office communicate with all stakeholders.
  - b. Department PIO proposed a communications strategy plan based on the feedback received and the office implemented some of the recommendations based on resource availability.
  - c. The office rebranded the Board's visual presence by creating a new look and feel through a new logo.
  - d. The office moved over to a new and improved website platform that improved user access and navigation.
5. Research-Based Decision Making

- a. The team delivered a training to the Board on research methods, delivery and awareness of biased perspectives. The goal is to offer this training on an annual basis.
- b. An abbreviated version of the research training has been included in the New Board Member Orientation.
- c. The staff researcher, also a member of the work group, wrote and implemented a Standard Operating Procedure on Research Based Decision making for the board.

The 2018 Strategic Plan has been successfully completed as of December 2020.

**Appendix G. Figures from SOMB Data Collection Report**

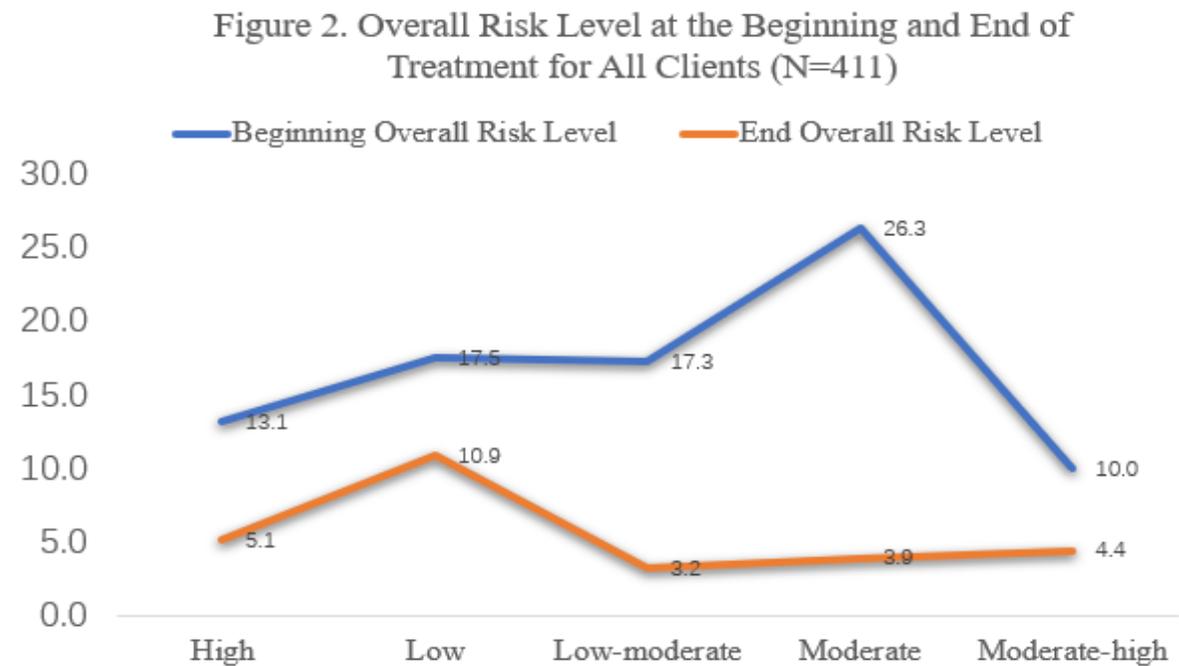
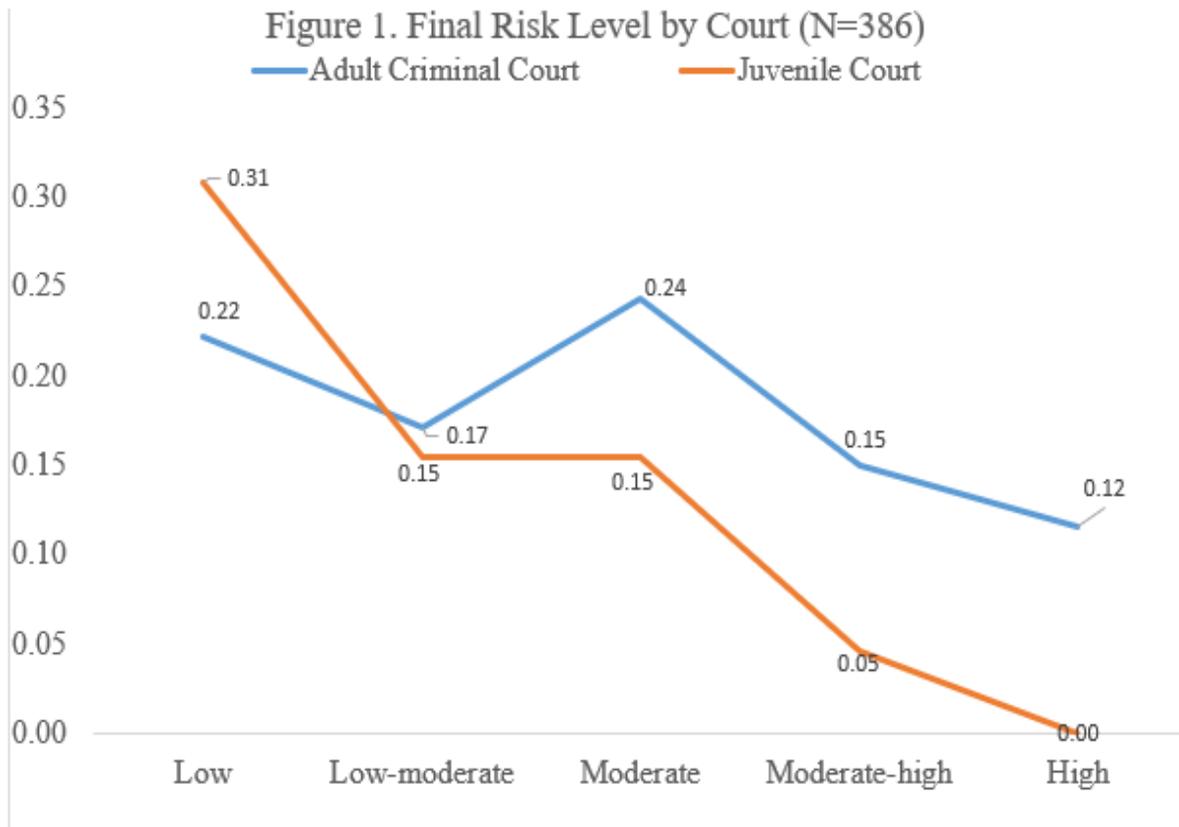


Figure 3. Overall Risk Level By Court (N=411)

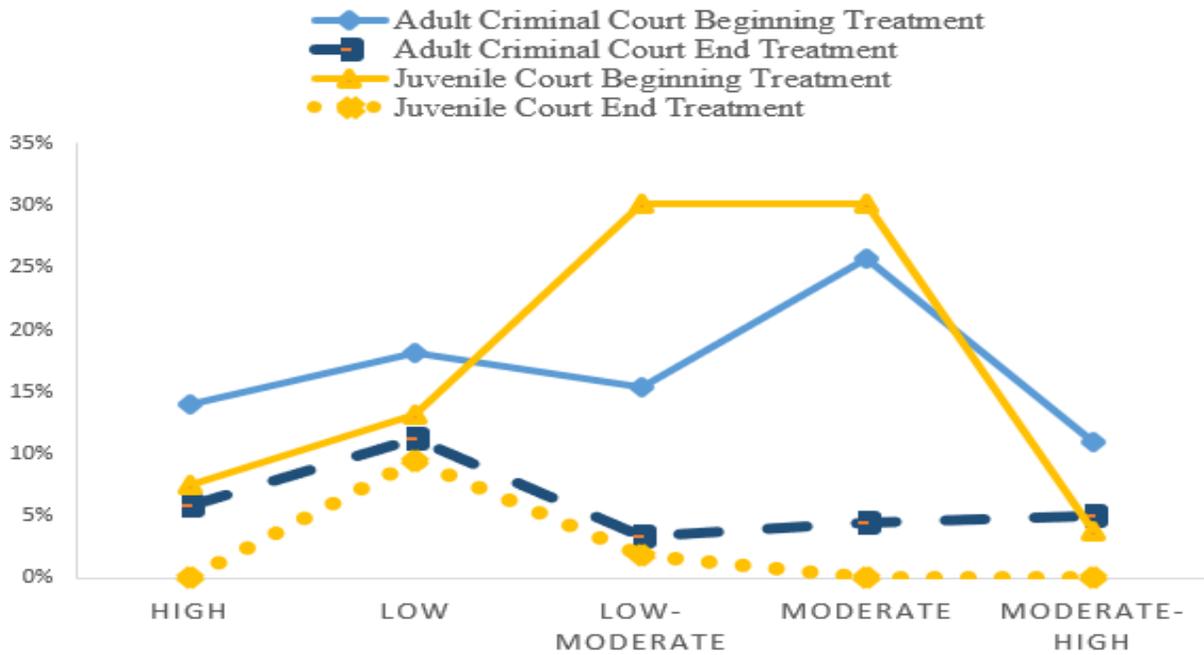


Figure 4. Level of Denial at Beginning and End of Treatment (N=411)

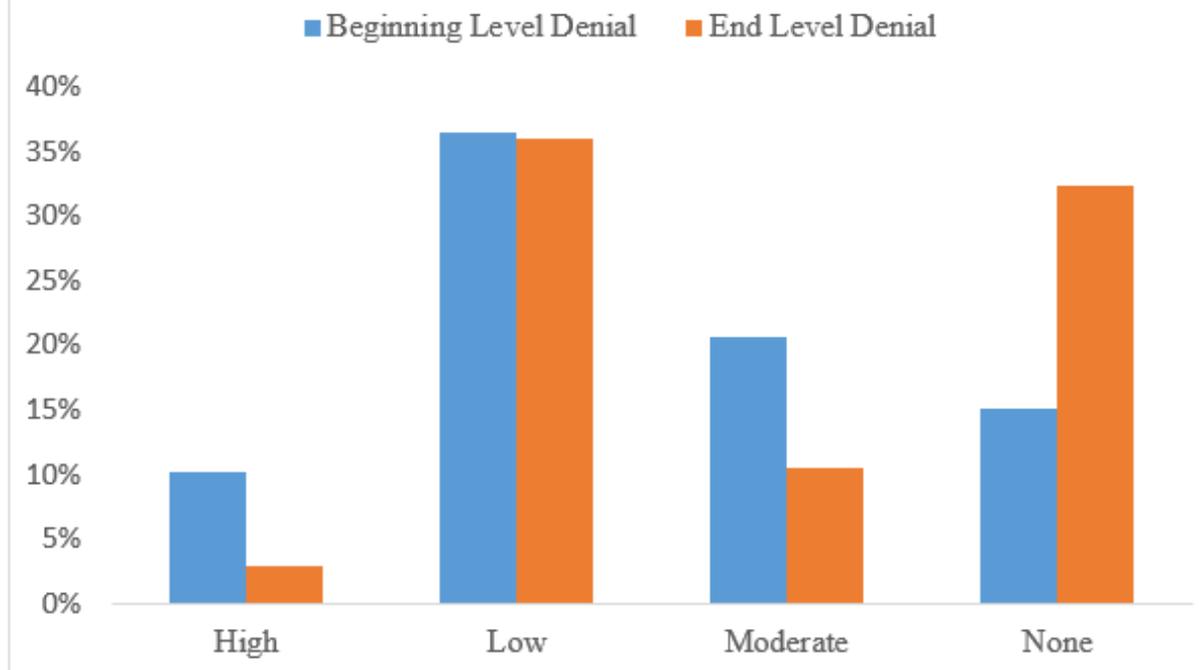


Figure 5. Treatment Discharge Outcomes (N=411)

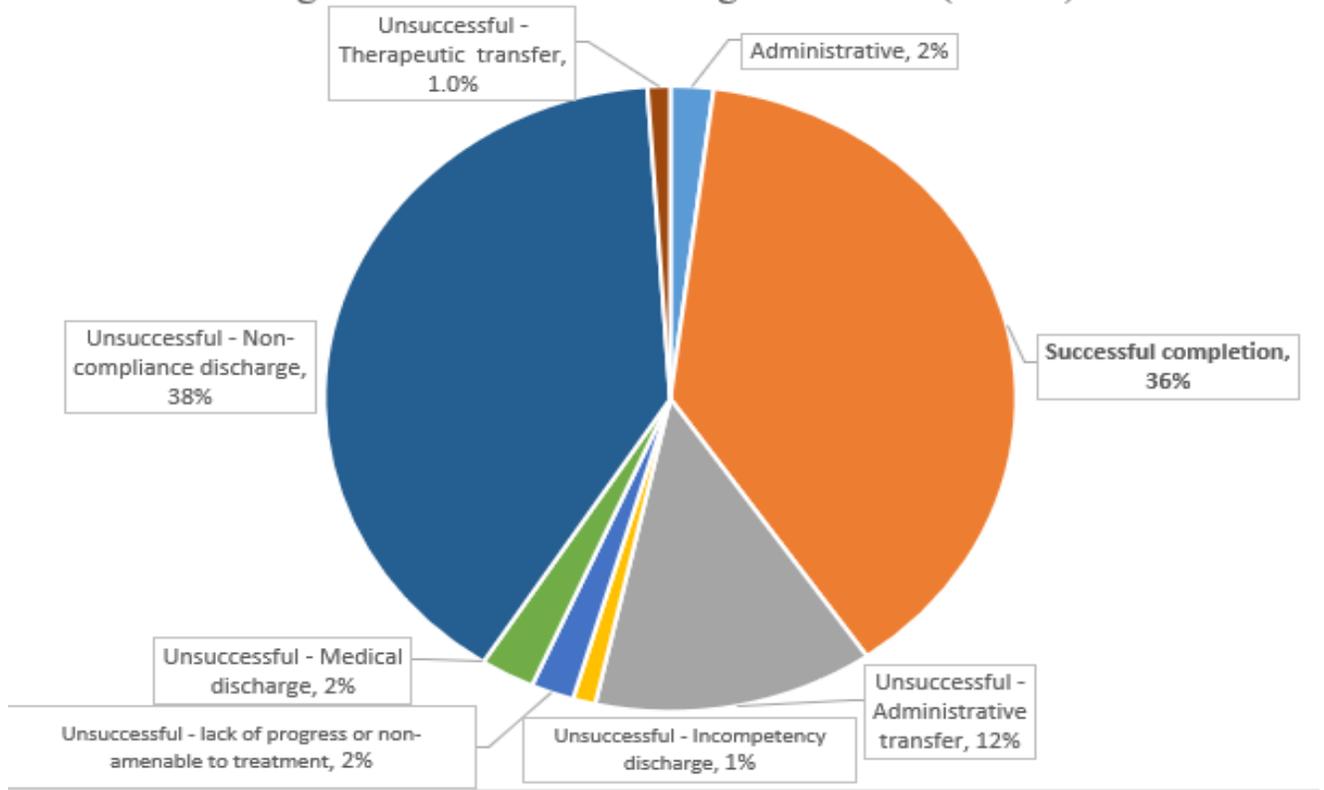


Figure 6. Polygraph Exam Results by Court Type (N=4,094)

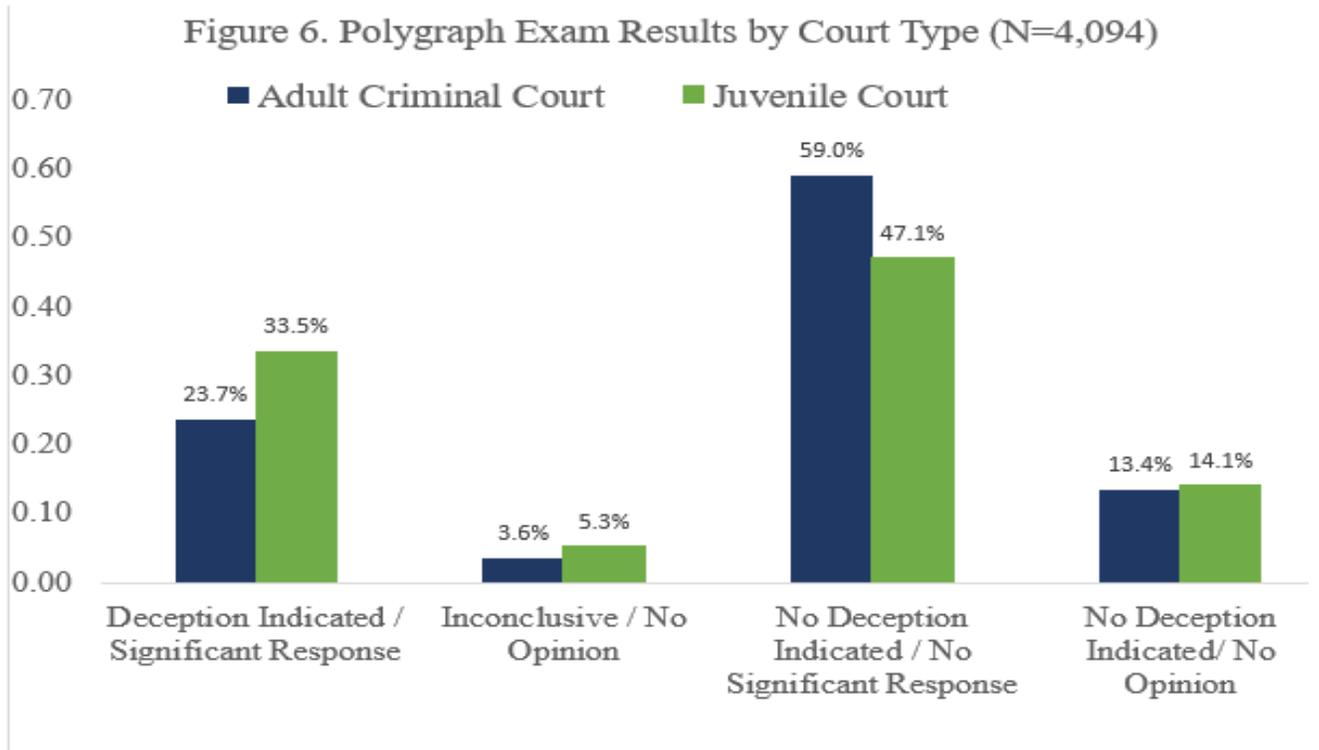
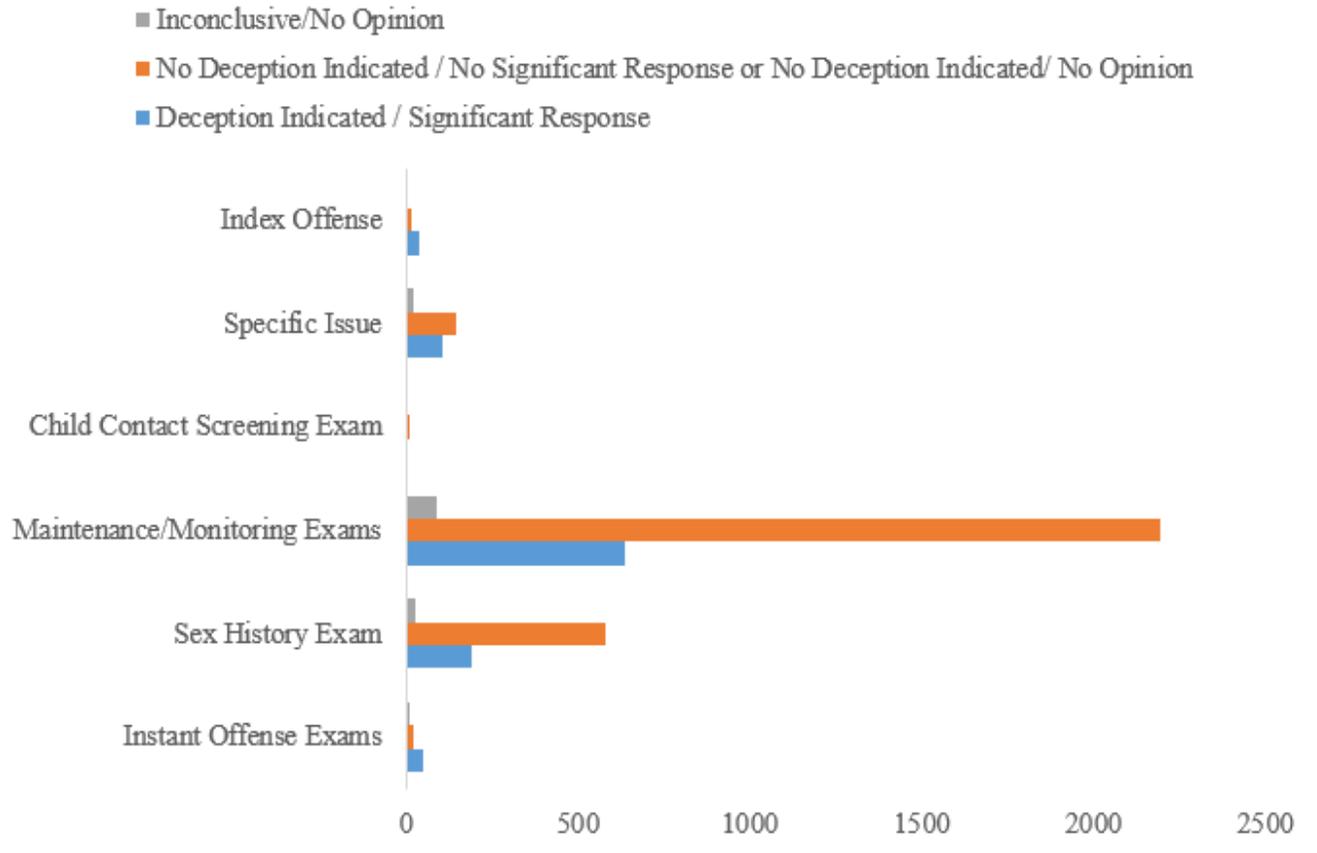


Figure 7. Deception Indicated by Polygraph Exam Type (N=4,094)





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