SEX OFFENDING NEEDS INTEGRATED CLASSIFICATION SYSTEM (SONICS)

MANUAL

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About the Authors

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Special Thanks

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List workgroup participants with credentials.

INTRODUCTION

Understanding the SONICS

The Sex Offending Needs Integrated Classification System (SONICS) is a five level categorization framework designed to integrate information about risk, protective, and responsivity factors into a comprehensive clinical profile for adult males who have been charged or convicted of a sexual offense. This manual provides instruction on the procedures and guidelines for utilizing the SONICS as an additional tool when conceptualizing a client's clinical needs. The SONICS manual should be used in conjunction with the formal training for the SONICS.

The SONICS is designed to categorize individuals based on a comprehensive assessment of needs (i.e., risk factors, protective factors, responsivity factors). It provides standard terminology for structured and organized communication practices across all stakeholders with the goal of improved consistency and accuracy. The SONICS is not intended to replicate or re-code existing risk assessment tools but rather to integrate risk assessment findings within the context of other important considerations such as the client's protective and responsivity factors.

The objective of the SONICS is to provide a consistent vocabulary to assist stakeholder communication in accurately conceptualizing a client. The SONICS provides a framework for synthesizing risk, protective, and responsivity needs and no single type of factor drives the SONICS classification independent of the other considerations. The SONICS is not intended to be a risk prediction tool and does not provide recidivism estimates for a client.

Designating a client's SONICS level does not require the use of new risk assessment instruments or additional assessment procedures. Evaluators can use their current procedures for assessing risk and protective factors and then apply the information to the SONICS framework. The SONICS is an application of the foundational work conducted by (Hanson, et al., 2017).

As the SONICS is designed to be an integration of risk assessment tools, the definitions and terminology used throughout the classification system is informed by these measures, particularly the Static-99/Static-99R (e.g., "Category A" vs. "Category B" offenses, index sex offenses, non-sexual violent offenses, gender transformation, etc.) (Phenix, et.al., 2016). Users should refer to the scoring guidelines of these instruments for specific questions regarding making a determination about the client's risk assessment scores.

FRAMING THE ISSUE

Communicating Risk

Clearly and accurately communicating a client's risk level can be challenging due to the variation in terminology and definitions provided by different risk assessment instruments. A client may score at different levels depending on which risk assessment instruments are utilized. Additionally, risk assessment instruments may have different definitions and recidivism estimates even though they use the same terms, such as "moderate-high risk" (Hanson, et al., 2017). The confusion that can occur from this inconsistency complicates effective decision making for stakeholders (e.g., judges, supervising officers). It is the responsibility of the evaluator to provide a clear and understandable explanation of risk that incorporates all available information about the client and communicate this risk effectively to assist decision making for all stakeholders.

Common Risk Language

A common risk language for Colorado provides an organized system of thought to increase consistency of risk assessment designations. Hanson et al. (2017) developed a five level system for communicating risk. Subsequently, they adjusted the system in 2018 and developed a standardized level system for individuals who committed a sexual offense (Hanson, et al., 2018, in review). There are limits to the applicability of the system recommended by Hanson and colleagues given Colorado's specific legislative and policy guidelines regarding sentencing, supervision, and treatment of individuals who commit sex offenses. However, the information provided by Hanson and colleagues provides a framework for building a common-language system applicable with Colorado's legislative and policy requirements. Creating standard terminology based on research and adapting it for Colorado provides structured and organized communication practices with improved consistency and accuracy. Hanson and colleagues' level system includes four levels with the highest level being divided into two options, either 4A or 4B. The SONICS level five is the equivalent to level 4B described by Hanson and colleagues.

UTILIZING THE SONICS

Factors to Consider

The following is a list of factors to consider when making a SONICS designation. The SONICS cannot account for all situations or life circumstances that can affect a client's profile. As such, it is important for an evaluator to consider case specific factors that may modify risk in either direction. For example, a client may present with many risk factors but is restricted from future offending due to health issues (e.g., stroke) (lower risk). Conversely, a client may score low on risk assessment instruments but express a poor ability to manage sexual offense risk factors or express intent to further harm victims (higher risk). These circumstances are infrequent; however, they may impact risk and should be documented as additional factors taken into consideration within the report.

Factors to consider when determining a client's SONICS designation:

- Static and dynamic risk assessment scores.
- Number of risk factors across domains.
- Prevalence of risk factors in different life areas.
- Severity of risk factors (mild, moderate, acute, chronic, severe, or entrenched).
- Client's awareness/understanding of personal risk factors.
- Client's awareness/understanding of intervention strategies for risk factors.
- Effectiveness of the client's self-reported intervention strategies.
- Client's current ability to effectively use intervention strategies.
- Client's current ability to consistently manage identified risk factors.
- Number of protective factors across domains.
- Prevalence of protective factors in different life areas.
- Client's ability to consistently utilize protective factors.
- Responsivity factors that may affect treatment and supervision progress.
- Presence of specific risk factors known to be highly correlated with recidivism (i.e. psychopathy, sexual sadism, history of multiple paraphilias).

Special Consideration

The SONICS designation is designed to assist stakeholders in sentencing, supervision, and treatment decisions by providing information about certain variables (e.g., risk factors, protective factors, clinical profile descriptions, reassessment timeframes). Other variables (e.g., severity of crime, victim impact) are essential considerations when determining sentencing, supervision, and treatment conditions and are considered separately from the SONICS designation. The SONICS is not designed to convey an association between a profile level and personal experience of impact from sexual assaults.

Consistent with principles of equity and human rights, evaluators are responsible for considering how issues of diversity, ethnicity, race, and culture affect clients and assessments. This also includes consideration of and sensitivity to cultural attitudes, beliefs, and values unique to the

worldview of the client when completing offense specific evaluations. Risk assessments can be less accurate and overestimate risk for underserved groups. For example, race and ethnicity should not be used as a variable in determining risk for recidivism and/or violence. Race and ethnicity, as isolated factors, have no predictive validity for future risk determinations. Evaluators should recognize the importance of disentangling race and ethnicity from other factors and not conflate them with risk. Evaluators should seek to understand the realities of the persons being assessed, as well as the opportunities and barriers surrounding them. Being uninformed of cultural norms, settings, communities, and practices can lead to elevated risk estimates. Presently, there is an evolving debate about potential implicit bias in risk instruments and how this affects legal-decision making. Consequently, it is imperative that evaluators remain informed of related developments in the field and weigh such matters when conducting assessments. Additionally, it is recommended that evaluators examine their own personal belief systems and possible biases, and utilize training and consultation to confront them in order to improve their evaluation skills. Evaluators are encouraged to consult the Multicultural Guidelines: An Ecological Approach to Context, Identity, and Intersectionality (American Psychological Association, 2017).

Target Population

A SONICS designation is appropriate for:

- Adult males who committed a sexual offense after their 18th birthday
- Charged or convicted of a Category A offense (As defined by the STATIC-99R manual)
    - This includes noncontact offenses (i.e., voyeurism, exhibitionism).
- Charged or convicted of possession of child sexual exploitation material (CSEM)

A SONICS designation is NOT appropriate for:

- Females who committed a sexual offense
- Juveniles who committed a sexual offense
- Individuals with a developmental/intellectual disability who committed a sexual offense
- Individuals with a current nonsexual offense who have a previous sexual offense

Sources of Information

The following list provides examples of possible sources of information (when available) that can be used to identify a client's SONICS Level. Simultaneously, evaluators should exercise clinical discretion where appropriate.

- Discovery Documents
- Legal History
- Mental Health Records
- Victim Input
- Collateral Contacts
- Other Relevant Collateral Information

RISK, PROTECTIVE, AND RESPONSIVITY NEEDS RELEVANT TO THE SONICS

Risk Factors

Risk factors are attitudes and behaviors that increase a client's recidivism risk and have been studied extensively. Accurately identifying a client's risk factors is essential when making a SONICS designation. Actuarial risk assessment scores provide an initial starting point for identifying a client's SONICS level.

Domain One: Sexual Interests and Behavior Patterns	**Domain Two: Attitudes**
● Risk-Related Sexual Interests ○ Sexual interest in prepubescent and pubescent children ○ Interest in sexualized violence ○ Multiple paraphilias ● Sexual Preoccupation - Intrusive, distracting, or frequent sexual thoughts ● Hypersexuality - Frequent sexual activity, extensive/indiscriminate sexual behavior ● Sexual Compulsivity - Strong sexual urges that are difficult to control or manage ● Sexual Coping - Using sexual activity to manage negative internal states	● Victim Schema ○ Pro-child molestation or rape attitudes ● Rights Schema ○ Excessive sense of entitlement ● Means Schema ○ Antisocial/criminal attitudes ● Identity Schema ○ Sexual contact connected to self-esteem or social image ● Callousness/Hostility Toward Women ● Negative Emotionality/Grievance Thinking ● High Externalization of Blame
Domain Three: Interpersonal	**Domain Four: Self-Management**
● Dysfunctional Relational Style ○ Inadequate/Avoidant ■ Poor Social Skills ■ Fear of Rejection ■ Difficulty forming and maintaining healthy adult relationships ○ Aggressive/Narcissistic ■ Utilitarian Relationships ■ Indifferent to the rights and wellbeing of others ■ Manipulating or taking advantage of others	● Antisocial Lifestyle ○ Early onset and pervasive resistance to rules and supervision ○ Criminal and rule breaking behavior ● Lifestyle Instability ○ Impulsivity ○ Poor Delay of Gratification ○ Substance Abuse ○ Employment/Financial Instability ● Dysfunctional Strategies ○ Poor Problem-

● Lack of Emotionally Intimate Partner Relationships ○ Difficulty sustaining marriage-type relationship ○ Violence/infidelity in relationships ● Insecure Attachment Style ● Emotional Congruence with Children ● Negative Social Influences ○ Antisocial Associates ○ Associates that support risk-related attitudes and beliefs	Solving/Decision Making Skills ○ Emotional Dysregulation ○ Ineffective Coping Skills ○ Problems Controlling Anger ● Social Activities ○ Lack of prosocial structured group activities ○ Antisocial and/or risk-activating social activities

Protective Factors

In addition to risk factors, evaluators need to consider protective factors when making a SONICS designation. Protective factors are attributes, traits, or behaviors that lower a client's recidivism risk. Whereas risk factors have been studied extensively, protective factors are a new clinical focus and, thus, have been studied less. However, broadly speaking, it is believed that a client's sexual recidivism risk decreases as his protective factors increase.

Internal Factors
● Empathy skills ● Effective coping skills ● Effective behavioral management/self-control skills ● Hopeful and persistent attitude toward change ● Resiliency skills ● Effective socialization skills
Motivational Factors
● Employment and financial stability ● Prosocial involvement in group/leisure activities ● The presence of medium and long-term healthy life goals ● Sufficient problem-solving skills to overcome common life difficulties ● A positive attitude toward change and maintaining a healthy lifestyle ● Motivated for treatment ● Views self as personally responsible for making the needed changes ● Views self as capable of making the needed changes ● Has an open and collaborative attitude toward authority
External Factors
● Prosocial network of friends

- Healthy partnered relationship
- Has a person who is an emotionally intimate confidant
- Works effectively with professional support
- Has professional support members who understand his needs and how to work with him
- Living circumstances coincide with level of treatment needs

Responsivity Factors

Responsivity can be seen as the means in which treatment is delivered and highlights the importance of diversity and respect for individual differences. Specialized interventions that complement individual differences increase the likelihood that treatment will be received successfully. Clinical practices that neglect individual differences and apply a "one size fits all" approach are likely to be unsuccessful compared to methods that consider individual differences.

Internal Factors
● Cognitive ability level* ● Physical Disability* ● Motivation/Stage of change ● Treatment readiness ● Level of denial ● Trauma history ● Mental illness ● Personality Disorder ● Negative emotionality/grievance attitude ● Dysfunctional interpersonal style/insecure attachment
External Factors
● Cultural Background ● Family/Support System Dynamics* ● Faith/Religious Resources*

*Responsivity factors that are not considered when making a SONICS designation.

Responsivity Considerations

Within sex-offense specific treatment, responsivity factors include one's level of denial, overall intelligence, treatment readiness, reading fluency, cultural issues, trauma history, and physical disability. Failure to consider such characteristics can result in barriers to effective treatment. Another responsivity factor is treatment readiness. Some individuals reluctantly enter treatment,

hindering their progress and undermining group cohesion. Consequently, interventions designed to lessen treatment resistance, such as motivational interviewing, should be implemented.

Possible Responsivity Factors to Consider when making SONICS designations:

- Motivation/Stage of Change
- Mental Illness
- Personality Disorder
- Trauma History
- Level of Denial
- Treatment readiness
- Dysfunctional Interpersonal Style
- Negative Emotionality/Grievance Attitude

Key Points to Remember

- Responsivity factors do NOT determine an individual's specific SONICS level.

- The main purpose of identifying responsivity factors for the SONICS levels is to help identify potential client needs that can impact treatment readiness and their ability to appropriately participate in and benefit from the treatment process.

- A client at any SONICS level may have minimal or no relevant responsivity factors that require significant modification of the treatment approach.

- Some responsivity factors are not relevant to the SONICS level (e.g., cognitive functioning, learning disability, etc.)

- SONICS designations only consider responsivity factors that impact the client's ability to emotionally tolerate the treatment process (e.g., Self-management deficits related to mental illness, personality disorders, trauma history) and/or responsivity factors that contribute to resistance to the treatment process (e.g., stage of stage, level of denial, negative emotionality).

- The amount/severity of responsivity factors will often correlate with the amount/severity of risk factors; however, this is not always the case. It is possible for a client to be in the above average risk group while having very few or no responsivity factors and, conversely, it is possible for a client to be in the below average risk group while having several significant responsivity factors. There are no specific responsivity factors associated with a given SONICS level.

- Do not assign a SONICS designation based solely on responsivity factors. When a client presents on the threshold between two levels, responsivity factors may add an additional piece of information to assist in the determination of a client's SONICS level based on his overall clinical picture.

APPLYING ACTUARIAL RISK ASSESSMENT DATA TO THE SONICS

Using Recidivism Estimates from Actuarial Instruments as a Starting Point for making a SONICS Designation

Recidivism estimates provided by actuarial risk assessment instruments are an essential component to identifying an accurate SONICS Level. The chart below is meant to serve as a guide for evaluators in identifying an appropriate starting point for a SONICS designation based on existing recidivism estimates from static and dynamic risk assessment tools. A SONICS level does not provide a recidivism estimate for a client.

For example, Mr. Smith obtained a score of 3 on the Static-99R and a score of 13 on the SOTIPS. His combined Static-99R/SOTIPS places him in the Moderate-Low risk/need category, which corresponds to an estimated three-year sexual recidivism rate of 2.7 - 4.1%. Based on the Overall Estimate Range table, this rate best corresponds to Level 2. Therefore, Level 2 is the suggested starting point for the SONICS level designation. Alternatively, in cases where the recidivism rates fall between two levels (e.g., a four-year recidivism rate of 8% falls within both Level 2 and 3), both levels should be considered as the starting point for the SONICS designation. In all cases, the evaluator should then consider the severity, frequency, prevalence, and amenability of the client's risk factors, quantity and quality of protective factors, and responsivity needs to identify the appropriate SONICS level.

Add updated Static99R norms???

Recidivism Estimates Provided By Actuarial Instruments			Overall Estimate Range	Suggested Starting Point on the SONICS Levels
VASOR-2 VASOR-2/SOTIPS Static-99R Static-99R Static-99R/STABLE-2007 Static-99R/SOTIPS	1.1-1.8 % 0.6 - 3.3% 0.9 - 1.3% 1.4 - 2.0% 2.6% 0.8 - 2.7%	5 years 3 years 5 years 10 years 4 years 3 years	≤ 3%	Level 1: Well Below Average Risk
VASOR-2 VASOR-2/SOTIPS Static-99R Static-99R Static-99R/STABLE-2007 Static-99R/SOTIPS Duwe et al. (2012) Hanson et al.	2.3 - 2.8% 1.4 - 7.8% 1.9 - 2.8% 2.9 - 4.2% 6.4% 2.7 - 4.1% 4% .95 - 2.2%	5 years 3 years 5 years 10 years 4 years 3 years 4 years 5 years	2% - 10%	Level 2: Below Average Risk

(2014)				
VASOR-2 VASOR-2/SOTIPS Static-99R Static-99R Static-99R/STABLE-2007 Static-99R/SOTIPS Scoones et al. (2012) Helmus et al. (2012) Rottenberger et al. (2014) Hanson et al. (2014)	3.6 - 6.9 % 1.4 - 14.3% 10.7 - 15.7% 15.8 - 22.9% 8.1% 2.7 - 16.8% 12.8% 4 - 12% 6% 4 - 6.7%	5 years 3 years 5 years 10 years 4 years 3 years 4 years 5 years 5 years 5 years	5% - 15%	Level 3: Average Risk
VASOR-2 VASOR-2/SOTIPS Static-99R Static-99R Static-99R/STABLE-2007 Static-99R/SOTIPS Vargen et al. (2019) Hanson et al. (2014)	8.6 - 16.0% 3.9 - 14.3% 18.8 - 22.4% 27.3 - 32.1% 19.1% 2.9 - 16.8% 12% 8.6 - 22%	5 years 3 years 5 years 10 years 4 years 3 years 10 years 5 years	10% - 25%	Level Four: Above Average Risk
VASOR-2 VASOR-2/SOTIPS Static-99R Static-99R Static-99R/STABLE-2007 Static-99R/SOTIPS	19.4 - 66.5% 8.8 - 28.7% 26.3 - 35.1% 37.3 - 48.5% 29.4% 7.5 - 28.2%	5 years 3 years 5 years 10 years 4 years 3 years	≥ 20%	Level Five: Well Above Average Risk

SONICS LEVEL DESCRIPTIONS

The following charts provide descriptions of risk, protective, and responsivity factors for typical clients at each SONICS level. Risk descriptions are divided into severity, frequency, prevalence, and amenability of risk factors. SONICS designations represent a combination of all known factors about the client. Currently established protocols of assessing risk should be used to provide risk assessment data that will inform the SONICS designation. Evaluators should follow the steps outlined below when making a SONICS designation.

STEPS TO MAKING A SONICS DESIGNATION

1. First, consider risk assessment scores as a starting point for determining a client's SONICS level. Static and dynamic risk assessments should be combined to provide a composite score with a corresponding recidivism estimate. Use the recidivism estimates provided by actuarial risk instruments and use the chart on pages 14-16 and align it with the corresponding SONICS level.
2. Second, consider the quantity and quality of the client's protective factors. If the client has several well-established protective factors and has shown the ability to consistently utilize the protective factors, this may lower the client's overall risk profile and impact the SONICS designation. Conversely, if the client has few or no protective factors, this may increase the client's overall risk profile and impact the SONICS designation.
3. Finally, consider the client's responsivity needs. If the client has relevant responsivity needs that significantly impact his treatment readiness and ability to appropriately engage in and benefit from the treatment process, this may impact the client's SONICS designation for individuals who are on the cusp between two levels. See Responsivity Considerations section on page 13 for detailed information about how to consider responsivity factors when making SONICS designations.

Profile Description			
Level	**Risk** (See pages 9-10 for a list of Risk Factors)	**Protective** (See pages 11-12 for a list of protective factors)	**Responsivity** (See pages 12-13 for a list of Responsivity factors)
	Severity ● People who are well below the average of the risk and need distribution	● Generally prosocial lifestyle overall except for sex offending behavior	● May have minimal to no responsivity needs that

1. Well Below Average Risk	• Risk assessment categories tend to be low or very low • Risk factors that were present were minimal in severity	• Many established protective factors • Protective factors are consistently present • Resources and strengths that are clearly established and consistently utilized • Sustained period of time of utilizing protective factors	require significant modification of treatment • If present, the responsivity needs tend to be minimal in severity and/or consistently managed by the client • Typically little to no treatment modification is required
	Frequency • Relevant risk factors tend to be historical • They have a sustained period of time with no or only minor dynamic/criminogenic risks		
	Prevalence • Risk factors limited to only one area of life (i.e. social, work, school)		
	Amenability • Minimal identifiable treatment needs and involvement in sex offense specific services would have little to no effect		
2. Below Average	Severity • People below the average of the risk and need distribution • Risk assessment categories tend to be low or low-moderate • Risk factors are minimal in severity	• Generally prosocial lifestyle overall except for sex offending behavior and possibly minor or historical nonsexual criminal infractions • Many established protective factors	• May have no responsivity needs • If present, the responsivity needs tend to be low in severity • Client displays the ability to effectively manage responsivity needs with few lapses
	Frequency • Relevant risk factors tend to be historical or have occurred infrequently in recent years		

	• May currently present with transitory dynamic/criminogenic risk Prevalence • Risk factors are limited to few life areas (i.e., social, work, school) Amenability • Usually few identifiable treatment needs that are not heavily ingrained and easily workable	• Protective factors are consistently present with few lapses • Resources and strengths that are clearly established and consistently utilized • Sustained period of time of utilizing protective factors	• Typically only minor treatment modification is required, if any
3. Average	Severity • People in the middle of the risk and need distribution • Risk assessment categories tend to be low-moderate, moderate, and moderate-high • Risk factors vary in severity Frequency • Multiple dynamic risk factors are present in multiple domains • A few dynamic risk factors may be chronic and severe (2-4 years) Prevalence • Risk factors are present in multiple life areas (i.e. social, work, school)	• May have a mixed history of prosocial and antisocial lifestyle • Some established protective factors • May be missing some needed protective factors • Some identifiable resources and strengths; however, may not be used on a consistent basis • May have a limited period of time (6 - 12 months) of utilizing protective factors • Some external barriers to establishing needed protective factors	• May have no responsivity needs • If present, the responsivity needs tend to be moderate in severity • Client displays the ability to manage responsivity needs but may be inconsistent at times and adjunct treatment may be needed • They may have some responsivity factors typical of individuals who have committed a sexual offense (e.g., personality disorder, trauma history) • Some treatment modifications may be required

	Amenability ● Some treatment needs may be moderately ingrained but workable		
4. Above Average	Severity ● People who are above the average in the risk and need distribution ● Risk assessment categories tend to be moderate, moderate-high, and high ● Risk factors tend to be present at an elevated level ● May not have multiple/severe risk factors in all domains but presents with specific risk factors associated with higher levels of recidivism (i.e., pedophilia, sexual sadism) elevated to a high degree with few, if any, management skills	● Significant history of antisocial lifestyle or history of highly avoidant/inadequate social style ● Few if any established protective factors ● Several needed protective factors are not present ● Limited identifiable resources and strengths and they are used on an infrequent basis ● No sustained period of time of utilizing protective factors ● Many external barriers to accessing or establishing protective factors	● May have no responsivity needs ● Additional treatment needs are usually present ● Responsivity factors may be moderate to severe ● Client may have difficulty managing responsivity needs ● Adjunct treatment may be needed to address the responsivity factors ● Treatment modification is commonly required
	Frequency ● Many recurring dynamic risk factors likely in all domains		

	• A number of dynamic risk factors will be chronic (2-4 years) Prevalence • Risk factors tend to be pervasive across many life areas (i.e., social, work, school) Amenability • Several treatment needs may be strongly ingrained and difficult to change		
5. Well Above Average	Severity • People well above the average in the risk and need distribution • Risk assessment categories tend to be moderate-high, high, and very high • Risk factors tend to be present at a severe level • May not have multiple/severe risk factors in all domains but presents with specific risk factors associated with higher levels of recidivism (i.e., pedophilia, sexual sadism) elevated to a high degree with few, if any, management skills Frequency • Has most of the dynamic risk factors in all of the domains	• Primarily an antisocial lifestyle or severe history of social deficits involving avoidant/inadequate social style • May have no protective factors • Many needed protective factors are not present • Extremely limited resources and strengths and they are rarely used • No sustained period of time of utilizing protective factors • Significant external barriers to accessing or establishing protective factors	• May have no responsivity needs • Additional treatment needs are usually present • Responsivity needs tend to be high in severity • Client displays poor management of responsivity needs • Adjunct treatment may be needed to address the responsivity factors • Treatment modifications are often needed

	● Many dynamic risk factors are persistent and chronic (2-4 years)		
	Prevalence ● Risk factors tend to be pervasive in all life areas (i.e., social, work, school)		
	Amenability ● Treatment needs are strongly entrenched and difficult to change		

SPECIAL CONSIDERATIONS FOR CHILD SEXUAL EXPLOITATION MATERIAL OFFENSES

Research indicates that individuals who only have charges/convictions for child sexual exploitation material (CSEM) offenses recidivate at different levels than clients with contact offenses, typically 2-4% for any new sexual arrest. This can include a new offense involving possession of CSEM or a contact offense (Cohen & Spidell, 2016; Seto, Hanson, & Babchishin, 2010). The recidivism rate for new contact offenses is about half the recidivism rate for subsequent CSEM offenses. Further, this subgroup of clients presents with differences in risk factor presentation, such as low rates of antisocial features, alcohol and drug problems, and aggression. Regarding protective factors, they usually have more social support, higher levels of education, employment stability, and are more likely to be married (Magaletta, et. al., 2012; Babchishin, Hanson, & VanZuylen, 2013; & Faust, et. al., 2015). Research indicates CSEM clients may have higher rates of certain characteristics compared to contact clients, such as problems with sexual preoccupation and issues with sexual self-regulation. Additionally, they may have higher levels of risk-related sexual interests (e.g., pedophilia) than contact only clients, but less than clients with both contact and noncontact offenses (Babchishin, Hanson, & VanZuylen, 2013). Seto, Hansen, and Babchishin (2011) found that approximately 55% of clients who offended on-line self-reported engaging in contact offenses. Current research suggests recidivism rates of CSEM clients is most similar to SONICS Level Two, Below Average Risk. CSEM clients as a whole present as low-risk; however, when examined as individuals these clients present at all levels of the spectrum of risk.

The following guidelines apply to identifying a SONICS level for clients who only have a known history of possession/transmission of CSEM.

- Clients with only charges/convictions of possession or distribution of CSEM can be included in the SONICS using the special considerations guidelines.
- Begin by placing the client at the SONICS Level Two, Below Average Risk.
- Consider individual presentations of risk and protective factors to adjust the client's SONICS level to best capture the client's overall risk profile. Factors that may increase a CSEM client's SONICS level include higher rates of antisociality, history of alcohol and drug problems, history of aggression, poor prosocial adjustment (e.g., instability in friendships and romantic relationships), and general lifestyle instability (e.g., employment, financial, and residential instability).
- Risk assessment instruments (e.g., STABLE-2007, SOTIPS, C-PORT, etc.) may help provide guidance about the client's constellation of criminogenic needs; however, they should not be used as risk prediction tools for the CSEM client population. Currently, no risk assessment tool has been validated on the CSEM client population.
- In evaluation reports, note limitations of the SONICS designation due to limited research about the application of a Five Level System to the CSEM client population.

Use the standard SONICS protocol if:

- The client has charges or convictions of contact sex offenses.
- The client self-reports a history of contact offenses.
- There is available credible information (e.g., victim accounts, DHS reports, collateral documentation) that the client engaged in Category A sexual offense behavior. Use the

standard of Preponderance of Evidence (i.e., "more likely than not") or at least 51% certainty when determining the credibility of information. Refer to the guidelines outlined in the Static-99R manual regarding standards of proof on page 19 of the manual (Phenix et al., 2016).

- The client is charged or convicted of manufacturing/creating CSEM where an identifiable child victim was involved in the process (See page 23 of the Static-99R manual).

SUGGESTED TIMEFRAMES FOR COMPLETING FOLLOW-UP ASSESSMENTS

The Sex Offending Needs Integrated Classification System allows for clients to move from one level to another based on their overall clinical presentation as they participate in treatment and supervision. Movement from one level to another is based on the client's ability to manage risk factors, utilize protective factors, and meet treatment/supervision expectations. The suggested time frames are based on the work of Hanson, et al., 2018, regarding desistance rates based on risk level. Their findings indicate risk declines over time for clients at all initial risk levels and eventually falls below the desistance threshold.

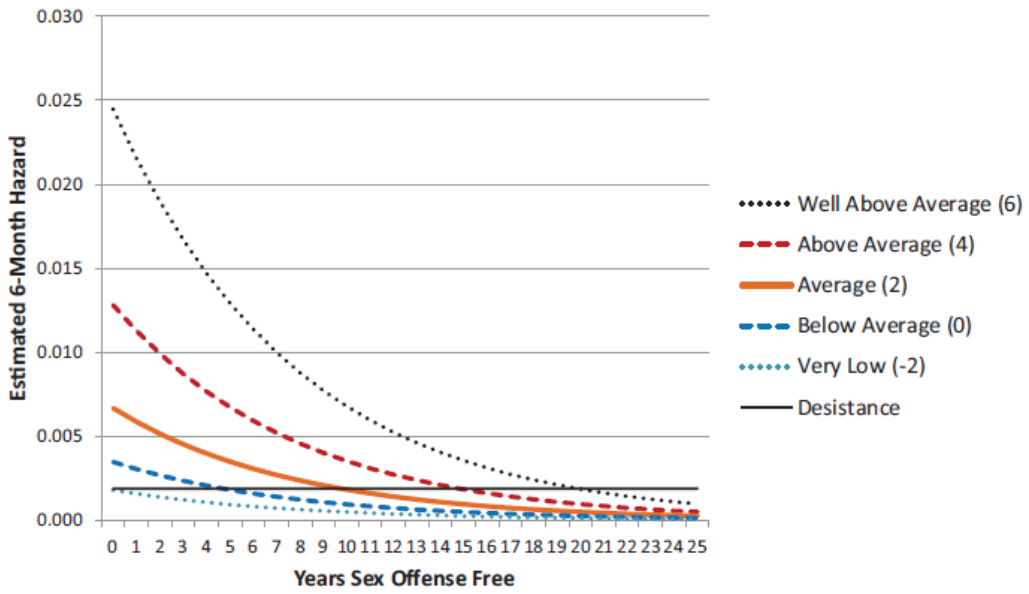

Figure 2. Years to desistance according to initial risk level based on selected Static-99R scores. Estimated hazard rates based on Model 5 (n = 7,225) for routine/complete samples. See the online article for the color version of this figure.

While there are limitations to applying this desistance data (particularly that a specific Static-99R score may not necessarily align with a specific level on the Sex Offending Needs Integrated Classification System), it can be useful in terms of the general trends it outlines regarding how risk tends to decline over time. This can be used as a general guide for determining time frames for reassessment after certain intervals of being offense free in the community.

CHANGING A CLIENT'S SONICS LEVEL

A client's SONICS level can be changed based on the determination of the community supervision team (CST). The CST should collaborate to gather needed information to determine if a client's SONICS level should be raised or lowered based on his clinical presentation. This decision should be made based on the CST's determination that the client's overall risk profile more accurately matches a different SONICS level. It is recommended that a new formal evaluation be conducted in situations in which the CST does not have consensus regarding the client's movement to a different level or the CST would like to have additional information to help guide the decision about movement to a different SONICS level. Below are suggested criteria and re-assessment timeframes for changing a client's SONICS level designation.

General Guidelines about Changing a Client's SONICS Level

- A client's SONICS level should be lowered one level at a time.
- The levels do not need to be increased one level at a time.
- When a client's SONICS level is lowered, he then needs to demonstrate a period of stability (typically 2-3 years) at the new level before the CST should consider lowering the SONICS level again.
- When a client's presentation decompensates and he displays a pattern of increased risk factors, the CST can redesignate the client's SONICS level to the higher level that best represents his clinical presentation.

Guidelines for Consideration to Lower a Client's SONICS Designation

- The client has been in the community and sex offense-free for at least a minimum of 2-3 years. Clients who were initially designated at the above average risk levels may need additional time offense-free in the community prior to lowering the SONICS level.
- The client should have no new charges or convictions for nonsexual offenses in the last 3 years.
- The client demonstrates a reduction in risk as measured by decreases in dynamic risk assessment scores.
- If the client's initial dynamic risk assessment scores were in the lower levels of risk, then the client displayed the ability to maintain lower scores on dynamic risk assessment instruments for 2-3 years with only minor, transitory increases in dynamic risk that are typical of individuals with a history of sexual offenses.
- Occasional fluctuations in dynamic risk assessment scores are normal; however, the client should not have a pattern of problematic attitudes or behaviors in the last 6 months to 1 year that resulted in an increase in dynamic risk assessment categories and the scores remained elevated for 6 months even after attempted interventions by treatment providers.

Guidelines for Consideration to Raise a Client's SONICS Designation

- The client commits a new index sex offense.
- The client commits a new nonsexual offense.
- The client engages in probation/parole technical violations that are equivalent to new crimes; however, new charges were not filed. Primarily consider technical violations that

involve criminal behavior, relate to dynamic risk factors, or are associated with the client's offense-related themes and risk-related sexual interests and behavior patterns.

- During the course of treatment, additional information becomes available that indicates the client's overall clinical profile is more similar to a higher SONICS level.
- The client displays a pattern of decline from the level of functioning at initial assessment. Demonstrated by:
    - Dynamic risk assessment scores increase and result in a higher risk category and the score remains in the higher category for more than 6 months even after attempted interventions.
    - The client engages in a significant pattern of problematic behavior that is against treatment expectations. Primarily consider dynamic risk factors that are relevant to a SONICS profile, such as primary drivers, offense-related themes, and risk-related sexual interest and behavior patterns.

DEFINITIONS

Chronic: A risk factor is considered chronic when it is present in a client's life in a consistent manner for at least two to four years. Onset typically occurs in adolescence or early adulthood.

Desistance: The risk for a new sexual offense by someone with a history of sexually abusive behavior is no different than the risk of a spontaneous sexual offense among individuals with no prior history of a sexual offense. This risk is not zero. Rather it is typically less than 2% after 5 years (Hanson, et al., 2018).

Primary Drivers: Specific criminogenic/dynamic risk factors that highly influenced offense behavior (Hanson, et al., 2017).

Protective Factors: Social and psychological factors identified in research that are associated with reductions in recidivism.

Risk Factors: Social and psychological factors identified in research that are associated with increases in recidivism.

Risk, Need, Responsivity Principles:
The Risk-Needs-Responsivity (RNR) model is an empirically supported approach designed to reduce reoffending. This intervention developed by Andrews, Bonta, and Hoge (1990) has continued to garner support since its inception and has increasingly been applied to sex-offense-related work (Andrews & Bonta, 2006). The three key principles of the RNR model are criminogenic risk, criminogenic need, and responsivity.

Risk Principle: The dosage and intensity of treatment services should match the client's risk level.

Need Principle: Treatment interventions should target criminogenic needs associated with recidivism.

Responsivity Principle: Modify the delivery of treatment services based on the client's individual attributes in order to enhance the client's ability to benefit from the treatment process.

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APPENDIX

Examples of Typical Clients at Each SONICS Level

Below are examples of typical clients at each SONICS Level. These examples are intended to provide general descriptions about typical presentations of risk, protective, and responsivity needs a client may exhibit at each level. All situations of sexual assault are unique and these examples are not meant to convey that a specific type of offense aligns with a specific SONICS level.

Examples of Clients Who Sexually Offended Against Adult Victims

Example of Level One Client: Well Below Average Risk

Name: Mr. One
Age: 45

Index Offense: Mr. One was convicted of Sexual Assault involving a 24-year-old female when he was 37 years old. Mr. One met the victim through his job as a firefighter. They spent time together three times before the sexual assault occurred. The sexual assault involved Mr. One attempting to kiss the victim while fondling her breasts and vagina over the clothing. The victim made several statements for him to stop; however, he did not stop until the victim started yelling and screaming at him.

Sexual Offense History: No known additional sexual assault victims.

Criminal History: No nonsexual criminal history.

Risk	Protective	Responsivity
Severity Static-99R = 0 Below Average Stable 2007 = 2 Low Composite = Low Recidivism Estimates = 1.7-2.6% (2-4years) VASOR-2 = 3 Low SOTIPS = 6 Low Composite = Low Recidivism Estimate = 0.6-3.3% (3 years)	Mr. One has lived a primarily prosocial lifestyle with the exception of his index offense. He does not express antisocial attitudes or beliefs. He has many established protective factors including good socialization skills, consistent stability in employment, finances, and residency, prosocial family and friends, frequent involvement in prosocial group activities, good problem solving skills, positive attitude toward professional	No responsivity needs relevant to designating a SONICS level were identified.

Scores on dynamic risk items are primarily zero. For items in which he did not score zero, he generally only minimally met the threshold for scores of one.	support, and a healthy partnered relationship.	
Frequency Mr. One's risk factors that are considered primary drivers are distorted attitudes about sex, women, and masculinity. Additional risk factors include interpersonal relationship deficits and substance abuse. His risk factors occur infrequently and have not been present in his life to a high degree.		
Prevalence Mr. One's risk factors primarily affected his romantic relationship functioning; however, he currently has a healthy relationship with a girlfriend of five years. He has a history of effective stability in all other areas of life.		
Amenability Mr. One's risk factors appear to be primarily historical. He expressed a willingness to participate in treatment and is open to discussing possible treatment needs.		
Example of Level Two Client: Below Average Risk		
Name: Mr. Two Age: 53		

Index Offense: Mr. Two pled guilty to one count of Sexual Assault. He sexually assaulted a 55-year-old female acquaintance. Mr. Two and the victim were friends and had previous casual sexual encounters. Mr. Two and the victim were hanging out at the victim's apartment watching television. Mr. Two made sexual advances that were declined by the victim. The sexual assault involved Mr. Two using force to fondle the victim, he attempted to penetrate the victim's vagina with his penis, and he forced the victim to touch his penis.

Sexual Offense History: No additional sexual assault victims of record. Mr. Two denied sexually assaulting anyone else.

Criminal History: Mr. Two's previous nonsexual criminal offenses occurred over 13 years ago and most of his criminal behavior occurred in his twenties and thirties. His history involves convictions for possession of marijuana multiple times, possession of controlled substances, cultivation of marijuana, public intoxication, theft, and trespassing. He was placed on probation for his offenses and successfully completed the requirements of probation.

Risk	Protective	Responsivity
Severity Static-99R = 0 Below Average Stable 2007 = 3 Low Composite = Low Recidivism Estimates = 1.7-2.6% (2-4years) VASOR-2 = 3 Low SOTIPS = 10 Low Composite = Low Recidivism Estimate = 0.6-3.3% (3 years) Scores on dynamic risk items are primarily zero or one. He has only two items in which he scored above a one.	In the last 12 to 15 years, Mr. Two has lived a primarily prosocial life. He has maintained employment, financial, and residential stability. Additional protective factors include prosocial associates and activities, behavioral controls, long-term healthy life goals, resiliency skills, and socialization skills. He could benefit from establishing the protective factors of effective coping skills, positive attitude toward change, problem solving skills, and good working relationships with professional support.	Mr. Two has a diagnosis of Cannabis Abuse Disorder. He does not see his substance abuse as a problem but indicated he will participate in substance abuse treatment if he is told to. Mr. Two presents with a moderate degree of externalization of blame; however, he is open to exploring his contribution to his problems during the interview. No treatment modification is recommended based on his responsivity factors.
Frequency Mr. Two's risk factors have not been present in his life to a high degree. Risk factors that are considered primary drivers are sexual coping, distorted attitudes related to victim and identity schema,		

and externalization of blame. Current risk factors primarily involve his distorted attitudes that are conducive to sexually assaultive behavior and interpersonal relationship skills. He has generally good self-management skills.		
Prevalence Mr. Two's risk factors can present occasionally in his social and work functioning; however, he has an established history of stability in most areas.		
Amenability Mr. Two's risk factors do not appear highly ingrained and he seems capable of making positive changes. He presents with minor resistance and minimization that is typical of clients at the beginning of treatment.		

Example of Level Three Client: Average Risk

Name: Mr. Three
Age: 35

Index Offense: Mr. Three sexually assaulted a 33-year-old female when he was 34 years old. Mr. Three was a massage therapist and the victim was one of his clients. The sexual assault occurred in her house and involved Mr. Three using force to vaginally penetrate the victim with his penis. He gained partial penetration and ejaculated. He then raped her a second time before leaving her house.

Sexual Offense History: No additional sexual assault victims of record. Mr. Three denied sexually assaulting anyone else.

Criminal History: Mr. Three has a varied nonsexual adult criminal history including: Trespass, Auto Theft, Possession of a Concealed Weapon, 2nd Degree Burglary, and Operating a Vehicle Without Insurance and Diving Without a License. Mr. Three was placed on probation for two years for 2nd Degree Burglary and was on probation at the time of arrest for the index offense.

Risk	Protective	Responsivity
Severity Static-99R = 2 Average Stable 2007 = 12 High Composite = Moderate-High Recidivism Estimates = 5.5-8.1% (2-4 years) VASOR-2 = 6 Moderate-Low SOTIPS = 19 Moderate Composite = Moderate-Low Recidivism Estimates = 1.4-7.8% (3 years)	Mr. Three has a mixed history of prosocial and antisocial behaviors. His protective factors include professional support, external control, and positive attitude toward change. He presents as cooperative with professional support members. He could benefit from establishing the protective factors of prosocial associates and group activities, building resiliency skills, increasing consistency in employment and financial stability, and developing long-term healthy life goals.	Diagnosis: PTSD, Other Specified Personality Disorder, mixed personality features. Cannabis Use Disorder, mild. Mr. Three has a diagnosis of PTSD related to his history of being sexually assaulted from 6 to 10 years old by one of his father's friends. A trauma informed care approach is recommended. Mr. Three presents with several Cluster B personality disorder features. The features that are most relevant to responsivity are his difficulties with emotional dysregulation. He can easily feel criticized and respond with intense frustration and anger. He is inconsistent in his ability to manage these responsivity factors. Treatment will need to be modified by including additional strategies to help Mr. Three emotionally tolerate the treatment process or adjunct treatment may be offered if modifications are not enough.
Frequency He presents with multiple criminogenic needs in all four domains (sexual interests and behaviors, attitudes, interpersonal, and self-management) that vary in severity. Factors that appear to be primary drivers for Mr. Three include a history of interpersonal deficits (limited ability to form and maintain emotionally healthy social relationships), distorted attitudes that were conducive to sexually assaultive behavior (identity schema), and risk-related sexual patterns (sexual preoccupation and sexual coping). His risk factors have been present throughout his adolescence and adulthood and have fluctuated in severity depending on situational factors.		

Additional risk factors include a dysfunctional relationship style and a history of self-management deficits (poor problem solving/decision making skills and employment/financial instability).		
Prevalence His risk factors have been present in most areas of life including work, school, and employment. He has had minimal success with healthy lifestyle patterns and continues to struggle with healthy relationships, employment instability, and social functioning.		
Amenability Mr. Three's risk factors appear moderately ingrained but workable and he presents with the typical resistance and minimization common for clients who have committed a sex offense.		

Example of Level Four Client: Above Average Risk

Name: Mr. Four
Age: 55

Index Offense: Mr. Four sexually assaulted a 37-year-old female stranger when he was 33 years old. He met the victim in a bar and left together with the intention of going to Mr. Four's residence. Mr. Four stopped the car on the way to his residence and attempted to get the victim to engage in sexual contact. When she attempted to leave, Mr. Four forced the victim into the back seat of his car, removed her pants and forcibly inserted his penis into her vagina. Other behaviors included holding the victim by the throat and threatening to physically harm the victim if she continued to resist.

Sexual Offense History: At age 17, he was charged with the Sexual Assault of a 16-year-old female. At age 28, Mr. Four was arrested for Sexual Assault of an adult female stranger and pled guilty to Simple Battery. The sexual factual basis of the case states Mr. Four forced her to perform oral sex on Mr. Four, and engaged in forced anal and vaginal penetration against the

victim. He also threatened to kill the victim. At age 30 he was charged with First Degree Sexual Assault but the case was later dismissed.

Criminal History: Mr. Four was first arrested at age 10 and received probation. Records indicate a total of five felony arrests, ten misdemeanor arrests, two probations, one probation revocation, three paroles, and three parole revocations. Offenses include disorderly intoxication, multiple DUIs, drug possession, assault and robbery, battery, and criminal impersonation.

<table>
<tr><th>Step One: Risk</th><th>Step Two: Protective</th><th>Step Three: Responsivity</th></tr>
<tr><td>Severity
Static-99R = 5 Above Average
Stable 2007 = 12 High
Composite = High
Recidivism Estimates = 16-19%
(2-4years)

VASOR-2 = 16 High
SOTIPS = 17 High
Composite = High
Recidivism Estimate = 8.8-28.7%
(3 years)</td><td rowspan="2">Mr. Four's protective factors include professional support, goal directed living, and external control. He also appears to have an adequate prosocial support system. His identified intervention strategies included associating with positive peers, prosocial hobbies, and contacting family for support.

He could benefit from establishing the protective factors of effective coping skills/self-control skills, problem solving skills, and a positive attitude towards change.

Mr. Four has sustained several long-term jobs while living in the community. He is able to identify some long-term goals, but has difficulty identifying specific steps or strategies to attain these goals.</td><td rowspan="2">Diagnosis of Narcissistic Personality Disorder with antisocial traits and Alcohol Use Disorder, in sustained remission in a controlled environment. He also endorsed a high degree of psychopathic traits. Given the extent of Mr. Four's alcohol abuse history, adjunct substance abuse treatment is recommended.

Mr. Four appears to be an individual with high impression management and a tendency to intellectualize treatment content. He also displays an aggressive/narcissistic relational style, grievance thinking, and high externalization of blame. Interventions should be implemented to address these responsivity factors prior to addressing other risk-related areas.

He appears to be in the ambivalent stage of change; he recognizes that problems exist but appears unsure about his need for sex offense specific treatment.</td></tr>
<tr><td>Frequency
He presents with a history of criminogenic and dynamic risk factors, some chronic and severe, in all four domains (sexual interests and behaviors, attitudes, interpersonal, and self-management). His risk factors have been present throughout adolescence and into adulthood. However, he has demonstrated some management of criminal and rule breaking risk factors during his incarceration; he has not received a rule violation in approximately ten years.</td></tr>
</table>

His primary drivers include rights schema, victim schema (pro-rape attitudes), grievance thinking, high externalization of blame, sexualized violence, and dysfunctional relational style (aggressive/narcissistic). Additional risk factors include hypersexuality, relationships marred by violence/infidelity, history of antisocial attitudes and behaviors, impulsivity, substance abuse, ineffective coping skills, poor problem solving, and emotional dysregulation.		
Prevalence His risk factors have been present in numerous areas of life. He has not displayed healthy lifestyle patterns in school, social functioning, and relationships.		
Amenability His treatment needs are strongly ingrained and difficult to change. Previous attempts to address his treatment needs has been unsuccessful.		

Example of Level Five Client: Well Above Average Risk

Name: Mr. Five
Age: 27 years old

Index Offense: Mr. Five sexually assaulted a 20-year-old female acquaintance when he was 25 years old. The sexual assault involved fondling the victim's breasts and vagina over the clothing. He used physical force to overpower the victim and was interrupted by the police. The police showed up at the residence to question Mr. Five about motor vehicle theft. He was caught on surveillance cameras stealing a car earlier in the day.

Sexual Offense History: When he was 19 years old, Mr. Five was charged with sexual assault on a child. The case involved Mr. Five sexually assaulting a 17-year-old female stranger who was passed out from intoxication at a party. The case was dismissed before trial. At 22 years old, Mr. Five was convicted of 1st Degree Sexual Assault for sexually assaulting a 26-year-old female he met at a party. He convinced the victim to have a drink with him in a private room. When she attempted to leave, he strangled the victim and punched the victim in the mouth. The sexual assault involved fondling the victim's breasts and vagina, and forcing the victim to perform oral sex. He was on probation for this offense when he was arrested for the index offense.

Criminal History: Mr. Five has an extensive nonsexual criminal history beginning in early adolescence and continuing into adulthood. His previous offenses include theft, reckless driving, assault, harassment, menacing, weapons convictions, violation of restraining orders, selling drugs, criminal mischief, driving under the influence, and possession of illegal substances.

<table>
<tr><th>Step One: Risk</th><th>Step Two: Protective</th><th>Step Three: Responsivity</th></tr>
<tr><td>Severity
Static-99R = 5 Above Average
Stable 2007 = 14 High
Composite = High
Recidivism Estimates = 16-19%
(2-4years)

VASOR-2 = 10 Moderate-High
SOTIPS = 22 High
Composite = High
Recidivism Estimate = 8.8-28.7%
(3 years)

Mr. Five easily meets the threshold of high scores on dynamic risk items.</td><td rowspan="2">Mr. Five has always lived an antisocial lifestyle. He was raised by gang affiliated parents and he currently has no prosocial associates. His one identifiable protective factor is professional support. He is able to form working alliances with jail therapists and some correctional staff. The alliances tend to be fragile and disintegrate easily when his expectations are not met.

He currently displays no resources or strengths he can consistently use to help him make positive changes in his life. He can maintain appropriate behavior for short periods of time (3-7 days) but even minor events cause him to decompensate and engage in problematic behaviors. He has no long-term life goals.</td><td rowspan="2">Diagnosis of PTSD, Antisocial Personality Disorder, and Borderline Personality Disorder. He has been placed on 38 mental health holds while detained in jail. His lack of self-management skills (emotional regulation, problem solving, frustration tolerance, anger management, and impulsivity) creates significant problems in his daily functioning. He needs adjunct treatment before he will be able to emotionally tolerate the sex offense specific treatment process.

Mr. Five has a history of engaging in severe self-harm behavior when dysregulated. Sex offense specific treatment will need to be modified by including significantly more self-management skill building in</td></tr>
<tr><td>Frequency
Mr. Five has several risk factors across all domains. Particularly the attitudes, interpersonal, and self-management domains. His risk factors have been present throughout adolescence and into adulthood. His risk factors</td></tr>
</table>

continued during previous incarcerations and have included over 75 sanctions for rule violations, including violent offenses. His risk factors that are primary drivers include dysfunctional relational style, antisocial attitudes and behaviors, negative social influences, emotional dysregulation, ineffective coping skills, and impulsivity. His additional risk factors include rights schema, callousness toward women, substance abuse, employment problems, poor problem solving skills, sexual coping, and lack of prosocial structured group activities.		order to help Mr. Five be successful. Mr. Five appears to be at the ambivalent stage of change. He acknowledged he has difficulties but stated he only knows how to "run a muck."
Prevalence His risk factors have been present in all areas of life. He has not displayed healthy lifestyle patterns in school, employment, social functioning, and relationships.		
Amenability His treatment needs are highly entrenched and difficult to change. He has been unsuccessful in previous treatment programs for substance abuse and mental health. All of his previous probation sentences during adolescence and adulthood were eventually revoked.		

Examples of Clients Who Sexually Offended Against Child Victims

<table>
<tr><th colspan="3">Example of Level One Client: Well Below Average Risk</th></tr>
<tr><td colspan="3">Name: Mr. One
Age: 59

Index Offense: Mr. One was convicted of Sexual Assault on a Child. The sexual assault involved Mr. One having sexual intercourse with a 15-year-old female acquaintance when he was 47 years old. The sexual assault did not involve force or coercion.

Sexual Offense History: No additional sexually assaultive behavior is known.

Criminal History: No juvenile history. Two counts of Issuance of a Bad Check when he was in his twenties and traffic offenses.</td></tr>
<tr><th>Risk</th><th>Protective</th><th>Responsivity</th></tr>
<tr><td>Severity
Static-99R = -2 Well Below Average
Stable 2007 = 3 Low
Composite = Low
Recidivism Estimates = 1.7-2.6%
(2-4years)

VASOR-2 = 2 Low
SOTIPS = 7 Low
Composite = Low
Recidivism Estimate = 0.6-3.3%
(3 years)

Mr. One easily met the threshold for lower scores on the majority of dynamic risk items that apply to him. Most dynamic risk items scored at zero.</td><td rowspan="2">Mr. One has primarily lived a prosocial lifestyle with the exception of his sex offense and minor historical infractions.

Protective factors such as the following are consistently present: prosocial family and friends, engagement in prosocial group activities, employment and financial stability, effective socialization skills, positive attitude toward change, positive attitude toward professional support, and a healthy partnered relationship.</td><td rowspan="2">No significant responsivity factors were identified for Mr. One. While he does have a history of occasional increases in his alcohol consumption, substance abuse treatment does not appear warranted at this time.</td></tr>
<tr><td>Frequency
Mr. One’s history indicates sustained periods of time</td></tr>
</table>

with little to no presentation of risk factors. Risk factors such as impulsivity, alcohol abuse, emotional regulation skills, and relationship skills appear to be transitory and fluctuate based on current stress levels. He was going through a divorce at the time of the sexual offense and his risk factors temporarily increased. His primary drivers appear to be distortions about sexual contact with teenagers, sexual coping, and impulse control. Additional risk factors appear to be dysfunctional relational style, alcohol abuse, and poor emotional regulation skills.		
Prevalence Mr. One's risk factors have affected his interpersonal relationships. He has always maintained stability in other areas of life.		
Amenability Mr. One's risk factors relevant to sex offense specific treatment are minimal and appear to be easily workable.		
Example of Level Two Client: Below Average Risk		
Name: Mr. Two Age: 36 Index Offense: Mr. Two was convicted of two counts of Sexual Assault on a Child - Position of Trust. He sexually abused his older daughter for approximately three years beginning when		

she was 12 years old. The sexual assaults involved fondling the victim's body, oral contact, and penile penetration. He sexually assaulted his younger daughter for several months beginning when she was 10 years old. The sexual assaults involved fondling the victim's body and rubbing his penis against the outside of her vagina.

Sexual Offense History: No known additional sexually assaultive behavior.

Criminal History: No nonsexual criminal record.

<table>
<tr><th>Risk</th><th>Protective</th><th>Responsivity</th></tr>
<tr><td>Severity
Static-99R = -1 Below Average
Stable 2007 = 5 Moderate
Composite = Low
Recidivism Estimates = 1.7-2.6%
(2-4years)

VASOR-2 = 4 Low
SOTIPS = 8 Low
Composite = Low
Recidivism Estimate = 0.6-3.3%
(3 years)

Mr. Two easily met the threshold for lower scores on the majority of dynamic risk items that apply to him. Most dynamic risk items scored at zero.</td><td rowspan="2">Mr. Two has lived a prosocial lifestyle with the exception of his sexually assaultive behavior. He does not express antisocial attitudes or beliefs. He has been married for over 10 years and has never had a period of unemployment or financial instability. Additional protective factors include his attitude toward professional support, prosocial network of friends, a large prosocial family support system, motivation for treatment, and goal directed living.

He could benefit from establishing the protective factors of effective coping skills, resiliency skills, better socialization skills, and problem solving skills.</td><td rowspan="2">Mr. Two was diagnosed with Dependent Personality Disorder. While this can impact his treatment participation, it should be manageable with minor adjustments to the delivery of services and no major modifications appear necessary.

Mr. Two is open and cooperative regarding his treatment needs. He acknowledges his risk factors and expressed motivation to change. He appeared to be in the action stage of change.</td></tr>
<tr><td>Frequency
Mr. Two presents with some dynamic risk factors that appear transitory or acute. His primary drivers appear to be distortions about victim schema that are conducive to sexual offending, sexual coping, and risk-related sexual interests. Additional risk factors appear to be sexual preoccupation, dysfunctional relational</td></tr>
</table>

style, and poor coping strategies.		
Prevalence Mr. Two's risk factors occurred primarily in his family functioning. There is no information about problematic functioning in any other areas of life.		
Amenability Mr. Two's risk factors appear workable. His risk factors are generally not present unless he experiences heightened psychosocial stress and he expresses a strong desire to make positive changes in his life.		

Example of Level Three Client: Average Risk

Name: Mr. Three
Age: 28

Index Offense: Mr. Three was convicted of two counts of Sexual Assault on a Child for sexually assaulting two of his nieces. The victims were 6 and 8 years old. The sexual assaults involved fondling the victims' vaginas, digital penetration, rubbing his penis against their vaginas, and oral contact with their vaginas.

Sexual Offense History: No additional sexual offense charges or convictions. Mr. Three denied additional sexual assault victims not of record.

Criminal History: One previous conviction for menacing as an adult. No juvenile history.

Risk	Protective	Responsivity
Severity Static-99R = 2 Average Stable 2007 = 8 Moderate	Mr. Three has a history of mostly prosocial behavior with infrequent antisocial behavior.	Mr. Three presents with no significant responsivity needs relevant to the

Composite = Moderate-Low Recidivism Estimates = 5.1-6.4% (2-4years) VASOR-2 = 8 Moderate-Low SOTIPS = 12 Moderate Composite = Moderate-Low Recidivism Estimate = 1.4-7.8% (3 years) Dynamic risk items were scored in a mixed pattern for Mr. Three. He easily met the threshold for higher scores on some items and only minimally met the criteria for other items. Most of his scores were in the middle of the ranges for the items. Additionally, he easily scored in the lower ranges or zeros on many items.	He self-reported shoplifting as a teenager and occasional substance abuse and fights as an adult. Many of his friends were also involved in substance abuse; however, he identified several prosocial associates. His established protective factors include prosocial friends, future focused goals of obtaining an accounting degree, and positive attitude toward change. He is missing the protective factors of prosocial group activities, problem solving skills, and healthy partnered relationships.	SONICS. He appears to be in the contemplative stage of change. There is some tendency to view treatment providers as adversaries; however, this appears minimal. He does have a high degree of impression management that should be addressed initially in treatment.
Frequency Mr. Three presents with multiple risk factors that vary in severity in multiple domains. Risk factors that are primary drivers and have been present for several years in his life are sexual interests in female children, limited history of forming emotionally healthy relationships with adults, sexual coping, and limited problem solving skills. His additional risk factors include distortions that are conducive to sexually		

assaultive behavior, negative emotionality, and self-management deficits (impulsivity, emotional dysregulation, and substance abuse).		
Prevalence Mr. Three's risk factors primarily affected his social functioning. His friendships tend to be turbulent and he struggles forming healthy partnered relationships. He was able to maintain employment and financial stability.		
Amenability His treatment needs appear moderately ingrained. He presents with the general amount of initial resistance and minimization that is typical of clients at the beginning of treatment.		

Example of Level Four Client: Above Average Risk

Name: Mr. Four
Age: 57

Index Offense: Mr. Four was convicted of Sexual Assault on a Child by One in a Position of Trust- Victim under 15 and Sexual Assault/Child Victim when he was 45 years old. The victim was a 4-year-old male whom Mr. Four was babysitting. Behaviors included instructing the victim to touch Mr. Four's penis.

Sexual Offense History: Mr. Four was charged with Indecency with a Child at the age of 30. The victim was the 12-year-old daughter of a friend and the behaviors included penile to vaginal contact with penetration. Mr. Four also reported at the age of 12 he instructed a 4-year-old child to touch his penis, as well as reported engaging in vaginal penetration against a 13-year-old female when he was 25 years old. Finally, he reported having sexual contact with a 4-year-old female when he was 26; he stated he instructed the victim to touch his penis.

Criminal History: Mr. Four reported receiving probation at the age of 14 for theft. Criminal history as an adult included convictions for Possession of Cocaine, Theft, and driving related offenses. He has one probation revocation.

Risk	Protective	Responsivity
Severity		

Static-99R = 4 Above Average Stable 2007 = 8 Moderate Composite = Moderate-High Recidivism Estimates = 5.5-8.1% (2-4years) VASOR-2 = 16 High SOTIPS = 20 High Composite = High Recidivism Estimate = 8.8-28.7% (3 years) The majority of Mr. Four's risk factors are present at a moderate to high level with only a few being scored at the lower end of the ranges. He easily met the threshold for the higher ranges of scores on many of the dynamic risk items that apply to him.	Mr. Four's protective factors include professional support, goal directed living, motivation for treatment, a positive relationship with authority, and a positive attitude to make change. Mr. Four needs to establish the protective factors of effective coping skills, self-control skills, financial management, and positive social network. Mr. Four reported a history of associating with negative social influences while residing in the community and currently has limited prosocial support. Further, Mr. Four reported an unstable work history with the majority of his job experiences confined to high-risk settings such as bars, strip clubs, and sex shops.	Diagnosis of Unspecified Personality Disorder, Cluster B Traits; Pedophilic Disorder, Nonexclusive Type; Other Specified Paraphilic Disorder-Hebephilia; Stimulant Use Disorder, Cocaine, Severe, In a Controlled Environment Mr. Four reported a history of depression, anxiety, passive suicidal ideation, and substance abuse. Adjunct substance abuse treatment may be needed. Further, treatment interventions that focus on coping skills and emotional management should be implemented prior to addressing other risk areas. Mr. Four displays a high degree of impression management, as well as an avoidant attachment style with fearful and dismissing characteristics. Treatment should be modified to address his sense of distrust and heightened expectation for rejection. Mr. Four appears to be in the ambivalent stage of change. He acknowledges a problem exists but is erratic in taking steps to change.
Frequency Mr. Four has several risk factors across all domains. His risk factors have been present throughout adolescence and into adulthood. His risk factors that are primary drivers include risk-related sexual interests in children, an inadequate/avoidant relational style, limited history of emotionally healthy relationships, and self-management deficits including impulsivity and emotional dysregulation.		

His additional risk factors include distorted attitudes conducive to sexually assault behavior, sexual coping, sexual preoccupation, hypersexuality, substance abuse, poor employment and financial stability, and problem solving skills.		
Prevalence His risk factors have been present in numerous areas of life. He has not displayed healthy lifestyle patterns in employment, social functioning, and relationships.		
Amenability Some of Mr. Four's identified treatment needs are strongly ingrained and may be difficult to change.		

Example of Level Five Client: Well Above Average Risk

Name: Mr. Five
Age: 46 years old

Index Offense: Mr. Five pled guilty to Sexual Assault of a Child - Position of Trust. He sexually assaulted an 11-year-old male acquaintance when he was 43 years old. The sexually assaultive behavior involved touching the victim's penis, masturbating the victim, making the victim masturbate him, and showing the victim child sexual exploitation material. During the investigation police found a hard drive with over 300,000 child sexual exploitation images depicting males ranging in age from toddlers to young teens. Mr. Five's two roommates were also arrested because they were in possession of child sexual exploitation material. During the investigation a second victim (8-year-old male) disclosed he was also sexually assaulted by Mr. Five.

Sexual Offense History: Mr. Five has a previous conviction of Sexual Exploitation of a Child when he was 28 years old. He was placed on probation and successfully completed the probation. He self-reported victims of non-record. He estimated he has sexually assaulted between 60-70 male children ranging in ages from 4 to 15 years old. His sexually assaultive behavior started as a teenager and continued until his index offense. He disclosed paraphilic behavior during the sexual assaults involving urophilia and coprophilia. He stated he is a

masochist and enjoys being humiliated. He reported a history of engaging in voyeurism over 100 times starting as a teenager.

Criminal History: Mr. Five's nonsexual criminal history includes traffic offenses and one conviction for check fraud.

Step One: Risk	Step Two: Protective	Step Three: Responsivity
Severity Static-99R = 7 Well Above Average Stable 2007 = 14 High Composite = Very High Recidivism Estimates = 22-29.4% (2-4years) VASOR-2 = 17 High SOTIPS = 23 High Composite = High Recidivism Estimate = 8.8-28.7% (3 years) Mr. Five's risk factors are present at a severe level. He easily met the threshold for the higher ranges of scores on the dynamic risk items that were relevant for him. There were very few dynamic risk items that were not relevant.	Mr. Five presents with an extensive history of ineffective socialization skills involving an avoidant and inadequate social style. His very limited social contacts involve primarily adult males who share his distortions about sexual contact with children. If he did seek contact with prosocial adults, it was because they were the parents or siblings of potential victims. He has never formed a romantic partnership with an adult and has no prosocial friends. He is highly guarded about forming working alliances with professional support. He does not see change as possible or desirable. His only identified protective factors are his ability to maintain financial and employment stability and he does not have a history of poor behavioral control. He has not demonstrated any significant period of time utilizing other protective factors. He currently displays few resources or strengths he can use to help him make positive changes in his life. He has a prosocial family; however, he rarely interacted with them	Diagnosis of Avoidant Personality Disorder. He has many dependent personality traits. Mr. Five has an extensive history of being sexually assaulted as a child by multiple males beginning when he was 4 years old. A trauma informed approach is needed. He is extremely uncomfortable with the treatment process and he will need additional support to disclose information and address treatment needs. Adjunct treatment may be required before and/or during sex offense specific treatment to help him build coping skills for the anxiety and discomfort he experiences from being in the group format. Mr. Five appears to be at the precontemplation stage of change and expressed no internal motivation for change.
Frequency Mr. Five has several risk factors across all domains. Particularly the sexual interests and behavior patterns, attitudes, and interpersonal domains. His risk factors have been present throughout adolescence and into adulthood. His risk factors that are primary drivers include risk-		

related sexual interests in children, sexual preoccupation, hypersexuality, sexual coping, multiple paraphilias, distorted attitudes that are conducive to sexually offending, and a dysfunctional relational style. His additional risk factors include sexual compulsivity, emotional identification with children, negative emotionality, externalization of blame, impulsivity, and lack of prosocial structured group activities.	before the index offense and he has had no contact with them after his arrest.	
Prevalence His risk factors have been present in most areas of life. He organized his life in a way to increase his chances to sexually offend. He took jobs at places where children frequent and he associated almost exclusively with others who had similar pro-child molestation belief systems.		
Amenability His treatment needs are highly entrenched and difficult to change.		

Example of Client Charged/Convicted of Child Sexual Exploitation Material (CSEM) Offense

Example of Level Three Client: Average Risk
Name: Mr. Three Age: 40

Index Offense: Mr. Three was charged with 17 counts of Sexual Exploitation of a Child-Possess Material.

Sexual Offense History: No additional sexual offense charges or convictions.

Criminal History: Mr. Four has received numerous charges and/or convictions for criminal trespass, careless driving, attempted burglary, false reporting, theft-shoplifting, and criminal possession of a controlled substance.

<table>
<tr><th>Risk</th><th>Protective</th><th>Responsivity</th></tr>
<tr><td>Severity
Static-99R = N/A
Stable 2007 = N/A

VASOR-2 = N/A
SOTIPS = N/A

Risk assessments were used to guide clinical judgment only.

Recidivism Estimate = 2-4% for any new sexual arrest (Begin at SONICS Level II)</td><td rowspan="2">His identified support system includes several family members who have never been involved with the legal system or substance related issues. However, they do appear to collude with Mr. Three in his distorted attitudes regarding his offense.

His established protective factors include a desire to live a more prosocial life, external control, and professional support. He is missing the protective factors of prosocial group activities, effective coping skills, and goal directed living.</td><td rowspan="2">Mr. Three presents with some responsivity needs relevant to the SONICS. He appears to be in the ambivalent stage of change; he expressed he is unsure if he needs treatment, but reported he is willing to participate. He also demonstrates externalization of blame and an evasive communication style with therapists.</td></tr>
<tr><td>Frequency
Mr. Three presents with multiple risk factors that vary in severity in multiple domains.

Risk factors that are primary drivers are emotional dysregulation, antisocial/criminal attitudes, sexual interest in prepubescent and pubescent children, and hypersexuality. His additional risk factors include substance abuse, insecure attachment style, employment problems, lack of social activities, and family who supports risk-related attitudes.</td></tr>
</table>

Prevalence Mr. Three's risk factors are present in several life areas. He struggles to maintain long-term romantic relationships, as well as long-term employment and financial stability.		
Amenability His treatment needs vary; some appear workable, while others appear more ingrained.		

Examples of Reporting a SONICS Level

Below are examples of how evaluators can summarize a SONICS designation in reports. These are meant to be examples and evaluators may use their discretion when reporting results. SONICS designation summaries should include the identified risk, protective, and responsivity factors that provide the rationale for the client's designation.

As SONICS is a new resource tool, evaluators may wish to provide an introduction about the SONICS in reports that explains its purpose and utility.

Example Introduction

The Sex Offending Needs Integrated Classification System (SONICS) is a level system for Colorado that provides an overall clinical profile based on risk, protective, and responsivity factors. It provides standard terminology for structured and organized communication practices across all stakeholders with improved consistency and accuracy. The framework of the SONICS is derived from evidence-based research which we have incorporated to fit within Colorado's policy guidelines regarding sentencing, supervision, and treatment of individuals who commit sex offenses. The SONICS is not intended to be a risk prediction tool and does not provide recidivism estimates for a client.

Example of Each Level Description

Level I: Mr. Smith's overall risk profile is in the Well Below Average range (SONICS Level I). He presents with few criminogenic needs and these needs are minimal and transitory in nature. In addition, he has strengths and resources in all four domains (sexual interests and behaviors, attitudes, interpersonal/relational, and self-management).

Level II: Mr. Smith's overall risk profile is in the Below Average range (SONICS Level II). He presents with some criminogenic/dynamic needs which are transitory and/or acute. In addition, he demonstrates some resources and strengths.

Level III: Mr. Smith's overall risk profile is in the Average range (SONICS Level III). He presents with multiple criminogenic/dynamic needs, varying in severity, across the four domains (sexual interests and behaviors, attitudes, interpersonal/relational, and self-management).

Level IV: Mr. Smith's overall risk profile is in the Above Average range (SONICS Level IV). He presents with many criminogenic/dynamic needs across the four domains (sexual interests and behaviors, attitudes, interpersonal/relational, and self-management), with a number of these needs being chronic and severe.

Level V: Mr. Smith's overall risk profile is in the Well Above Average range (SONICS Level V). He presents with most of the major criminogenic needs from all four domains (sexual interests and behaviors, attitudes, interpersonal/relational, and self-management), with many of these needs being chronic, severe, and longstanding.

Example Template for Level II (Below Average) Client

Mr. Two scored -1 on the Static-99R and 8 on the SOTIPS. Taken together, his overall risk is considered to be in the Low category relative to other sexual offenders. Based on this client's combined presentation of risk, protective, and responsivity factors, his SONICS classification is considered Level II (Below Average). (**Note for report writers: Provide information that summarizes the determined SONICS level, the identified primary drivers, and additional risk factors.)** Mr. Two presents with some criminogenic and dynamic needs which are transitory or acute in several domains (sexual interests and behaviors, attitudes, interpersonal, and self-management). Factors that appear to be primary drivers for Mr. Two include distorted attitudes that were conducive to sexually assaultive behavior (victim schema), a history of sexual coping, and offense-related sexual interests (prepubescent children). Additional risk factors include sexual preoccupation, hypersexuality, and sexual compulsivity. He also demonstrates difficulties with dysfunctional relational style (inadequate/avoidant), limited history of forming and maintaining emotionally healthy relationships, and poor coping and problem-solving skills. **(Note for report writers: Provide information that summarizes protective factors.)** Mr. Two has a prosocial support system composed of family and friends. Factors mitigating Mr. Two's risk are his current participation in offense-specific treatment, motivation for treatment, and goal directed living. **(Note for report writers: Provide information that summarizes responsivity factors, if any are relevant to the SONICS).** Mr. Two's responsivity factors include positive impression management and fearful-avoidant attachment style.

Example Template for Level III (Average) Client

Mr. Three scored 1 on the Static-99R and 25 on the SOTIPS. Taken together, his overall risk is considered to be in the Moderate-low category relative to other sexual offenders. Based on this client's combined presentation of risk, protective, and responsivity factors, his SONICS

classification is considered Level III (Average). (**Note for report writers: Provide information that summarizes the determined SONICS level, the identified primary drivers, and additional risk factors.)** Mr. Three presents with some chronic, criminogenic factors/dynamic needs varying in all four domains (sexual interests and behaviors, attitudes, interpersonal, and self-management). More specifically, factors that appear to be primary drivers for Mr. Three appear to be a history of hypersexuality, sexual preoccupation, dysfunctional strategies (poor problem solving/ decision-making skills, emotional dysregulation, ineffective coping skills) and lack of emotionally intimate adult relationships. Additional risk factors include distorted attitudes conducive to sexual assaults and lack of prosocial activities. **(Note for report writers: Provide information that summarizes protective factors.)** Protective factors likely mitigating Mr. Three's risk are his improved cooperation with external controls, positive attitude towards change, and current participation in offense-specific treatment. **(Note for report writers: Provide information that summarizes responsivity factors, if any are relevant to the SONICS).** Mr. Three's responsivity factors include positive impression management, stage of change, schizotypal personality disorder, and negative emotionality.

Example Template for Level IV (Above Average) Client

Mr. Four scored 5 on the Static-99R and 17 on the SOTIPS. Taken together, his overall risk is considered to be in the Moderate-high category relative to other sexual offenders. Based on this client's combined presentation of risk, protective, and responsivity factors, his SONICS classification is considered Level IV (Above Average). (**Note for report writers: Provide information that summarizes the determined SONICS level, the identified primary drivers, and additional risk factors.)** Mr. Four presents with a history of criminogenic and dynamic risk factors, some chronic and severe, in all four domains (sexual interests and behaviors, attitudes, interpersonal, and self-management). Factors that appear to be primary drivers for Mr. Four include dysfunctional relational style, antisocial attitudes and behaviors, negative social influences, emotional dysregulation, ineffective coping skills, and impulsivity. Additional risk factors include rights schema, callousness toward women, substance abuse, employment problems, poor problem solving skills, sexual coping, and lack of prosocial structured group activities. **(Note for report writers: Provide information that summarizes protective factors.)** Mr. Four has a prosocial support system composed of family and friends. Factors mitigating Mr. Four's risk are professional support, goal directed living, and external control. He also appears to have an adequate prosocial support system. **(Note for report writers: Provide information that summarizes responsivity factors, if any are relevant to the SONICS).** Mr. Four's responsivity factors include his diagnosis of Narcissistic Personality Disorder with antisocial traits and Alcohol Use Disorder. He also endorsed a high degree of psychopathic traits.