5.100 Establishment of an Interagency Community Supervision Team (CST)

As soon as possible after the conviction and referral of a sex offender to probation, parole, or community corrections, the supervising officer should convene a (CST) to manage the offender during his/her term of supervision: When offenders are placed in institutions, “community” refers to the institutional setting and there is a modified CST. See 5.120 for details.

A. Community and victim safety, and risk management are paramount when making decisions about the management and/or treatment of offenders.

B. The purpose of the team is to staff cases, share information, ensure consistency, and make informed decisions related to risk assessment, treatment, behavioral monitoring, and management of each offender. The team should use the sex offense-specific evaluation and pre-sentence investigation as a starting point for determining the best treatment match.

C. Supervision and behavioral monitoring is a joint, cooperative responsibility of the supervising officer, the treatment provider, and the polygraph examiner.2

---


D. After the CST has convened, a meeting (face-to-face or non-face-to-face) with the offender should be held as soon as possible to explain the operation of the CST, the expectations and responsibilities of supervision to the offender, and answer any questions the offender may have related to supervision, in order to facilitate the successful supervision of the offender.

E. The CST may make exceptions to any of the following supervision standards if there is consensus among the CST members to do so and community and victim safety is not compromised. The rationale for any exception should be documented.

F. The CST should be aware of offenders who meet the Low Risk Protocol (LRP) criteria and act accordingly (see Appendix D).

5.120 The CST is convened and coordinated by the supervising officer with input from other team members. Team members should participate in regular meetings to address pertinent issues and should communicate frequently enough to manage and treat sexual offenders effectively with community safety as the highest priority.

Institutional treatment programs utilize a modified Community Supervision Team (CST) approach similar to that described in Section 5.000. Specifically, the polygraph examiner and SOMB approved treatment provider should work closely together, and other professionals should be included in the CST as indicated. The SOMB approved treatment provider shall function as the head of the CST for purposes of convening the team. Sexual Treatment and Evaluation liaisons will be educated in sex offense specific risk monitoring factors on living units where sexual offenders are housed to enhance unit based behavioral reporting. Liaisons will provide feedback to the CST and participate as necessary.

Discussion: Some offenders may have multiple supervising officers (e.g. a probation officer and parole officer, or a probation officer and community corrections case manager). In such cases, the supervising officers should determine the role each will serve in supervising the offender. As issues arise, agency representatives are encouraged to staff the matters and develop a coordinated response.

5.130 Each CST shall consist of the following core members:

- The supervising officer (except in the case of institutional settings, see 5.110 and 5.120)
The offender’s treatment provider and
The polygraph examiner

Adjunct members of the CST, beyond the required membership, may include, but are not limited to:

- Victim representatives (see SOMB document “Resources for Victim Representation”)
- Guardians
- Social services
- Family members
- Authorized representatives
- Law enforcement

Additionally, other team members may need to be included on the CST (i.e. human services worker, adjunct therapist, interpreter, etc.).

Each CST is formed around a particular offender and is flexible enough to include any individuals necessary to ensure the best approach to managing and treating the offender. CST membership may therefore change over time.

5.130.DD
In addition to the supervising officers from probation, parole or community corrections who serve as the team leader, the treatment provider and the polygraph examiner, any of the following team members, when involved, shall be added to teams supervising sex offenders who have developmental disabilities:

- Community Centered Board Case Manager
- Residential Providers
- Supported Living Coordinator
- Day Program Provider
- Vocational or Educational Provider
- Guardians
- Social Services
- Family Members
- Authorized Representatives
- Other Applicable Providers

5.131.DD
Responsibilities of Additional Team Members For Sex Offenders Who Have Developmental Disabilities

A. Team members shall have specialized training or knowledge regarding sexual offending behavior, the management and containment of sex offenders and the impact of sex offenses on victims.

B. Team members shall be familiar with the conditions of the offender’s supervision and the treatment contract.

---

4 Please see section 5.430 regarding attendance of polygraph examiners at CST meetings.
C. Team members shall immediately report to the supervising officer and the treatment provider any failure to comply with the conditions of supervision or the treatment contract or any high-risk behavior.

D. Team members shall limit the offender’s contact with victims and potential victims. Residential, supported living, day, vocational and educational providers of services to other clients with developmental disabilities shall recognize the risk to their clients and shall limit the sex offender’s access to possible victims in their programs. Clients who are lower functioning or who are non-verbal are at particularly high risk because of their inability to effectively set limits or report inappropriate behavior or sexual assaults.

5.140 The CST should follow these behavioral norms:

- There is an ongoing, completely open flow of information among all members of the CST;
- The CST members participate in the management of the offender;
- CST members settle among themselves conflicts and differences of opinion that might make them less effective in presenting a unified response. The CST shall work collaboratively to achieve consensus as its goal. The final team decision regarding community safety and supervision rests with the supervising officer.

Discussion: CST members shall be committed to the team approach and settle among themselves conflicts and differences of opinion that might make them less effective in presenting a unified response. CST members may seek assistance from supervisors regarding conflicts or alignment issues that occur.

5.200 Responsibilities of the Supervising Officer for Team Management

5.201 The supervising officer shall refer sex offenders for evaluation and treatment only to providers who meet these Standards (Section 16-11.7-106, C.R.S.). When making referrals for evaluation and treatment, the supervising officer should consider the provider who will best meet the offender’s treatment/evaluation needs and the need for community safety.

The following factors are some that should be taken into account:

- Intensity of treatment need
- Specialized offender needs such as mental illness, developmental disability, and cultural differences
- Treatment provider location
- Continuity of care
- Offender stability factors (i.e. work, family situation, etc.)

Discussion: A treatment provider has the right to not accept a referral based on the provider's determination that he/she cannot meet the needs of the client (for additional information refer to section 3.000).
If an offender has already begun treatment prior to supervision, the supervising officer may nonetheless require a change of provider if, in consideration of the above factors, a change is warranted.

5.202 The supervising officer should ensure that sex offenders sign reciprocal releases to allow for the free-flow of information when relevant between the following:

- Supervising officers
- Treatment providers/evaluators
- Polygraph examiners
- Human service workers
- Adjunct therapists
- Victim therapists/representatives
- Guardian(s) ad litem
- Medical professionals
- Other involved parties as specified by the CST

5.203 The supervising officer, in collaboration with the treatment provider and polygraph examiner, should utilize the results of periodic polygraph examinations for treatment and behavioral monitoring. Core CST members should provide input and information to the polygraph examiner regarding examination questions. The information provided by the CST should include date and results of last polygraph examination.

Discussion: It is the supervising officer’s responsibility to refer to polygraph examiners who will best meet the sex offender’s treatment and evaluation needs and the need for community safety.

If pursuant to Standard 6.210, the CST or the polygraph examiner determines the offender is currently unsuitable for polygraph examination, the requirement for polygraph examination may be waived.

Discussion: Although deceptive findings on a polygraph test are not in and of themselves a violation of probation or parole, they can be considered in determining the intensity and conditions of supervision. Pre-and post-test admissions, however, may be used in a revocation or regression hearing. An offender’s refusal to take a polygraph as directed or purposeful non-cooperation should be considered a violation of probation, parole, or community corrections.

5.204 The supervising officer should immediately report the following to the treatment provider:

- Violations of supervision conditions including those related to specific conditions of probation, parole, or community corrections
- Change in supervision level
- Change in case plan
- Change in offender status
- Any significant occurrence(s) in the offender’s circumstances

5.205 The supervising officer should ensure maximum behavioral monitoring and supervision when supervising an offender who displays a high to severe level of denial per 3.510. The officer
should use supervision tools that place limitations on an offender’s use of free time and mobility and emphasize community and victim safety and containment of offenders.\(^5\)

5.206 The supervising officer should review the treatment provider’s monthly written updates on the sex offender’s status and progress in treatment.

5.207 The supervising officer should assess and periodically review the level of supervision based on:

- Risk assessment of each sex offender to include the agency’s standardized risk assessment instruments;
- The sex offender’s offending pattern;
- Physiological monitoring results;
- The offender’s progress in treatment and supervision
- The adult sex offender LRP when applicable

5.208 The supervising officer should generally not request early termination of sex offenders from supervision. For sex offenders subject to lifetime sentencing, please refer to the criteria in Appendix LS3.00.\(^6\)

Discussion: In rare and extraordinary circumstances, a sex offender may be appropriate for early termination from supervision. This decision should only be considered in cases where the offender has successfully completed treatment and has an established pattern of supervision compliance and ongoing low risk as verified through polygraph testing and monitoring. As indicated throughout the Standards and Guidelines, the majority of sex offenders will require ongoing offense specific treatment in order to be effectively managed in the community. Thus, the decision to recommend early termination from supervision shall be unanimous by all members of the CST.

5.209 If necessary and statutorily permissible, the supervising officer should request an extension of supervision to allow an offender to successfully complete treatment.

5.210 The supervising officer should discuss and review treatment issues, progress, and written work with offenders.

5.211 The supervising officer should impose intermediate sanctions or petition for a revocation of probation or parole, or regression from Community Corrections, after considering the following:

- Nature and severity of violation(s) of the treatment contract
- Nature and severity of violation(s) of supervision conditions
- Offender’s current risk level
- Pattern of violation behavior and past interventions utilized


5.212 The supervising officer should require sex offenders who are transferred from other states through an Interstate Compact Agreement to participate in offense-specific treatment and specialized conditions of supervision contained in these Standards.

5.213 The supervising officer should not allow a sex offender who has been unsuccessfully terminated from a treatment program to enter another program unless the new treatment program and case management arrangement will provide greater behavioral monitoring and increased treatment in the areas the sex offender “failed” in the previous program. The use of a SLA may be an appropriate option in this scenario.

5.214 If an offender successfully completes treatment and subsequently engages in high risk behavior or otherwise regresses in attitude/behavior, the supervising officer should consider returning the offender to treatment. This decision should be based on the offender’s concerning behavior and a current assessment which may include an updated psychosexual evaluation.

5.215 Supervising officers assessing or supervising sex offenders should successfully complete training programs, including annual continuing education, specific to sex offenders. Such training shall include information on:

- Prevalence of sexual assault
- Offender characteristics
- Assessment/evaluation of sex offenders
- Current research
- Community management of sex offenders
- Interviewing skills
- Victim issues
- Sex offender treatment
- Sexual Arousal/Interest Assessments (Plethysmograph and VRT)
- Determining progress
- Offender denial
- Special populations of sex offenders
- Cultural and ethnic awareness
- Use of polygraph
- Computer search and monitoring

It is also desirable for agency supervisors of officers managing sex offenders to complete such training.

Discussion: Treatment providers should encourage should periodically attend group or individual treatment sessions to monitor sex offenders under their supervision. The visiting supervising officer shall be bound by the same confidentiality rules as the treatment provider and should sign a statement to that effect. It is understood that the treatment team may set reasonable limits on the number and timing of visits in order to minimize any disruption to the group process. The successful completion of the above training is necessary prior to the supervising officer attending any individual or group treatment sessions of sex offenders under his/her supervision.

5.215.DD Supervising officers should have specialized training specific to sex offenders who have developmental disabilities.
5.300◆ Responsibilities of the Treatment Provider within the Team

5.310 A treatment provider shall:

A. Work collaboratively with the supervising officer of each offender, the polygraph examiner, and with other relevant professionals.

B. Immediately report to the supervising officer any significant occurrence(s) in the offender’s circumstances and all violations of the provider/client contract, including those related to specific conditions of probation, parole, or community corrections;

C. A provider shall immediately report to the supervising officer evidence or likelihood of an offender’s increased risk of re-offending;

D. A provider shall report to the supervising officer any reduction in frequency or duration of contacts or any alteration in treatment modality that constitutes a change in an offender's treatment plan. Any permanent reduction in duration or frequency of contacts or permanent alteration in treatment modality shall be determined on an individual case basis by the CST.

E. Provide to the supervising officer on a monthly basis progress reports documenting an offender’s attendance, financial status in treatment, participation in treatment, change in risk factors, changes in the treatment plan, and treatment progress.

F. Provide the following information regarding the offender's treatment progress pursuant to Colorado State Statute if a revocation of probation or parole, or regression of community corrections is filed by the supervising officer:

- Changes in the treatment plan
- Attendance record
- Treatment activities
- The offender's compliance in treatment
- Treatment recommendations including level
- Offenders’ threat to the community
- Any other material relevant to the court at the hearing

G. Be prepared to testify in court if necessary.

H. Coordinate with the (CST) all recommendations regarding child and victim contact in compliance with all pertinent aspects of Section 5.700 of the Standards. When contact with the offender’s own child has not been prohibited or restricted, the CST should review whether there are, or should be, options to place parameters or restrictions around the contact when necessary to ensure safety. There may also be instances when new information indicates that such contact is contraindicated due to increased risk of the offender to the child. To restrict or preclude contact, a subsequent Court Order is needed. Therefore, the treatment provider shall communicate such information to the supervising officer. If the CST is in agreement, then such information should be presented to the Court pursuant to local procedures.
I. Require the offender to complete comprehensive safety plans for a variety of activities in the community. The safety plan shall include the following information:

- Activity
- Who is participating in the activity
- Date and time of activity
- Location of activity
- Pertinent risk factors
- Coping skills
- Signatures and date of approval by CST members

J. Assess and periodically review treatment needs based on the adult LRP when applicable.

5.400 ♦ Responsibilities of the Polygraph Examiner within the Team

5.410 The polygraph examiner shall work collaboratively and participate as a member of the CST established for each sex offender.

5.420 The polygraph examiner shall submit written reports to each member of the (CST) for each polygraph exam as required in section 6.190.

5.430 Participation in CST meetings shall be on an as needed basis.

5.500 ♦ Responsibilities of the Victim Representative within the Team

5.510 As an adjunct member of the (CST), the primary responsibility of the victim representative is to provide an avenue for victims and their families to be informed and heard. Involving a victim representative on the CST has many benefits, including improving supervision of the offender, increasing offender accountability, building empathy for the victim, decreasing offender secrecy, preventing an unbalanced alignment with the offender, and ensuring a safer community. The exchange of information between the victim, or the victim representative, and CST is crucial for the treatment of the offender and is often beneficial for the healing of the victim.

The victim may choose not to provide or receive information. In that circumstance, or if a victim does not exist on the case (e.g., an internet case), the victim representative will contribute general input regarding the perspective of victims to the CST. Bringing the victim perspective is important in protecting potential victims and the community.

Upon convening, the CST should identify the best person to be the victim representative for each individual case, such as the victim therapist, a victim advocate, or other (refer to the document titled “Resources for Victim Representation”). Due to the importance of victim contribution to the CST for the reasons stated above, reasonable attempts should be made to contact the victim and provide the victim with accurate information regarding offender treatment and containment. The CST shall orient the victim representative to the function of the team and their role as a member.

5.520 Responsibilities of the Victim Representative:
A. The primary responsibility of the victim representative is to assure that the CST is emphasizing victim safety, both physically and psychologically, throughout the supervision and management of the offender.

B. The representative should share information received from the victim and concerns of the victim to the CST when available. Such information could include safety concerns, grooming behaviors, specifics of the offense, and offending behaviors.

C. The representative should convey information to the victim from the CST such as, but not limited to, terms and conditions of probation, general treatment contract, treatment and supervision timelines, offender placement, offender progress in treatment, victim clarification and family reunification planning, and any other pertinent information as determined by the CST. Team members should determine what information to share based on what is in the best interest clinically for the victim and the offender. Victim and community safety is paramount when determining what information will be shared (Guidelines on confidentiality are outlined in Section 3.300 of these Standards).

D. The representative should provide input on how CST decisions may affect victims, secondary victims, or potential victims.

E. The representative should assist the CST in ensuring that victim needs and perspectives are considered and responded to by the CST to the best of their ability.

F. The representative may provide support, referrals, and resource information to the victim.

G. The representative should participate in CST meetings.

H. The representative should contribute to the treatment content by providing the following types of information to the treatment team:

   1. Awareness of victim impact.
   2. Recognition of harm done to the victim(s).
   3. Impact of sexual offending on victim(s), families, community and self.
   4. Restitution/reparation to victims (including victim clarification) and others impacted by the offense including the community.

I. The representative may submit questions from the victim to the CST for review and share the responses to these questions with the victim if appropriate. The representative can also explain to the victim why certain types of information may not be shared.

J. The representative may function as a liaison between and/or resource for the victim(s), victim therapist, and CST as needed.

K. If appropriate to the case, the representative should assist with planning for victim clarification sessions or family reunification.

L. The representative should advocate on behalf of the victim for the non-offending parent and family members to support the victim, prioritize the victim’s safety, physical and emotional well-being, and address the needs of the victim. This parental and family support is critical for the healing of the victim.
M. The representative may assist with issues related to newly identified victims.

5.600 ♦ Behavioral Monitoring

The purpose of behavioral monitoring of offender compliance with treatment and supervision is to enhance offender accountability, and community safety, and to support offenders’ efforts to change. Behavior monitoring is the responsibility of all CST members.

5.610 For purpose of compliance with this Standard, behavioral monitoring activities should include, but are not limited to the following: (For some activities, monitoring and treatment overlap.)

1. Reports and observations from collateral sources;

2. The use of disclosure and maintenance polygraphs;

3. Incorporation of the results of arousal and interest assessments into the supervision plan;

4. The use and support of targeted limitations on an offender’s behavior based on the offender’s current risk factors, in addition to those conditions set forth in section 5.620;

5. The verification by means of observation and/or collateral sources of information, or self report of offender's:
   (a) Compliance with sentencing requirements, supervision conditions and treatment contract and directives;
   (b) Cessation of sexually deviant behavior;
   (c) Reduction of behaviors related to sexual re-offense;
   (d) Living, work and social environments, to reduce offender’s potential to re-offend and support positive changes;
   (e) Utilization of treatment tools and interventions;

6. Promotion of active support of individuals significant in the offenders’ life in monitoring offenders’ compliance and fostering positive changes. Those individuals must be approved by the CST.\(^7\)

7. Similarly, when the CST has identified a person of concern, effort should be made to minimize the offender’s exposure and contact with that individual.

8. Behavioral monitoring may be increased during times of an offender's increased risk to re-offend, including, but not limited to, such circumstances as the following:\(^8\)

---

• The offender demonstrates noncompliance or resistance with treatment or supervision;
• The offender has approved victim contact and is reporting or demonstrating difficulties;
• The collapse of the offender’s social support;
• The offender demonstrates emotional collapse;
• The offender’s sexual deviance increases;
• The offender demonstrates hostility;
• The offender is sexually preoccupied.

K. Offender access to populations identified by the CST as being vulnerable should be restricted. When contact with the offender’s own child has not been prohibited or restricted, the CST should review whether there are, or should be, options to place parameters or restrictions around the contact when necessary to ensure safety. There may also be instances when new information indicates that such contact is contraindicated due to increased risk of the offender to the child. To restrict or preclude contact, a subsequent Court Order is needed. Therefore, the treatment provider shall communicate such information to the supervising officer. If the CST is in agreement, then such information should be presented to the Court pursuant to local procedures.

Discussion: In rare cases when the sentencing Court orders treatment conditions that do not meet the Standards and Guidelines and the treatment provider believes a variance is clinically indicated, it shall be sought by the treatment provider through application to the SOMB. For these offenders, the supervising officer should maximize the use of surveillance, monitoring and containment methods including more frequent use of polygraphs.

5.620 In addition to general conditions imposed on all offenders under supervision, the supervising agency should impose the following special conditions on sex offenders under supervision.

A. Pursuant to §16-22-106(1)(a), C.R.S. and §16-22-108, C.R.S., offenders must register as a sex offender with the local law enforcement agency within 5 business days after being given notice to register. If they move, they must re-register within 5 business days following their move. They must also fill out an address change form with the law enforcement office they last registered. Regardless of whether or not the offender moves, they must register annually on their birth date or per statute.

B. If convicted of any Felony, or Misdemeanor offense involving unlawful sexual behavior or if granted a deferred sentence for an offense involving unlawful sexual behavior, offenders shall be required to submit to and pay for a test of their biological substance to determine genetic markers (DNA) in accordance with §16-11-102.4, C.R.S.

C. Offenders shall have no contact with any children under the age of 18, including their own children, nor attempt contact except under circumstances not prohibited or restricted by Court Order regarding an offender’s own child or as approved in advance and in writing by the

---

supervising officer in consultation with the CST. Contact includes correspondence, written or verbal, telephone contact, or any communication through a third party.

1. The offender shall not engage in any activities to purposefully entice children.

D. If an offender has incidental contact with children, they will be civil and courteous to the children and immediately remove themselves from the situation. The offender will discuss the contact at their next treatment session and their next supervision appointment.

E. Offenders shall not reside or be in a residence with any children under the age of 18, including their own children, unless ordered by the Court.

F. Offenders shall have no contact with any victim (the victim of the current offense or a victim from any other offense) including correspondence, telephone contact, or communication through a third party except under circumstances not prohibited or restricted by Court Order regarding an offender’s own child or approved in advance and in writing by the supervising officer in consultation with the CST. They shall not enter onto the premises, travel past or loiter near where the victim resides.

G. Offenders shall not go to or loiter near schoolyards, parks, playgrounds, swimming pools, arcades or other places primarily used by children under the age of 18, including cases in which the Court has not prohibited or restricted an offender to have contact with his own child(ren).

H. Offenders must inform their supervising officer of all their significant relationships and they may be required by the supervising officer to inform certain people of their present offense and restrictions. Offenders shall not date or marry anyone who has children under the age of 18, unless approved in advance and in writing by the supervising officer in consultation with the CST.

I. Offenders shall not be employed or participate in any volunteer activity where they have contact with children under the age of 18 except under circumstances approved in advance and in writing by the supervising officer in consultation with the CST.

J. Offenders shall not access, possess, utilize, or subscribe to any sexually oriented material or material related to their offending behavior to include, but not limited to, mail, computer, television, or telephone, nor patronize any place where such material or entertainment is available.

1. The offender may not place or respond to any personal ads in any media (e.g. newspapers, magazines, telephonic, Internet). The offender shall not solicit any escort service.

K. Any change of residence must receive prior approval by the supervising officer and those with whom the offender resides must know that they are a sex offender.

1. The offender must secure advanced approval from the supervising officer if anyone moves into their residence or stays at their residence. This includes people staying on a permanent or temporary basis (including overnight visitors). Offenders must notify their supervising officer immediately if someone moves out of their residence. The
offender shall disclose to anyone staying in their residence that they are a sex offender.

L. Offenders shall abide by any curfew imposed by the supervising officer.

M. Offenders shall not hitchhike or pick up hitchhikers.

N. Offenders shall attend and actively participate in a sex offender evaluation and treatment program approved by the supervising officer. They will abide by the rules of the treatment program, and the treatment contract and will successfully complete the program to the satisfaction of the supervising officer and the treatment provider.

O. Offenders will be financially responsible for all evaluations and treatment unless other arrangements have been made through their supervising officer or treatment provider.

P. Offenders shall not change treatment programs without prior approval of the supervising officer.

Q. Offenders shall submit, at their own expense, to any program of psychological or physiological assessment and monitoring at the direction of the supervising officer or treatment provider. This includes but is not limited to the polygraph, plethysmograph and/or visual reaction time measuring instruments to assist in treatment, planning and case monitoring.

R. Offenders shall sign Releases of Information to allow the supervising officer to communicate with members of the CST. This will include a release of information to the therapist of the victim of their offense.

S. Offenders shall not purchase, possess or consume alcoholic beverages nor shall they frequent or patronize any establishment where the primary source of income is through the sale of alcoholic beverages without permission from their supervising officer and the CST.

T. Offenders shall not purchase, possess or utilize any mind altering or consciousness altering substance without a written lawful prescription.

U. Offenders shall not be allowed to subscribe to any internet service provider, by modem, LAN, DSL or any other avenue (to include, but not limited to, satellite dishes, PDAs, electronic games, web televisions, internet appliances and cellar/digital telephones) and shall not be allowed to use another person’s internet or use the internet through any venue until approved by the CST. When access has been approved, they agree to sign, and comply with, the conditions of the “Computer Use Agreement”. Additionally, offenders will allow their supervising officer, or other person trained to conduct searches of computers or other electronic devices used by the offender. The person conducting the search may include a non-judicial employee and the offender may be required to pay for such a search (See Appendix G).

V. The offender will not be allowed to possess or view any discovery materials, to include photos or videos, or souvenirs of their victim(s).
W. The offender shall not use or possess distance vision enhancing or tunnel focusing devices, any cameras or video recording devices except under circumstances approved in advance and in writing by the supervising officer in consultation with the CST.

X. The offender may be required to submit safety plans for approval by the CST in order to manage their risk to the community.

Y. The offender shall allow their supervising officer to search their personal residence or vehicle. Offender’s personal property is subject to seizure if it violates any of the terms and conditions of their supervision.

Z. Offenders may be subject to location monitoring using Electronic Home Monitoring (EHM), Global Position Satellite (GPS), or other forms of electronic monitoring.

AA. Offenders shall not utilize, by any means, any social networking forums offering an interactive, user-submitted network of friends, personal profiles, blogs, chat rooms, or other environment which allows for real-time interaction with others without permission from the supervising officer and the CST.

5.621 These conditions are subject to modification/waiver when an offender is identified as low risk via the adult sex offender LRP by a unanimous decision from the CST.

5.700 ♦ Sex Offenders’ Contact with Victims, Minor Children, and At Risk Adults

Contact is restricted until more is known about an offender’s risk for recidivism, and even when an offense specific evaluation and Child Contact Assessment (CCA) have been completed accurate risk prediction is limited. The offense for which the offender was charged and convicted likewise is not the only indicator of risk to offend against minor children. Additional information may be discovered at any time and should be incorporated into assessments and team decisions regarding offender management. An important aspect of ongoing risk assessment is measuring an offender’s ability to comply with the requirements of treatment and supervision.

A growing body of research indicates most sex offenders supervised by the criminal justice system have more extensive sex offending histories, including multiple victim and offense types, than is generally identified in their criminal justice records. Some of this research has been conducted with convicted sex offenders supervised by the criminal justice system have more extensive sex offending histories, including multiple victim and offense types, than is generally identified in their criminal justice records.

---


10 Hanson, R.K., Harris, A. (1998).

offenders in Colorado.\textsuperscript{12} Minor children are particularly vulnerable and unlikely to report abuse. Research suggests that adult and minor child victims are also unlikely to report or re-report abuse.\textsuperscript{13}

Research indicates that sex offenders often engage in physical and sexual abuse of their intimate partners.\textsuperscript{14} It is critical that the CST investigate and assess a sex offender’s history of physical and sexual abuse and stalking behaviors of partners and/or family members. It is also critical to assess for the potential of violence in the offender’s current relationship. Domestic violence is difficult to detect and it is incumbent upon the CST to rule out its occurrence prior to allowing any contact with minors or approving of an Approved Supervisor as it is unlikely a victim of domestic violence would report issues of concern to the CST.

This section addresses the restrictions and methods to approve supervised contact with minor children, victims, and at risk adults (pursuant to 5.740 – 5.757). Before an offender can have contact with any minor child(ren), he/she must meet the criteria stated in 5.740. This criteria is not applicable when a Court Order does not prohibit or restrict such contact between an offender and his/her own child(ren). In the absence of a Court Order not prohibiting such contact, an offender must meet the criteria in 5.740 or submit to a CCA to determine if the contact is appropriate. An offender who has ever victimized any of his/her own minor children, regardless of the victim’s age, is ineligible for the CCA. This assessment will result in a recommendation regarding the level and type of contact, if any, with the offender’s own child(ren). The CST shall utilize the CCA to inform decisions regarding contact with an offender’s own child(ren). Standard 5.750 and 5.756 address criteria for contact with victims and at risk adults.

There may be instances when a Court has not prohibited or restricted contact between an offender and his/her own child(ren), prior to meeting criteria for contact pursuant to these Standards. When contact with the offender’s own child has not been prohibited or restricted, the CST should review whether there are, or should be, options to place parameters or restrictions around the contact when necessary to ensure safety. There may also be instances when new information indicates that such contact is contraindicated due to increased risk of the offender to the child. To restrict or preclude contact, a subsequent Court Order is needed. Therefore, the treatment provider shall communicate such information to the supervising officer. If the CST is in agreement, then such information should be presented to the Court pursuant to local procedures.

Offenders residing in a SLA shall not have contact with their child(ren) at the SLA location or with their SLA roommate present.

5.710 Definitions

- **Own Minor Child** is a minor child with whom the offender has a parental role, including but not limited to, biological, adoptive, and step-child(ren).


• **Approved Supervisor** is a person who can supervise the offender’s contact with a specified minor child or children per 5.770. This person is an individual who has met the criteria described in 5.771-5.775, has been approved by the CST, and has signed the contract.

• **Approved Community Support Person** provides positive support for change efforts and may accompany the offender in approved activities that do not involve minor children. Someone significant to the offender and/or a roommate who attends treatment with the offender, has a positive relationship with the supervising officer and treatment provider, and is well versed in and supportive of the offender’s supervision and treatment requirements.

• **At Risk Adult** is an individual who is less able to protect him/her self based on diminished capacity or position of trust pursuant to Section 18-6.5-102, C.R.S.

**5.720 No Contact with Minor Children**

Sex offenders shall have no contact with any minor child under the age of 18 or any victim until the CST unanimously agrees that the offender has either met:

- The corresponding criteria listed in Standard 5.740; or
- **A Court has not prohibited or restricted contact between an offender and his/her own child(ren); or**
- The CST agrees based on the recommendation from a CCA, if eligible (see Standard 5.730); or
- Any offender who is identified as low risk via the LRP may be allowed to have contact with non-victim minor children only by unanimous decision of the CST.

Additionally, in order for contact to occur, the CST shall ensure the offender does not meet any of the Exclusionary Criteria listed in Standard 5.725 or Disqualifiers for CCA in Standard 5.732.

*Discussion:* There may be situations where the CST deems it appropriate for young adult offenders, ages 18 to 20, per 5.110 (E), to have contact with teenage siblings or peers that are close in age when there is not a significant power differential or when it does not pose an undue risk.

*Discussion:* The SOMB recognizes the significance of the relationship between a parent and his/her minor child and the risk that a sex offender can pose to his/her own minor children. When contact is prohibited with the offender’s immediate family members that are under the age of 18, treatment providers should consider the impact on the minor children and facilitate resolution of the separation per Appendix E as appropriate.

**5.721 Contact** is intended to refer to any form of interaction including:

- Physical contact, face to face, or any verbal or non-verbal contact;
- Being in a residence with a minor child or victim;
- Being in a vehicle with a minor child or victim;
- Visitation of any kind;

---

15 Colorado Department of Public Safety, Division of Criminal Justice, (2004). Report on safety issues raised by living arrangements for and location of sex offenders in the community.
- Correspondence including written, electronic, telephone contact, messages left on a voice mail or answering machine, text messaging, computer communication, Twitter, Facebook and other social networking sites, gifts, or communication through third parties;
- Entering the premises, traveling past or loitering near any of the offender’s victims’ residences, schools, day cares, or places of employment;
- Going to or loitering near places used primarily by minor children, as defined by the CST;
- Giving birth or attending the birth of a child.

5.722 When contact is being considered based on the CCA or the offender’s achievement of the criteria in 5.740, the treatment provider, in conjunction with the CST, shall:

1. Ensure that contact does not conflict with any existing Court Order or parole board directives;
2. Consider the child’s best interest;
3. Ensure consultation with, and, consider the views of the custodial parent or guardians of the minor child prior to authorizing contact. If the minor child has a therapist, he/she shall be consulted;
4. Arrange contact in a manner that places the child’s safety first. When assessing safety, both psychological and physical well-being shall be considered.
5. Ensure all contact occurs in the presence of a Approved Supervisor, (see Standard 5.770) or professional member of the CST.
6. Specify what is approved for the offender with each child. Contact possibilities occur on a continuum including written, telephone, and in-person and from non-physical to physical.
7. Closely supervise or monitor the contact process, including requiring that any concerns or rule violations be reported to the CST.
8. Ensure the ongoing assessment of the child’s emotional and physical safety and immediate termination of contact if any aspect of safety is in jeopardy.

Discussion: In the event of a pregnancy the CST may consider parent-minor child attachment and bonding when making a decision about minor child contact.

5.723 In rare instances, the supervising agency may be required to request treatment while allowing minor child contact based on a Court Order in conflict with the Standards. It is important to recognize that treatment under unsafe conditions is not beneficial to the offender or others in the treatment program and undermines treatment program integrity. While the Court has authority and discretion in sentencing matters, the treatment provider is an independent entity who is responsible to maintain best clinical practices in compliance with the Standards.

5.724 Treatment providers shall refuse to accept or continue to treat offenders who do not agree to comply with the requirements in the Standards and Guidelines regarding restricted contact with minor children or victims. The supervising agency should be informed in writing of the reasons for the refusal and of the possible risk to the involved minor children or victims. This Standard does not apply to an offender’s contact with his/her own child(ren) based on a Court Order not prohibiting or restricting such contact.

5.725 Exclusionary Criteria for Any Form of Minor Child Contact

Due to extreme risk, when any of the following exclusionary criteria are present, the offender is not eligible for a CCA and the CST shall ensure that the offender is NEVER considered for any type of contact with minor children. There may be instances when a Court has not prohibited or restricted contact between an offender and his own child and new information indicates that such contact is contraindicated due to increased risk of the offender to the child. In addition, concerns may also exist related to the effective treatment of the offender within the context of a Court Order allowing contact when one or more of the exclusionary criteria are diagnosed. In such cases, a subsequent Court Order is needed to preclude such contact. Therefore, the treatment provider shall communicate such information to the supervising officer. If the CST is in agreement, then such information should be presented to the Court pursuant to local procedures.

A clinical diagnosis by an approved evaluator or treatment provider of:

- Pedophilia – Exclusive type per the most current version of the Diagnostic and Statistical Manual of Mental Disorders (DSM); OR
- Psychopathy or Mental Abnormality per the Psychopathy Check List Revised (PCL-R) or per the (Millon Clinical Multi-Phasic Inventory) MCMI III (85 or more on each of the following scales: Narcissistic, Antisocial and Paranoid); OR
- Sexual sadism, a defined in the most current version of the DSM and/or via any standardized sadism assessment instrument.

Discussion: When there is a diagnosis of pedophilia or a diagnosis of a history of pedophilia, the evaluator should refer to the current version of the DSM to ensure that the diagnosis is accurate prior to excluding the offender from a CCA.

5.726 Contact with minor children shall be in the presence of a trained and Approved Supervisor unless contact is not prohibited or restricted based on a Court Order regarding an offender’s own child. Additional exceptions include offenders who have met the criteria for unsupervised contact with their own minor child(ren) (Refer to Standard 5.760, 5.761) or via decisions by the CST following a CCA.

Discussion: CST members should not abdicate any part of their authority or responsibility regarding an offender to an Approved Supervisor. CSTs should evaluate and assess the performance of the Approved Supervisor on an ongoing basis and revoke Approved Supervisor status if necessary.

5.730 Child Contact Assessment (CCA with own minor child)

When the following circumstances exist, a CCA may be initiated to assess the appropriateness of an offender’s contact with his/her own minor child (see definition in 5.710):

- The offender does not meet any of the exclusionary criteria in 5.725 or disqualifiers in 5.732;
- The offender does not have two or more pre-screen factors in 5.753;
- The offender wants contact with his/her own minor child as defined in 5.710, under the age of eighteen (18);
- The offender does not have a history of victimizing any of his own minor child(ren), regardless of the victim’s age, as substantiated by criminal or civil court history or by self-report.
When a CCA is being conducted it may occur after a plea has been entered, after conviction, during incarceration, or upon acceptance of an Interstate Compact case and shall be completed by an SOMB approved evaluator who has been approved to conduct CCAs. Contact with an offender’s minor child(ren) shall be prohibited prior to, and during, the offense specific evaluation unless such contact is ordered by the Court. A subsequent Court Order would be needed to preclude such contact. In the instance when a pre-plea CCA is conducted, the CST should determine if it is adequate, current to inform the CST’s decision regarding minor child contact, and meets the requirements of the Standards. A recommendation regarding an offender’s appropriateness for contact with his/her own minor children cannot be made until a CCA has been completed and a CST has been convened. If the offender qualifies for a CCA after the pre-screen is completed, the evaluator shall complete all components of the CCA as indicated in 5.734. The completed CCA shall contain recommendations for the level and type of contact, if any. Contact is ultimately determined by the CST, unless contact is currently not prohibited or restricted by the Court. It is important to acknowledge that risk levels can change and that the plan must be continually assessed and revised as necessary throughout the period of criminal justice supervision.

If the CCA does not occur during the offense specific evaluation, it may be completed at a later time; however, the offender should not have contact with his/her own minor children, unless a Court Order does not prohibit or restrict such contact, until the CCA has been completed or the offender has met the criteria in 5.740.

Discussion: Though offenders often desire to undergo a CCA as soon as possible, the SOMB recognizes that the accuracy of assessing an offender’s appropriateness for contact with his/her minor child(ren) increases with the duration that an offender is involved in treatment and supervision.

Discussion: The SOMB recognizes that in cases involving DHS, where a criminal case has not been filed, it may be useful to conduct an evaluation similar to a CCA in conjunction with an offense specific evaluation in order to make informed decisions regarding minor child contact. This standard is not intended to preclude that from occurring.

Discussion: Ideally, the sex offender should not have contact with his/her own minor children until a CCA is completed and finds contact is appropriate. However, if a court has allowed contact absent the completion of a CCA, it should not preclude a CCA from being completed.

5.731 Evaluators conducting CCAs shall:
- Be a current SOMB approved evaluator (See section 4.500, 4.600)
- Have CCA specific training (See Sections 4.510 B, 4.600 D, 4.620 (C))
- Submit sample reports for review to the ARC (Application Review Committee) as required on the SOMB application.
- Ensure that subjects sign appropriate release of information forms to allow the mandatory scoring protocol to be sent to the Division of Criminal Justice (DCJ)/SOMB for validation and research purposes.
- Send all CCA scoring forms conducted on completed CCAs to DCJ/SOMB.

5.732 Disqualifiers for CCA:
- Pedophilia – Non-Exclusive Type (per current version of the DSM)
- SVP – Per finding in Colorado court, parole board, or via equivalency pursuant to C.R.S.
If an offender is disqualified from undergoing the CCA evaluation, he/she must meet 5.740 criteria to be approved for minor child contact unless such contact is not prohibited or restricted by the Court regarding an offender’s own child.

5.733 CCA Pre-Screen

CCA Pre-Screen Chart
(If no Exclusionary criteria)

<table>
<thead>
<tr>
<th>PRE-SCREEN FACTORS</th>
<th>PRE-SCREEN DATA SOURCES</th>
</tr>
</thead>
<tbody>
<tr>
<td>If 2 or more factors indicated, ineligible for CCA and must meet criteria in 5.740 to have minor child contact</td>
<td>Evaluation Procedures or Documentation</td>
</tr>
<tr>
<td>Adult17 history of illegal sexual behavior with child(ren) age 12 or younger18</td>
<td>Self report19</td>
</tr>
<tr>
<td></td>
<td>Criminal history</td>
</tr>
<tr>
<td></td>
<td>Substantiated civil court history</td>
</tr>
<tr>
<td>Three or more unlawful sexual behaviors</td>
<td>Self report</td>
</tr>
<tr>
<td></td>
<td>Collateral</td>
</tr>
<tr>
<td></td>
<td>Criminal history (conviction, factual basis, or plea agreement)</td>
</tr>
<tr>
<td></td>
<td>Substantiated civil court history</td>
</tr>
<tr>
<td>Sexual interest or arousal to prepubescent children</td>
<td>Valid baseline or initial PPG or VRT20</td>
</tr>
<tr>
<td></td>
<td>Self report</td>
</tr>
<tr>
<td></td>
<td>Criminal history of child pornography21</td>
</tr>
<tr>
<td>Unresolved CCA polygraph</td>
<td>CCA polygraph</td>
</tr>
<tr>
<td>Level III denial</td>
<td>SOMB Standards, section 3.51022</td>
</tr>
</tbody>
</table>

5.734 – CCA Instrument

CHILD CONTACT ASSESSMENT

---

17 Adult is defined as 18 years old or older
18 The age of 12 or younger is based on the distinction between pubescent and pre-pubescent development stages. There is disagreement in the current research regarding the onset of puberty, and the SOMB recognizes the limitations of defining the criteria based on a specific age.
19 Admission made during polygraph assessments are considered self-report
20 Tests that are inconclusive or show no response (flat line) are not valid and must be repeated or tested with the other procedures
21 Conviction or documentation of history of seeking child pornography
22 If one other factor is present, a complete CCA polygraph must be completed. A CCA polygraph is not necessary if 2 or more prescreen factors are present. If no other factors are present, the CCA polygraph can be delayed until the full CCA assessment.
| Required Areas of Evaluation | Risk Factors | Evaluation Procedures Key:  
|-------------------------------|--------------|------------------------------|
|                               |              | - Required  
|                               |              |  o Optional |

### Interpersonal Relatedness

| Offender’s Attachment Style | Insecure Attachment, specifically Disorganized or Unclassified and Anxious | - History of Relationship Attachment  
|------------------------------|--------------------------------------------------------------------------|----------------------------------|
|                              |                                                                          |  o Clinical Interviews  
|                              |                                                                          |  o Collateral Sources            |
|                              |                                                                          | o Instruments:  
|                              |                                                                          |  o The Attachment Style Questionnaire (ASQ: Feeney, Nollar & Hanrahan, 1994)  
|                              |                                                                          |  o Batholomew Attachment Inventory  
|                              |                                                                          |  o Adult Attachment Interview (George, C., Kaplan, N., & Main)  
|                              |                                                                          |  o The Adult Attachment Projective (AAP: George)  
|                              |                                                                          |  o Hazan & Shaver Adult Attachment Scale |

| Offender’s Empathy | Lack of empathy for minor children in abusive situations | - History of Empathy with Minor Children  
|--------------------|----------------------------------------------------------|----------------------------------|
|                    |                                                          |  o Clinical Interviews  
|                    |                                                          |  o Collateral Sources            |
|                    |                                                          | o Instruments:  
|                    |                                                          |  o Hansons’s Empathy for Children Test  
|                    |                                                          |  o Empat (McGrath, Cann, & Konopasky, 1998) |

| Offender’s Ability for Family Stability | History of relationship instability and prior absences from the home  
Childhood history of:  
- witnessing sexual abuse  
- witnessing domestic violence  
- sexual abuse victimization  
Any history of domestic Violence (DV):  
- use and/or threatened | - Relationship History  
- Clinical Interviews including adult relationships and family of origin (parental models, family environment, stability, abuse, adult relationships)  
- Collateral Sources  
- Substantiated civil court history  
- DV restraining orders  
- DV arrests/criminal history
## CHILD CONTACT ASSESSMENT

<table>
<thead>
<tr>
<th>Required Evaluation</th>
<th>Areas of Risk Factors</th>
<th>Evaluation Procedures Key:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>use of weapons in current or past offense or access to firearms(^{23})</td>
<td>• Required</td>
</tr>
<tr>
<td></td>
<td>-obsession with the victim (i.e. stalking or monitoring, obsessive jealousy)(^{24})</td>
<td>o Optional</td>
</tr>
<tr>
<td></td>
<td>-victim safety concerns (i.e. offender controls most of victim’s daily activities)</td>
<td>If history of arrests or restraining orders, <strong>minimum of one of the following</strong> instruments specific to DV(^{10}):</td>
</tr>
<tr>
<td></td>
<td>-offender tried to strangle victim</td>
<td>o VRAG</td>
</tr>
<tr>
<td></td>
<td>-physical violence increasing in severity</td>
<td>o DVRAG</td>
</tr>
<tr>
<td></td>
<td>-victim forced to have sex</td>
<td>o SARA</td>
</tr>
<tr>
<td></td>
<td>-victim pregnant at time of offense and offender aware</td>
<td>o DVRNA</td>
</tr>
<tr>
<td></td>
<td>-victim is pregnant and offender previously abused her during pregnancy(^{25})</td>
<td>o ODARA</td>
</tr>
<tr>
<td></td>
<td>-violence and/or threatened violence toward family members, including child abuse(^{26})</td>
<td>o Or any other instrument(s) standardized for the assessment of violence potential</td>
</tr>
</tbody>
</table>

---


# CHILD CONTACT ASSESSMENT

<table>
<thead>
<tr>
<th>Required Areas of Evaluation</th>
<th>Risk Factors</th>
<th>Evaluation Procedures Key:</th>
</tr>
</thead>
</table>
|                             | -attitude support/condone DV\(^{27}\)  
- victim initiated separation within past 6 months related to DV\(^{28}\)  
-prior attempted or completed DV - treated\(^{29}\) | • Parenting history  
• Clinical Interview  
• Collateral Sources (e.g., Social Services Records) |
| Offender’s Parenting Involvement/Skills | History of non-payment of child support  
No prior access to minor child(ren) in a home environment\(^{31}\)  
Poor parenting ability and disciplinary practices  
Minimal knowledge of child(ren)’s life  
Minimal knowledge of parenting Skills  
Any history of social services involvement  
Minimal knowledge of child(ren)’s developmental stages & needs  
Poor parental boundaries | If history of abuse, **MUST** conduct one of the following:  
○ Child Abuse Potential Inventory (Milner, 1986)  
○ SIPA (Stress Index for Parents of Adolescents)  
○ ASPECT (Ackerman-Schoendorf Scales for Parent Evaluation of Custody) |

---


\(^{30}\) Instruments should be used pursuant to relevance to normative population.


\(^{31}\) If the offender has not lived with children, an absence of problematic parenting should be considered unknown risk rather than lack of risk.
### CHILD CONTACT ASSESSMENT

<table>
<thead>
<tr>
<th>Required Areas of Evaluation</th>
<th>Risk Factors</th>
<th>Evaluation Procedures Key:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>History and risk of child abuse &amp; neglect</td>
<td>• Required</td>
</tr>
<tr>
<td></td>
<td></td>
<td>o Optional</td>
</tr>
</tbody>
</table>

#### Offender Stability

**Offender’s General Stability**
- History of poor compliance with supervision & treatment
- History of supervision & treatment\(^{32}\)
- History of unstable employment
- History of frequent moves\(^{33}\)
- History of financial instability\(^{34}\)
- Substance abuse history\(^{35}\)
- Poor spousal conflict resolution skills

**Evaluation Procedures**
- History of General Stability
  - Clinical Interview
  - Collateral Sources
  - Criminal History

**Instruments:**
- LSI-R (Level of Service Inventory-Revised)
- PSI Report
- DVRAG

**Offender’s Non-Sexual Criminal Risk – Risk for Future Criminal Behavior**
- Past behavior from criminal record

**Evaluation Procedures**
- History of Criminal Behavior
  - Clinical Interview
  - Collateral Sources

**Instruments:**
- LSI-R (Level of Service Inventory-Revised)

**Offender’s Mental/Emotional Health**
- History of mental health diagnosis
- Personality disorder
- Poor compliance with medication recommendations
- Other mental health concerns

**Evaluation Procedures**
- History of Mental/Emotional Health
  - Clinical Interview
  - Collateral Sources

**Instruments/Assessment/Source** (Minimum of one below must be conducted):

---

\(^{32}\) If the offender has no prior history of supervision and treatment, an absence of noncompliance should be considered unknown risk rather than lack of risk.


\(^{34}\) Contact Probation Collections Investigator to obtain bankruptcy or low credit score information

\(^{35}\) Within the last 6 months
## CHILD CONTACT ASSESSMENT

<table>
<thead>
<tr>
<th>Required Areas of Evaluation</th>
<th>Risk Factors</th>
<th>Evaluation Procedures Key:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>- <strong>Required</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td>o <strong>Optional</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td>o MMPI 2</td>
</tr>
<tr>
<td></td>
<td></td>
<td>o MCMI III</td>
</tr>
<tr>
<td></td>
<td></td>
<td>o PAI</td>
</tr>
<tr>
<td></td>
<td></td>
<td>o DSM IV TR Diagnosis from</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Clinical Interview</td>
</tr>
</tbody>
</table>

### Sexual Risk

**Offender’s Arousal to/Sexual Interest in Minor Child(ren)**
- Arousal to or interest in minor child(ren) or animals or sadism

- **History of Deviant Arousal or Interest**
  - Clinical Interview
  - Collateral Sources

- **Instruments (Minimum of one below must be conducted):**
  - VRT
  - Plethysmograph

**Offender’s Historical Sexual Behaviors**
- Review of index offense
  - Assess sexual compulsivity, particularly:
    - Affairs
    - Extent of pornography use
    - Early onset of sex with peers
- Paraphilias, particularly:
  - Coprophilia
  - Indecent Exposure
  - Voyeurism
  - Transvestism
  - Frottage
- Any history of sexual contact with animals
- Any history of sadistic behavior/fantasy
- Any history of intimate partner sexual assault

- **History of Sexual Offense Risk Behaviors**
  - Clinical Interview including Offense Specific Evaluation
  - Collateral Sources/official records
  - Self report

- **Instruments:**
  - CCA Polygraph
  - Risk Assessment, pursuant to Standard 2.060

**Offender’s Cognitive Distortions**
- Boundary distortions
  - Distortions regarding:
    - Sexuality with minor children

- **Beliefs related to age, sex and consent**
  - Clinical Interview
## CHILD CONTACT ASSESSMENT

<table>
<thead>
<tr>
<th>Required Areas of Evaluation</th>
<th>Risk Factors</th>
<th>Evaluation Procedures Key:</th>
</tr>
</thead>
<tbody>
<tr>
<td>------------------------------</td>
<td>--------------------------------------------------</td>
<td>-------------------------------------</td>
</tr>
<tr>
<td>Risk Factors</td>
<td>- Gender roles</td>
<td>• Required</td>
</tr>
<tr>
<td></td>
<td>- Age, sex, and consent</td>
<td>o Optional</td>
</tr>
<tr>
<td></td>
<td>- Hostile masculinity</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Collateral Sources</td>
</tr>
<tr>
<td>Offender’s Responsibility and</td>
<td>Significant Denial</td>
<td>o Instruments:</td>
</tr>
<tr>
<td>Level of Denial</td>
<td></td>
<td>o Multiphasic Sexual Inventory</td>
</tr>
<tr>
<td></td>
<td></td>
<td>o Abel Assessment Cognitive Distortion Scale</td>
</tr>
<tr>
<td></td>
<td></td>
<td>o Bumby Cognitive Distortion Scale</td>
</tr>
</tbody>
</table>

### 5.740 Criteria for Contact with Secondary/Non-Victim Minor Children

These criteria shall be applied in the following circumstances:

- Contact with any child(ren) under the age of 18, including an offender’s own child(ren)
- When the CST has determined that contact is not allowed based on the results of the CCA
- When the CST has determined that contact with an offender’s own minor child(ren) is allowed based on the results of the CCA and the offender requests contact with a minor child who is not an offender’s own

Treatment providers, in conjunction with the CST, shall ensure the offender achieves the following criteria specific to the minor child with whom the offender wants contact before contact can be initiated **unless a Court Order regarding an offender’s own child prohibits this restriction**:

1. The offender accepts responsibility for the offense related behavior and any significant differences between the offender’s statements, the victim’s statements and corroborating information about the abuse have been resolved;
2. The offender has yielded non-deceptive results in all required areas of the sexual history disclosure polygraph exam(s);
3. The offender has yielded non-deceptive results with no new disclosures on the most recent maintenance polygraph. The content of the maintenance polygraph shall have addressed behavior that puts victims/minor children at risk;
4. The offender is not exhibiting any significant risk related behavior(s);
5. The offender consistently demonstrates the use of cognitive and behavioral interventions to interrupt deviant fantasies and behaviors as evidenced by the offender’s Plethysmograph or VRT (Visual Reaction Time) results;

6. The offender has disclosed information related to risk and other relevant factors as prescribed by the CST. The CST will make a determination of who should receive this information;

7. The offender consistently demonstrates and has documented an understanding of the factors that led to his/her offending and accepts the possibility of re-offense. The offender has developed a written plan for preventing re-offense to the satisfaction of the CST;

8. The offender consistently demonstrates an understanding of the impact of the abuse on the victim(s) and the victim’s family, the offender’s family, and the community, as evidenced by behavioral accountability and self-regulation;

9. The offender consistently demonstrates an understanding of and is willing to respect the minor child’s verbal, non-verbal, and physical boundaries and need for privacy;

10. The offender consistently demonstrates an understanding of how to safely participate in having contact with minor child(ren);

11. The offender is willing to accept limits or prohibitions on contact as established by the CST with input from the minor child(ren), minor child(ren)’s other parent or guardian, or minor child’s therapist and will put the minor child(ren)’s needs first;

12. The offender demonstrates he/she is willing to plan for contact, to develop and utilize an approved safety plan for all contact, to accept supervision during contacts, and to terminate contact when directed by the CST, the Approved Supervisor, or the minor child(ren). The safety plan shall be approved in advance and in writing by the CST and signed by the offender;

13. The offender consistently demonstrates compliance with supervision conditions, accepts the interventions of the CST, and does not demonstrate ongoing hostility toward the criminal justice system;

14. The offender consistently demonstrates satisfactory progress in treatment, including consistent compliance with treatment conditions;

15. The offender has satisfactorily participated in clarification in order to re-establish a parental relationship when the contact involves a non-victim own minor child (see 5.750 – 5.752)

Discussion: Some offenders have a history of persistent arousal to minors. Although they may be able to meet 5.750 criteria, because of the likelihood that proximity to minor children will trigger or increase this arousal, the CST shall frequently reassess the offender’s ability to maintain a reduced level of arousal\(^\text{36}\). The CST shall reject, deny, or terminate an offender’s approval for

\(^{36}\text{Davis, G., Williams, L., and Yokley, J. (1996, 1999) Sex offender treatment and monitoring program at the Colorado Department of Corrections.} \)
contact with minors if there is behavior or other evidence to indicate arousal to minors cannot be managed unless a current Court Order does not prohibit such contact regarding an offender’s own child. A subsequent Court Order is needed to preclude such contact (see Section 5.725).

Discussion: Best practice indicates that clarification with the primary victim should occur prior to any contact occurring with the secondary victim(s). However, in situations where the primary victim does not desire clarification/contact, the wishes and best interest of the secondary victim(s) should be considered by the CST with regard to decision making on a case by case basis.

Discussion: When an offender wants to give an item to his/her minor child(ren) or a minor such as a gift, card, picture, etc. it shall be reviewed and approved in advance by the CST.

5.750 Contact, Clarification, or Reunification with Victims

It is crucial for the CST to ensure the greatest caution is used before allowing an offender contact with a known victim. A Child Contact Assessment is prohibited as an avenue for contact with known victims, (see section 5.732 re: disqualifiers for CCA). The rationale for using the utmost caution in these matters is based on the knowledge that while minor children are among the most vulnerable potential victims, those previously victimized by the offender remain at high risk for re-victimization in a variety of ways. This is due to the fact that the offender has already demonstrated a willingness and ability to engage in offending behavior against them and it is highly unlikely that minor children will re-report abuse. CST members should be aware that research indicates younger minor children and those who know the perpetrator are least likely to report abuse in the first place, and that almost 100% of victims whose offenders were family members indicate they would not report abuse if it recurred due to the devastating consequences they experienced upon their first report. Further, even minor children known to be victims of sexual abuse, based on diagnoses of sexually transmitted diseases, were reluctant to report when questioned by trained investigators. For these reasons, while some victims may express a desire for contact it may not actually be in their best interest. The CST must balance victim wishes with the paramount concern for victim safety. It is also important for the CST to resist pressure from an offender or victim’s family regarding decision-making. The decision to allow victim contact shall be based on consideration over a protracted period of time regarding the best interests of the victim with significant input from the victim’s therapist, or prior therapist, the offender’s achievement of all criteria listed in 5.740; the presence of an Approved Supervisor (see 5.770), and unanimous approval by the CST, unless such contact is not prohibited or restricted by the Court regarding an offender’s own child.

Refer to Appendix E for best practice/guideline regarding victim or other family member criteria for contact, clarification, and reunification.

5.751 Clarification with the Victim

The victim clarification process is designed to primarily benefit the victim. Through the process the offender acknowledges that the victim has no responsibility for the offender’s behavior. The questions posed to the offender and topics to be addressed must be victim-directed, defined and

the goals and purpose of such communication must be clear to all involved. Issues to be addressed include the damage done to the victim, family and/or secondary victim(s).

Clarification is a lengthy process that occurs over time usually beginning with the offender’s ability to accurately self-disclose about the offending behavior. Following written work, clarification may then progress to verbal or face-to-face contact. Although victim participation is never required and is sometimes contraindicated, should the process proceed to an actual clarification meeting with the victim, all contact is victim-centered and based on victim needs.

The CST shall incorporate all assessments including polygraph results into their decision-making process regarding victim clarification.

Secondary victims and significant persons in the victim’s life may be impacted by sexual offenses. Clarification with others, (i.e. victim’s parents, siblings, neighbors) who have been impacted by the offense may be warranted in some cases.

5.752 Victim clarification procedures shall be approved by the CST and specifically include the victim representative. The CST shall use the following criteria:

A. The victim requests clarification and the victim representative/therapist concurs that the victim would benefit from clarification.

B. Parents of a minor victim are informed of, and give approval for, the clarification process.

C. The offender evidences empathic regard through consistent behavioral accountability including an improved understanding of: the victim’s perspective; the victim’s feelings; and the impact of the offender’s behavior.

D. The offender shall be required to undergo an event specific polygraph yielding results indicative of truthfulness if his/her description of the offense differs in any significant way from the victim’s and any remaining differences between the offender’s and the victim’s description of the offense behavior are resolved to the satisfaction of the CST. The offender acknowledges the victim’s statements without minimizing, blaming, or justifying.

E. The offender is prepared to answer questions and is able to make a clear statement of accountability and give reasons for victim selection to remove guilt and perceived responsibility from the victim.

G. The offender is able to demonstrate the ability to manage abusive or deviant sexual interest/arousal specific to the victim.

H. The offender displays decreased risk by demonstrating progress in all the areas identified in section 3.160 (I), which are supported by polygraph testing.

I. Sexual impulses are at a manageable level and the offender can utilize cognitive and behavioral interventions to interrupt deviant fantasies as determined by continued assessment.

Discussion: There may be rare occasions when, due to victim de-compensation, limited contact in writing or in a supervised, therapeutic setting in order to reduce victim trauma or symptomatology may be beneficial and appropriate prior to all of the above criteria being met. Extreme caution should be employed to ensure the offender will not cause further harm if this
course of action is pursued. It may be that while the victim would benefit from such a session the offender may not be at a point where he/she could safely participate. Additionally, therapeutic sessions under these circumstances must be very limited, (e.g. 1-2 sessions) as this is not meant to circumvent the standard procedure for clarification described above.

5.753 Contact with victims under age 18

Contact with a victim is first initiated through the clarification process, unless such contact is not currently prohibited or restricted by Court Order regarding an offender’s own child. In such cases, when clarification is approved by the victim, and it is clinically indicated, the clarification process continues to apply pursuant to these Standards. If contact is prohibited, offenders must meet all criteria listed in section 5.740 prior to being allowed victim contact. Once that criterion has been met, and upon agreement of the CST, the offender may progress to contact outside of a therapeutic setting.

If a Court Order has not prohibited or restricted an offender from having contact with his own child, and that child is a victim of the index offense, the CST should seek input from the victim’s therapist or a victim representative regarding such contact. If such contact is contraindicated for the victim or offender, a subsequent Court Order is needed to preclude such contact. If the CST is in agreement, then such information should be presented to the Court pursuant to local procedures.

The CST shall:

A. Ensure all contact occurs in the presence of an Approved Supervisor (see 5.770), or professional member of the CST.

B. Ensure that the wishes of the victim as well as the recommendations of the victim representative support all the contact that occurs. An offender’s therapist shall not initiate offender contact with a victim absent professional victim representative support.

C. Support the victim’s wishes regarding contact with the offender to the extent that it is consistent with the victim’s safety and well-being.

   Discussion: A common dynamic that may occur in families is direct or indirect influence or pressure on the victim to have contact with the offender. A third party professional assessment regarding victim needs may be warranted prior to contact with the offender.

D. Arrange contact in a manner that places victim safety first. When assessing safety, psychological and physical well-being shall be considered.

E. Determine what types of contact are permissible based on offender and victim factors, known risk factors and other considerations. The CST shall consider placing more boundaries and limitations on types of contact with known victims than may be required of the same offender with non-victim minor children. Contact possibilities occur on a continuum including written, telephone, and in-person and from non-physical to physical. The CST shall specify what is approved for the offender with each victim.
F. Closely supervise or monitor the contact process, including requiring that any concerns or rule violations be reported to the CST.

G. Ensure the ongoing assessment of the victim’s emotional and physical safety and immediate termination of contact if any aspect of safety is in jeopardy.

5.754 Contact with adults victimized as minors (victim(s) named in present offense)

While the CST cannot control what an adult victim does, the Standards still apply to offender behavior regardless of the victim’s age. The offender must meet all relevant criteria listed in section 5.740 prior to contact being approved. When making a determination about offender contact the CST shall ensure that the adult victim’s desires, best interests and need for self-determination are adequately represented throughout the decision-making process and as long as contact continues. Factors specific to the offender and his/her relationship to the victim shall also be considered.

When contact is allowed the CST shall also determine what types of contact are permissible based on offender and victim factors, known risk factors and other considerations. Contact possibilities occur on a continuum including written, telephone, and in-person, (therapeutic or otherwise), and from non-physical to physical. The CST shall specify what is approved for the offender with each victim.

Discussion: During the course of supervision and treatment offenders will often disclose additional victims who are now adults with whom they may have an ongoing relationship. The CST should be mindful of allowing offenders to continue or re-establish relationships with known victims. Contact should be considered individually taking into account offender risk, progress in treatment, and victim characteristics.

5.755 Contact with adult victims (victim(s) named in present offense)

The CST must be attentive to the possibility of ongoing enmeshment and abuse of power between an offender and someone whom he/she victimized as an adult as risk is more proximate in these situations. While it is important for the CST to recognize an adult victim’s need for self-determination the CST may prohibit the offender from having contact based on concerns for the victim’s safety.

While the CST cannot control what an adult victim does, the Standards still apply to offender behavior regardless of the victim’s age. The offender must meet all applicable criteria listed in section 5.752 prior to contact being approved. When making a determination about offender contact the CST shall ensure that the adult victim’s desires and best interests are adequately represented throughout the decision-making process and as long as contact continues. Factors specific to the offender and his/her relationship to the victim shall also be considered. The CST shall take into account whether the adult in question has been victimized in non-sexual ways by the offender such as domestic violence or stalking.

When contact is allowed the CST shall determine what types of contact are permissible based on offender and victim factors, known risk factors and other considerations. Contact possibilities occur on a continuum including written, telephone, and in-person, (therapeutic or otherwise), and from non-physical to physical. The CST shall specify what type of contact is approved regarding each victim.
See Discussion in 5.784

5.756 Potential Adult Victims

The SOMB recognizes that it is not possible to limit a sex offender’s contact with all adults in the community. However, care should be taken to limit the offender’s access to places and groups where he or she has a history of accessing victims (e.g.: bars, clubs, singles groups, senior centers, medical care facilities, campuses, etc.) or where he or she may present a current risk.

It is also imperative that consideration be given to protecting at-risk adults. Treatment providers and other members of CSTs shall not allow sex offenders to have unsupervised contact with adults who are at particular risk for victimization due to mental status, disability, incapacity, domestic violence, sexual offense, or position of trust. Decisions to allow any contact with at-risk adults should be made using the same criteria as for minor child contact (see Standard 5.740).

5.757 Family Reunification

Family Reunification is defined as the offender living in the same residence with his/her minor children.

Family reunification shall not occur for offenders who meet the exclusionary criteria (see Section 5.725) unless a Court Order does not prohibit or restrict contact by the offender with his/her own child(ren). When contact with the offender’s own child has not been prohibited or restricted, the CST should review whether there are, or should be, options to place parameters or restrictions around the contact when necessary to ensure safety. There may also be instances when new information indicates that such contact is contraindicated due to increased risk of the offender to the child. To restrict or preclude contact, a subsequent Court Order is needed. Therefore, the treatment provider shall communicate such information to the supervising officer. If the CST is in agreement, then such information should be presented to the Court pursuant to local procedures.

Prior to considering family reunification the offender shall have met the criteria listed in 5.740 and the CST shall unanimously agree that family reunification is appropriate.

For those offenders for whom the 5.740 criteria are waived pursuant to the results of the Child Contact Assessment which includes the polygraph exams, this criteria does not apply unless new information of concern has arisen.

Due to ongoing risk of re-offense, family reunification in cases when the offender has a history of incestuous behavior is rarely indicated.

The CST shall coordinate all efforts toward family reunification with any active child protective agency.

Family reunification shall never take precedence over the safety (physical, sexual, and psychological) of any victim or the offender’s own minor children. If reunification is indicated, after careful consideration of the potential risks over an extended period of time, supervising officers and treatment providers shall carefully monitor the process through termination of supervision.

The CST shall ensure that the spouse/partner or primary caregiver is willing and able to fully support all conditions imposed by the CST, which includes active involvement in the offender’s
treatment process and any treatment in which the minor child(ren) are involved. The CST shall consider any history of domestic violence when determining whether the spouse/partner or primary caregiver support the conditions necessary for family reunification.

5.760 Unsupervised Contact with Offender’s Minor Child(ren) Under Age 18

Offenders being considered for unsupervised contact with their minor child(ren) shall:

a) Not meet any of the Exclusionary Criteria (as referenced earlier in Standard 5.725);

b) Have met and demonstrated compliance with all criteria in Standard 5.740 without evidence of increased arousal or sexual acting out, as verified by the two most recent maintenance/monitoring polygraph tests. Not show any deviant arousal to, or interest in, minor children as confirmed through current clinical and physiological measures;

c) Have demonstrated that supervised visits have been sufficient in quality, frequency, and duration as determined by the CST;

d) Have demonstrated satisfactory progress in treatment and consistent compliance with supervision and treatment conditions;

e) Not have committed any offenses against any of the minor children in question;

OR

f) Be designated as a low risk offender via the LRP and by unanimous decision of the CST.

OR

g) Have a Court Order allowing such unsupervised contact.

5.761 The criteria listed below shall be used by the CST when considering granting an offender unsupervised contact with his/her own minor children. Offenders shall not be allowed to have unsupervised contact with minor children who are not their own.

A. For those offenders for whom the 5.740 criteria are waived pursuant to the results of the CCA which includes the polygraph exams, these criteria do not apply, unless new information of concern has arisen.

B. Unsupervised contact shall never be allowed for a sex offender diagnosed with any type of pedophilia (per current version of DSM) or with an established and ongoing pattern of deviant sexual interest/arousal to minors. When contact with the offender’s own child has not been prohibited or restricted, the CST should review whether there are, or should be, options to place parameters or restrictions around the contact when necessary to ensure safety. There may also be instances when new information indicates that such contact is contraindicated due to increased risk of the offender to the child. To restrict or preclude contact, a subsequent Court Order is needed. Therefore, the treatment provider shall communicate such information to the supervising officer. If the CST is in agreement, then such information should be presented to the Court pursuant to local procedures.
Discussion: An established pattern is determined to exist when an offender has shown deviant sexual interest/arousal to minors via pattern of offending, self-report by the offender, or assessment of sexual interest/arousal over a period of time.

C. The CST shall support the minor child’s wishes when he/she does not want to have unsupervised contact with the offender. In cases when the minor child wants unsupervised contact the CST shall prioritize the best interest of the minor child including physical and emotional safety.

D. When there is a therapist working with the minor child the therapist shall be consulted in the decision to grant unsupervised visitation. When the minor child is not currently seeing a therapist, the CST should consult a therapist who has worked with the minor child to discuss general issues surrounding unsupervised contact.

E. The CST shall ensure that the offender has an approved safety plan regarding the minor child involved.

F. The CST shall consider input from the custodial parent/guardian when making any decision regarding any unsupervised contact with the offender’s own minor child(ren). When contact with the offender’s own child has not been prohibited or restricted, the CST should review whether there are, or should be, options to place parameters or restrictions around the contact when necessary to ensure safety. In such instances, the CST shall seek ongoing input from the custodial parent/guardian to ensure that contact is not posing undue risk to the child(ren). If such risk is identified, a subsequent Court Order is needed to preclude such contact. If the CST is in agreement, then such information should be presented to the Court pursuant to local procedures.

G. The CST can rescind or suspend unsupervised contact if conditions change that warrant such action unless ordered by the Court. A new Court Order would be required to rescind or suspend such contact.

H. The CST shall thoroughly document reasons for all decisions made regarding an offender’s unsupervised contact with his/her minor children.

I. There may be some offenders who are the sole caregivers of their minor child(ren) and can meet all the preceding criteria, however, due to an unforeseen event, there is a sudden loss of an Approved Supervisor (e.g. spousal death, etc.). In such cases, the CST shall make a referral and consult with the Department of Social Services to develop an alternative plan for the care and parenting of the minor child(ren), which may or may not include maintaining the minor child(ren) in the offender’s custody.

5.762 Modifying Contact

CSTs should plan for changes in risk level and recognize that offenders present with some level of risk for sexual re-offending. Progress in treatment may not be consistent over time. The CST should also consider that changes in child development characteristics or adult victim characteristics may affect offenders’ risk level. CST approval of situations that involve contact with minor children under the age of eighteen shall be continually reviewed and may be changed, suspended, or rescinded by the CST based on current risk, non-compliance, or other concerns. It
should be noted that continual or repetitive separation and reunification can be detrimental to family dynamics.

5.770 **Approved Supervisor**

Approved Supervisors are adults who have been approved by the CST to supervise contact between an offender and specified minors.

The following Standards sections regarding the responsibilities and duties of an Approved Supervisor apply in situations in which an offender is allowed to have supervised contact with minors. They are not intended to address situations where the CST is requiring accompaniment for general movement in the community or involving activities unrelated to contact with minors. The CST should consult with the minor children and children’s custodial parents/guardians regarding any concerns regarding the Approved Supervisor.

5.771 **Qualifications of an Approved Supervisor**

Prior to allowing a person to be an Approved Supervisor, the CST shall ensure that he or she meets the following qualifications:

1. Agrees to undergo and pay for a complete criminal history background check;

2. Has adequately addressed any issues regarding personal history of victimization;

3. Supports intervention efforts of the CST without antagonism;

4. Willing to maintain open communication with the CST and report relevant offender behavior;

5. Willing to maintain protection of minor children as the highest priority and believes this outweighs any offender or family interests;

6. Demonstrates empathy for the offender’s victims;

7. Does not deny or minimize the offender’s responsibility or the seriousness of sexual offending;

5.772 **Disqualifications for an Approved Supervisor**

Prior to allowing a person to be an Approved Supervisor, the CST shall ensure that none of the following apply:

1. Currently under the jurisdiction of any court or criminal justice agency for a matter that the CST determines could impact his/her capacity to safely serve as a Approved Supervisor;

2. Prior convictions for child abuse or neglect, or for unlawful sexual behavior as defined by SOMB Statute. If ever investigated for unlawful sexual behavior, child abuse, or neglect presents information requested by the CST so that the CST may consider the current impact on his/her capacity to serve as Approved Supervisor.

*Discussion: In very rare circumstances, the CST may choose to make an exception to the prohibition about a misdemeanor child abuse conviction. The*
reasons for this exception should be made by the unanimous agreement of the CST and documented in writing.

3. Significant cognitive or intellectual impairment as determined by the CST;
4. Significant mental health or substance abuse problems as determined by the CST;
5. Significant health or physical limitation that interferes with the performance of his/her duty as determined by the CST;
6. Relationships where a significant power differential exists that may inhibit the proposed Approved Supervisor from fulfilling the required responsibilities (e.g. adult child of the offender - see section 5.775);
7. Past or present victimization by the offender with domestic violence or any other form of abuse. If there is any indication that this may have occurred, the CST shall investigate by privately interviewing the potential Approved Supervisor using questions derived to identify perpetration behaviors or by requiring the offender to participate in a single issue polygraph regarding physical and sexual violence. Confidentiality for a victim in this situation must be upheld due to the possibility of offender retaliation.

Discussion: The CST shall periodically re-assess the Approved Supervisor to ensure ongoing compliance with qualifications and ensure that the Approved Supervisor is not subsequently excluded given that situations may change.

5.773 All sex offender treatment providers shall offer an Approved Supervisor training program of sufficient duration for the potential Approved Supervisor to learn, process, and internalize information about offender characteristics, risk, and behaviors. Additionally, providers shall require Approved Supervisors to attend ongoing support groups where concerns shall be discussed and addressed and clarification regarding expectations is available.

5.774 The CST shall ensure that the Approved Supervisor demonstrates understanding of the following information:

1. The underlying factual basis of the present offense(s);
2. The offender’s thorough disclosure of the offense and acceptance of all responsibility;
3. The offender’s complete and verifiable sexual history disclosure;
4. What constitutes sexual offending and other abusive behavior and the ongoing risk the offender presents to minors;
5. The offender’s risk factors, deviant sexual arousal patterns, offense cycle, pathways, and grooming behaviors;
6. Offender treatment progress and offender risk are variable over time;
7. Any offender mental health issues without making excuses for his/her behavior;
8. The offender’s community supervision conditions, including Standard 5.710, treatment contract expectations, and rules regarding the approved contact;
9. The offender’s requirement to provide the CST with a written safety plan for supervised contact;
10. Any offender history of domestic violence and risk to his/her partner or to other family members;
11. The offender’s potential ability to manipulate the Approved Supervisor;

5.775 Approved Supervisor Duties and Responsibilities

---

40 e.g. Danger Assessment by Jacquelyn Campbell

October 28, 2016 37
The treatment provider shall develop a written contract that is signed by the CST and the Approved Supervisor. The contract shall require that the Approved Supervisor:

1. Maintain qualifications and stay current on the knowledge and responsibilities as referenced in Standards 5.771 through 5.774, including annually providing the CST with a certified copy of his/her criminal history through the Colorado Bureau of Investigation that incorporates CCIC/NCIC information;
2. Shall not consume alcohol or mind-altering substances while functioning as an Approved Supervisor;
3. Maintain confidentiality regarding victim information;
4. Ensure compliance with all rules as specified by the CST;
5. Only allow contact with minors approved by the CST;
6. Never leave the offender alone with a minor or victim and always be within sight and sound of the offender and the minor/victim during contact unless a Court Order allows such contact;
7. Intervene when high risk situations or behaviors occur by immediately terminating contact and reporting concerns to the CST;
8. Assess the minor’s emotional and physical safety on a continuing basis and terminate contact immediately if any aspect of safety is jeopardized;
9. Report any safety issues including domestic violence or threats of abuse or violence toward the Approved Supervisor;
10. Maintain open and honest communication with the CST:
    - Regularly report offender’s relevant behaviors and attitudes
    - Respond to inquiries by the CST
    - Meet with the CST as requested
    - Provide documentation of contacts
    - Express any concerns to the CST regarding the offender’s non-compliance with the contract or treatment conditions

5.776 The following shall be specified in the written Approved Supervisor contract:

- Name(s) of the minor(s) with whom the Approved Supervisor is allowed to oversee any type of contact;
- Abide by the offender’s approved safety plan for contact;
- If the Approved Supervisor is not in compliance with all of the requirements, the CST may discontinue or modify any contact privileges unless a Court Order requires such contact. The CST may modify the approval status of the Approved Supervisor;
- An explanation of an Approved Supervisor’s potential civil liability for negligence in enforcing stated rules and limitations;

5.780 Circumstances under Which Criteria May Be Waived

Allowing contact prior to fulfillment of the criteria outlined in Section 5.740 of these Standards and Guidelines should occur only in rare circumstances. In addition, the CST shall agree that there is minimal risk of any crossover or additional crimes of opportunity. While it is not appropriate for the criteria to be waived in its entirety for ongoing contact, there may be parts of the criteria that may be waived or postponed.

When making a decision to waive any part of the criteria in Section 5.700 of these Standards, there shall be full consensus of the CST. An explanation of the specific
circumstances and reasons shall be documented, including the potential risk to the community, victim(s), and potential victims involved.

5.781 Non-Victim Contact
Occasionally, the CST may approve a broader waiver of 5.740 criteria for a one-time contact only, such as for a minor child’s contact with the offender in a therapy session to assist non-victim minor children in adjusting to the offender’s removal from the home. Any approval for this kind of closure/explanation session shall be in writing and the CST shall determine all the particulars of that session. If the minor child(ren) has a therapist or an advocate, that person should also be present during that session. The CST shall take every precaution to ensure that the minor children with whom a sexual offender is doing this kind of closure or explanation session are not his/her primary victims.

5.782 Adult Victim Contact
There may be instances when an adult victim desires contact with an offender prior to 5.755 criteria having been achieved. CSTs should staff these situations and determine if contact should be allowed and under what circumstances (e.g. with a therapist present, telephone contact, etc.). Victim safety and offender rehabilitation shall remain the priorities.