5.700 ♦ Sex Offenders' Contact with Victims and Potential Victims

5.710 Sex offenders shall have no contact with any child under the age of 18 or adult/ child victims of the offender's sex offenses until the Community Supervision Team unanimously agrees that the offender has met the corresponding criteria listed in Standard 5.741 through 5.742, Section A, B, or C as applicable. Additionally, offenders shall not meet any of the Exclusionary Criteria listed in Standard 5.720.

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

- Physical contact, face to face, or any verbal contact;
- Being in a residence with a child or victim;
- Being in a vehicle with a child or victim;
- Visitation of any kind;
- Correspondence (both written and electronic), telephone contact (including messages left on a voice mail or answering machines), gifts, or communication through third parties;
- Entering the premises, traveling past or loitering near the child or victim's residence, school, day care, or place of employment;
- Frequenting places used primarily by children, as determined by the Community Supervision Team.

Prohibition of contact does not impact an offender's responsibility to pay child support.

The rationale for contact restrictions involves both known and unknown factors regarding the offender's risk for sexual recidivism. The accuracy of risk prediction is limited to available information even when a sex offense specific evaluation has been completed. The offense for which a person is convicted is not necessarily a reliable indicator of the offender's risk to children or victims[1]. As an offender participates in treatment and supervision, a more accurate assessment can be made to determine his/her specific risks to children and victims with whom he/she may request contact. An important aspect of ongoing risk assessment is measuring an offender's ability to comply with the requirements of treatment and supervision[2].

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[3]. Some of this research has been conducted with convicted sex offenders in Colorado. Research also indicates that children and victims are particularly vulnerable and are unlikely to report or re-report abuse[4].

The SOMB recognizes the significance of the relationship between a parent and his/her child and also recognizes the risk that a sex offender can pose to his/her own children. There are multiple factors that must be considered in making a determination of an offender's risk to his/her own children. When contact between a sex offender and a child under the age of eighteen (18) who meets the definition of "own child" in this document is being considered, the offender shall complete the Parental Risk Assessment (PRA) as

---

[1] Knopp, F.H. (1984); Freeman-Longo, R., Blanchard, G. (1998); Ahlmeyer, S., Heil, P., McKee, B., and English, K. (2000); English, K. (1998); Heil, P., Ahlmeyer, S., Simons, D. (2003); Ahlmeyer, S. (1999); Becker, J., and Coleman, E. (1987); Abel, G., Rouleau, J. (1990); Office of Research and Statistics, Division of Criminal Justice, Colorado Department of Public Safety (2000); Tanner, J. (1999); Hanson, R., Harris, A. (1998); Hindman, J. (1989).

[2] Hanson, R.K., Harris, A. (1998).

[3] Knopp, F.H. (1984); Freeman-Longo, R., Blanchard, G. (1998); Ahlmeyer, S., Heil, P., McKee, B., and English, K. (2000); English, K. (1998); Heil, P., Ahlmeyer, S., Simons, D. (2003); Ahlmeyer, S. (1999); Becker, J., and Coleman, E. (1987); Abel, G., Rouleau, J. (1990); Office of Research and Statistics, Division of Criminal Justice, Colorado Department of Public Safety (2000); Weinrott, M. & Saylor, M. (1991).

[4] Marshall, W. (1998); Hanson, R.F., et al. (1999); (1992). *Rape in America: A Report to the Nation*; Underwood, R., Patch, P., Cappelletty, G., Wolfe, R. (1999); Hindman, J. (1989); Colorado Coalition Against Sexual Assault (1998); Cardarelli, A. (1998).

described in this document in order to assess whether child contact is appropriate. This assessment will result in a determination of risk level and make recommendations in an individualized plan for level and type of contact, if any, with the offender's own children. No sex offender will have any contact with his/her own children until he/she has undergone a Parental Risk Assessment and has been determined to be an acceptably low risk. Please see Section A for further information.

Discussion Point: For offenders who have already been sentenced and have non-victim children under the age of 18 with whom they desire contact, it is important for the offender to participate in the Parental Risk Assessment in order to determine appropriateness and level of contact.

Community Supervision Teams should plan for changes in risk level and recognize that offenders will always present with some level of risk for sexual re-offending. Progress in treatment may not be consistent over time. The team should also consider that changes in child development characteristics or adult victim characteristics may affect offenders' risk level. Approval of situations that involve contact with children under the age of eighteen shall be continually reviewed and changed by the Community Supervision Team based on current risk.

It is the responsibility of treatment providers, evaluators and other community supervision team members to follow these Standards and Guidelines. Treatment providers, particularly after a Parental Risk Assessment has been completed, have the most expertise and are in the best position to accurately assess an offender's risk to his own children and are ethically obligated to ensure child safety remains the highest priority. This may result in decisions that are difficult for both the offender and the criminal justice system. 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 rare instances, the referring agency may request services that are in conflict with the Standards due to a court order. 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[5].

In order to maintain program integrity, treatment providers and evaluators who receive referrals for offenders in circumstances which conflict with these Standards should 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. The referral source should be informed in writing of the reasons for the refusal and of the possible risk to the involved children or victims.

Discussion Point: During any time that an offender is not in treatment, the supervising officer should maximize the use of surveillance, monitoring and containment methods including more frequent use of polygraphs. The supervising officer may obtain additional information during this period of time which should be brought back to the court for additional guidance and/or sentencing conditions.

Sections 5.741 through 5.742 A, B, and C of this Standard state the requirements for contact with children. This contact shall be supervised unless the offender has met the criteria in Standard 5.750 for unsupervised contact. See Standards 5.760-5.763 for Approved Supervisor requirements.

5.720 Exclusionary Criteria

Due to extreme risk, when any of the following are present, the community supervision team shall ensure that the offender is **not** considered for <u>any</u> type of contact with children.

A clinical diagnosis by an approved evaluator or treatment provider:

- Pedophilia (Exclusive Type, per DSM IV-TR, i.e. attracted only to children)
- Psychopathy or Mental Abnormality per the psychopathy checklist revised (PCL-R) or per the MCMI III (85 or more on each of the following scales: Narcissistic, Antisocial and Paranoid)

[5] Quinsey, V.L., Harris, G.T., Rice, M.E., Cormier, C.A. (1998).

- Sexual sadism, as defined in the DSM IV-TR
  or
- A Colorado court or parole board has ruled the offender is a Sexually Violent Predator.

5.730 Parental Risk Assessment (PRA)

When a sex offender has any children under the age of eighteen (18) who meet the definition of "own child" in this document, the offender wants to have contact with his/her children, none of them are his victims, it does not appear that he or she has more than one item on Tier I on the PRA Flowchart, and it does not appear that the offender will be sentenced to the Department of Corrections, a Parental Risk Assessment as described in this document shall be initiated in order to assess the appropriateness of child contact. This assessment shall be initiated at the time of the offense specific evaluation. The assessment will result in a determination of risk level and a recommendation for an individualized plan regarding level and type of contact, if any, with the offender's own children. 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. For offenders in the Department of Corrections, when a PRA has not been completed, the Department of Corrections treatment team should conduct a PRA.

The Parental Risk Assessment should occur after a plea has been entered, after conviction or upon acceptance of an Interstate Compact case and shall be completed by a listed Sex Offender Management Board Evaluator/Treatment Provider. Contact with an offender's children shall be prohibited prior to, and during, the offense specific evaluation. A recommendation regarding an offender having contact with his/her own children cannot be made until a Parental Risk Assessment has been completed as part of the offense specific evaluation. If the Parental Risk Assessment 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 children until the Parental Risk Assessment has been completed.

Discussion Point: 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 PRA in order to make informed decisions regarding child contact. This standard is not intended to preclude that from occurring.

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

Discussion Point: If all components of the Parental Risk Assessment have not been completed within a six month period of time, portions of the testing may need to be re-administered. Additionally, if an offender yields deceptive or inconclusive results on the polygraph exam, he/she may retest in a timely manner and have those results incorporated into the Parental Risk Assessment

If the Parental Risk Assessment, which includes a polygraph, indicates **high risk** with regard to his/her own children, the offender shall meet the criteria in Standards 5.741 through 5.742 (A) before contact can be initiated.

If the Parental Risk Assessment, which includes a polygraph, indicates **low risk** with regard to his/her own children and the offender has no known history of sexual behavior with his/her own children, criteria listed in Standards 5.741 through 5.742 (A) shall be waived with regard to his/her own children.

If the Parental Risk Assessment, which includes a polygraph, indicates **moderate risk** with regard to his/her own children and the offender has no known history of sexual behavior with his/her own children, teams may use their discretion in allowing written or telephone contact or therapy sessions with the offender's own children prior to the offender meeting all the criteria listed in Standards 5.741 through 5.742 (A). If the offender's risk is assessed as moderate based on dynamic factors, (e.g. employment, support systems, etc.) the team may revisit the PRA conclusions if those factors change.

In the Parental Risk Assessment, using the PRA Decision Flow Chart in Appendix F, the provider shall render an opinion of high, moderate, or low risk and the results shall be provided and explained to referral sources. If the evaluator believes that aggravating or mitigating factors exist that impact the outcome indicated by the Decision Flow Chart, such factors should be documented in the PRA report to support a differential opinion regarding risk level. The offender's risk shall be acceptably low or the criteria listed in Standards 5.741 through 5.742 (A) shall be met prior to allowing contact with children.

PARENTAL RISK ASSESSMENT

The Parental Risk Assessment is a series of clinical interviews and standardized tests that will provide information regarding a variety of factors associated with risk. The assessment addresses risk level specifically with regard to the offender's own children. Evaluators should be aware of mandatory child abuse reporting laws, and report accordingly. The information listed in the chart below states the minimum requirements needed to complete the Parental Risk Assessment.

PARENTAL RISK ASSESSMENT

Evaluation Areas – Required	**Evaluation Procedures**
EVALUATE PARENTAL RISK	KEY: • Required o Options within a specific category
Offender's Attachment Style	• History of Relationship Attachment o Clinical Interviews o Collateral sources • Standardized Tests (Must complete a minimum of one of the following): 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	• History of empathy with Children o Clinical Interviews o Collateral sources ▪ Standardized Tests: o Hanson's Empathy for Children Test
Offenders Ability for Family Stability	• History of stability of relationships and prior absences from the home o Clinical interviews o Collateral sources • History of domestic violence • Restraining orders • Arrests • Documentation of conviction of a crime of domestic violence, or if none then perform a Standardized Test: o SORAG o Hanson's Empathy for Women Test o Collateral information

Offender's Parenting Skills	• History of payment or non-payment of child support, and reasons for non-payment • Prior access to children in a home environment o Clinical interview o Collateral information • Parenting Ability o Knowledge of child's life o Knowledge of parenting skills o Knowledge of child's developmental stages & needs o Parental boundaries o Empathy o Standardized test o Parenting Perception Scale • Risk of Physical Abuse o History of abuse or maltreatment of children o Social Services records o Collateral Sources o Standardized Test o Child Abuse Potential Inventory (Milner, 1986)
Offender's stability	• Clinical interview & Collateral Information (all of the following are required): o History of compliance with supervision and treatment requirements o History of stable employment o History of frequent moves o Interview regarding family of origin (parental models, family environment and stability, abuse) o Financial o Drug & alcohol history
Offender's Arousal to/Sexual Interest in Children	• Standardized Tests (Minimum of one of the following): o Abel Assessment of Sexual Interest o Plethysmograph
Offender's Historical Sex Offending Behaviors as verified through official record, polygraph, or any other credible source such as social services records	• Any history of sexually abusing anyone under the age of 18 o Official records o Collateral information o Self report • Polygraphy • Any history of sexual conduct with relatives who were under the age of 18 • Any history of sexual contact with other minors • Any history of sexual contact with animals o Official records o Collateral information o Self report • Assess level of prior access to children
Offender's Criminal Risk - Risk for future criminal/sexual behavior	• Elements of current or previous offenses through interviews and collateral sources o Past behaviors from criminal justice and social service records o Validated risk assessment instrument

Offender's Cognitive Distortions	• Interview or Standardized Tests (Use any test listed below or equivalent test) o Multiphasic Sexual Inventory o Abel Assessment Cognitive Distortion Scale o Bumby Cognitive Distortion o Clinical interview o Collateral Information
Offender's Psychological Functioning	• Clinical interview/Collateral Information/ Standardized Tests • Sadistic Behavior Elements of previous offenses/collateral sources • Psychopathy level or Mental Abnormality must do a minimum one of the following tests: o Psychopathy Checklist Revised (PCLR) o Psychopathy Checklist Screening Version o MCMI III (Narcissistic + Antisocial + Paranoid) • Personality disorder (minimum of one below): o MMPI 2 o MCMI III o PAI o DSM diagnosis from clinical interview • Other Mental Health Concerns
Offender's Responsibility and Level of Denial	o Clinical interview o Shannon/Brake Levels & Types of Denial o Collateral Data

Offender's Support System and Home Environment	• Clinical interview/Collateral Information regarding the following areas when relevant to the offender's risk of contact with children 1. When the non-offending parent/child are willing to be part of the evaluation process, resulting information will be incorporated into the PRA 2. Does the offender's partner or support system believe the offender has committed a sex offense and support compliance with treatment and supervision? 3. Do they acknowledge any possibility of risk to the children? 4. Are they dependent on the offender for financial or emotional support? 5. Are there issues of unequal power and control in the partner/support system relationship? 6. Does partner/support system have any difficulties in confronting the offender? 7. Do any dynamics involving fear and/or power imbalance exist in the partner/support system relationship? 8. Other than the offender, what other support systems does the partner depend on? 9. Assess partner/support system's parenting skills, including strengths and limitations. 10. Assess partner/support system's level and type of attachment to the children. 11. Assess partner/support system's current level of functioning. 12. Assess partner/support system's current problems as a result of the offender's arrest. 13. Assess partner/support system's current ability to recognize and respond to the needs of the children 14. Assess what the partner/support system has told the children about the offender. 15. Assess what the partner/support system feels are the children's most immediate needs. 16. Are they willing and able to be involved in significant other's treatment/education and to have the children participate in treatment/education? 17. Are they willing and able to stop contact if the children are at risk? 18. Review collateral information from other providers involved with the family. 19. Describe any Social Services involvement with the family. Does the partner have a record of Social Services involvement. 20. Known risks presented in neighborhood.

SEE INTRODUCTION TO PRA FLOWCHART AND PRA DECISION FLOWCHART IN APPENDIX F IN ORDER TO MAKE FINDINGS.

Discussion Point: Individual plans regarding child contact should address whether the offender needs parenting classes.

5.740 Criteria for Contact with Children

Section A - Sex Offenders' Contact with Their Own Children

The following criteria shall apply to a sex offender's supervised contact with his/her own children * when the children are not the victims of the offender and when the Parental Risk Assessment has indicated the offender is moderate or high risk with regard to his/her own children.

* This includes children with whom the offender has a parental role, including but not limited to: biological, adoptive, and stepchildren.

If any of the offender's children are victims of his/her offenses, Section C shall dictate the offender's contact with all of his/her children. Please refer to Section C for criteria regarding contact issues under those circumstances.

5.741 (A) The treatment provider, in conjunction with the community supervision team, shall:

1. Support the child's wishes when the child does not wish to have contact with the offender;

2. Arrange contact in a manner that places the child's safety first. When assessing safety, both psychological and physical well-being shall be considered;

3. Ensure consultation with, and the support of, the custodial parent or guardians of the child prior to authorizing contact. When the child has a therapist, they shall also be involved in the approval process;

4. Ensure that contact does not conflict with any existing court or parole board directives;

5. Ensure the offender has an approved supervisor present within visual and hearing range during all contacts.

5.742 (A) Treatment providers, in conjunction with the community supervision team, shall ensure the offender achieves the following criteria before contact can be initiated. For those offenders assessed through the Parental Risk Assessment as moderate risk to their own children, teams may use discretion in allowing written, telephone or therapeutic contact prior to the completion of these criteria.

1. The offender accepts responsibility for offense related behavior and any significant differences (i.e. regarding the sexual behavior in which the offender has engaged, use of force, and threats) 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 the required areas of the sexual history disclosure polygraph process and has yielded non-deceptive results on the most recent maintenance polygraph. The content of the maintenance polygraph shall have addressed behavior that puts victims/children at risk. Furthermore, there shall not be concerns regarding significant risk related behavior.

Some offenders have a history of persistent arousal to minors. Although they may be able to meet 5.742 criteria, because of the likelihood that proximity to children will trigger or increase this arousal, the team shall frequently reassess the offender's ability to maintain a reduced level of arousal[6]. The team shall terminate an offender's approval for contact with minors if there is behavior or other evidence to indicate arousal to minors cannot be managed.

3. Plethysmograph or Abel Assessment for Sexual Interest results indicate a reduction in, or absence of, any sexually deviant arousal/interests and the offender consistently demonstrates the use of cognitive and behavioral interventions to interrupt deviant fantasies and behaviors;

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

5. The offender consistently demonstrates an understanding of and has written his/her deviant cycle and accepts the possibility of re-offense. The offender has developed a written relapse prevention plan for intervention to the satisfaction of the community supervision team;

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

7. The offender consistently demonstrates an understanding of the impact of his/her behavior on his/her own family, as evidenced by behavioral accountability and self-regulation;

8. The offender consistently demonstrates an understanding of and is willing to respect the child's verbal and non-verbal boundaries and need for privacy;

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

10. The offender is willing to accept limits or prohibitions on contact as established by the community supervision team with input from the child, child's other parent or guardian, or child's therapist and will put the child's needs first;

11. The offender 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 requested by the community supervision team, the approved Supervisor, or the child. The safety plan shall be approved in advance and in writing by the team and signed by the offender;

12. The offender consistently demonstrates compliance with supervision conditions;

[6] Davis, G., Williams, L., Yokley, J. (1996); (1999) Sex Offender Treatment and Monitoring Program at the Colorado Department of Corrections.

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

Section B - Sex Offenders' Contact with Persons Under the Age of 18

The following criteria applies specifically to supervised contact with persons under the age of 18 who are not the offender's own children or the victims of the offender. This section shall apply to relatives in a non-parental role. Please refer to sections A and/or C for criteria regarding contact issues under those circumstances.

5.741 (B) The treatment provider, in conjunction with the community supervision team, shall:

1. Support the child's wishes when the child does not wish to have contact with the offender;

2. Arrange contact in a manner that places the child's safety first. When assessing safety, both psychological and physical well-being shall be considered;

3. Ensure consultation with, and the support of, the custodial parents or guardians of the child prior to authorizing contact. When the child has a therapist, they shall also be involved in the approval process;

4. Ensure that contact does not conflict with any existing court or parole board directives;

5. Ensure the offender has an approved supervisor present within visual and hearing range during all contacts.

5.742 (B) Treatment providers, in conjunction with the community supervision team, shall ensure the offender achieves the following criteria before contact can be initiated:

1. The offender accepts responsibility for offense related behavior and any significant differences (i.e. regarding the sexual behavior in which the offender has engaged, use of force, and threats) 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 the required areas of the sexual history disclosure polygraph process and has yielded non-deceptive results on the most recent maintenance polygraph. The content of the maintenance polygraph must have addressed behavior that puts victims/children at risk. Furthermore, there must not be concerns regarding significant risk related behavior.

   Some offenders have a history of persistent arousal to minors. Although they may be able to meet 5.742 criteria, because of the likelihood that proximity to children will trigger or increase this arousal, the team shall frequently reassess the offender's ability to maintain a reduced level of arousal[7]. The team shall terminate an offender's approval for contact with minors if there is behavior or other evidence to indicate arousal to minors cannot be managed.

[7] Davis, G., Williams, L., Yokley, J. (1996); (1999) Sex Offender Treatment and Monitoring Program at the Colorado Department of Corrections.

3. Plethysmograph or Abel Assessment for Sexual Interest results indicate a reduction in, or absence of, any sexually deviant arousal/interests and the offender consistently demonstrates the use of cognitive and behavioral interventions to interrupt deviant fantasies and behaviors;

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

5. The offender consistently demonstrates an understanding of and has written his/her deviant cycle and accepts the possibility of re-offense. The offender has developed a written relapse prevention plan for intervention to the satisfaction of the community supervision team;

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

7. The offender consistently demonstrates an understanding of the impact of his/her behavior on his/her own family, as evidenced by behavioral accountability and self-regulation;

8. The offender consistently demonstrates an understanding of and is willing to respect the child's verbal and non-verbal boundaries and need for privacy;

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

10. The offender is willing to accept limits or prohibitions on contact as established by the community supervision team with input from the child, child's other parent or guardian, or child's therapist and will put the child's needs first;

11. The offender 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 community supervision team, the approved Supervisor, or the child. The safety plan shall be approved in advance and in writing by the team and signed by the offender;

12. The offender consistently demonstrates compliance with supervision conditions;

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

Section C - Sex Offender Contact with Adult and Child Victims as well as Siblings of Victims

5.741 (C) The following criteria applies to any contact with adult or child victims and their non-victim siblings.

Treatment providers, in conjunction with the community supervision team, shall:

1. Support the victim or non-victim siblings' wishes when either does not wish to have contact with the offender;

2. Collaborate, whenever possible, with a victim's therapist or advocate, or guardian, custodial parent, foster parent, and/or guardian ad litem when the victim is under eighteen years of age, in making decisions regarding communication, visits, and reunification;

3. Arrange contact in a manner that places victim safety first. When assessing safety, both psychological and physical well-being shall be considered. When the child has a therapist, they shall also be involved in the approval process;

4. Ensure that contact is not in conflict with any existing court or parole board directives;

5. Before recommending contact with a victim or any non-victim siblings, assess the offender's readiness and ability to refrain from re-victimizing, i.e. to avoid coercive and grooming statements and behaviors, to respect the victim's personal space, and to recognize and respect the victim's indication of comfort or discomfort;

6. Ensure the offender has an approved supervisor present within visual and hearing range during all contacts with child victims and non-victim siblings.

5.742 (C) Treatment providers, in conjunction with the community supervision team, shall ensure the offender achieves the following criteria before contact can be initiated:

1. The offender accepts responsibility for offense related behavior and any significant differences (i.e. regarding the sexual behavior in which the offender has engaged, use of force, and threats) 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 the required areas of the sexual history disclosure polygraph process and has yielded non-deceptive results on the most recent maintenance polygraph. The content of the maintenance polygraph must have addressed behavior that puts victims/children at risk. Furthermore, there must not be concerns regarding significant risk related behavior.

   Some offenders have a history of persistent arousal to minors. Although they may be able to meet 5.742 criteria, because of the likelihood that proximity to children will trigger or increase this arousal, the team shall frequently reassess the offender’s

ability to maintain a reduced level of arousal[8]. The team shall terminate an offender's approval for contact with minors if there is behavior or other evidence to indicate arousal to minors cannot be managed.

3. Plethysmograph or Abel assessment for sexual interest results indicate a reduction in, or absence of, any sexually deviant arousal/interests and the offender consistently demonstrates the use of cognitive and behavioral interventions to interrupt deviant fantasies and behaviors;

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

5. The offender consistently demonstrates an understanding of and has written his/her deviant cycle and accepts the possibility of re-offense. The offender has developed a written relapse prevention plan for intervention to the satisfaction of the community supervision team;

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

7. The offender consistently demonstrates an understanding of the impact of his/her behavior on his/her own family, as evidenced by behavioral accountability and self-regulation;

8. The offender consistently demonstrates an understanding of and is willing to respect the victim's and non-victim siblings verbal and non-verbal boundaries and need for privacy;

9. The offender consistently demonstrates an understanding of how to safely participate in having contact with the victim and his/her non-victim siblings;

10. The offender is willing to accept limits or prohibitions on contact set by parents or legal guardians, or victim/non-victim sibling's therapist during the time the victim/non-victim siblings is under the age of eighteen and puts the victim's/non-victim siblings needs first. The offender accepts that others will decide about visitation, including the victim/non-victim siblings and the community supervision team;

11. The clarification process has commenced and sufficiently progressed. The primary purpose of the clarification process is to recognize and address past and potential victim harm embedded in the relationship between the offender and the victim. It is not designed to be used primarily for furthering or preventing future contact.

12. The offender 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

[8] Davis, G., Williams, L., Yokley, J. (1996); (1999) Sex Offender Treatment and Monitoring Program at the Colorado Department of Corrections.

when requested by the community supervision team, the approved supervisor, or the child. The safety plan shall be approved in advance and in writing by the team and signed by the offender.

13. The offender consistently demonstrates compliance with supervision conditions;

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

5.750 Unsupervised Contact with the Offender's Children (under age 18) *

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

* For those offenders for whom the 5.742 criteria are waived pursuant to the results of the Parental Risk Assessment which includes the polygraph exams, this criteria does not apply, unless new information of concern has arisen.

- Unsupervised contact shall never be allowed for a sex offender diagnosed with any type of pedophilia (per DSM IV-TR).

- In any case where unsupervised contact is being requested, the community supervision team shall consider the child's needs; specifically, the protection and emotional needs of the child.

- Support the child's wishes when he/she does not want to have unsupervised contact with the offender.

- When there is a therapist working with the child the therapist shall be involved in the decision to grant unsupervised visitation. When the child is not currently seeing a therapist, the community supervision team may want to consult with a third party therapist or advocate who has expertise in child sexual abuse to discuss general issues surrounding unsupervised contact.

- The community supervision team shall <u>unanimously</u> agree that unsupervised contact will not place the child in danger and shall not consider unsupervised contact if there are any known or expressed concerns by the child involved. The offender shall develop a safety plan regarding the child involved, which shall be approved in advance and in writing by the Community Supervision Team.

Offenders being considered for unsupervised contact with their children shall:

a) Not have committed any offenses against any of the children in question;
b) Not meet any of the Exclusionary Criteria (as referenced earlier in Standard 5.720);
c) Have met and demonstrated compliance with all criteria in Standard 5.742 (A) for a minimum of six months without evidence of increased arousal or sexual acting out, as verified by ongoing polygraph testing (minimum of the two most recent maintenance polygraph exams being non-deceptive). Not show any deviant arousal to, or interest in, children as confirmed through current clinical and physiological measures;
d) Have demonstrated consistent compliance with supervision conditions;

e) Have demonstrated satisfactory progress in treatment, including consistent compliance with treatment conditions.

Community supervision teams shall thoroughly document reasons for all decisions made regarding an offender's unsupervised contact with his/her children.

The privilege of unsupervised contact shall be immediately revoked upon identification of any risk to the children involved or non-compliance with any of the criteria listed here or in Standard 5.740 through 5.742.

5.760 Contact with children shall be in the presence of a trained and approved supervisor with the exception of those offenders who have met the criteria for unsupervised contact with their own children (see Standard 5.750).

Discussion Point: Team members should never abdicate any part of their authority or responsibility regarding an offender to an Approved Supervisor. Teams should continually evaluate and assess the performance of the Approved Supervisor and revoke Approved Supervisor status if necessary.

5.761 <u>Qualifications</u> of an Approved Supervisor - Prior to allowing a person to be an Approved Supervisor, the team shall ensure that he or she has the following qualifications:

1) Is not currently under the jurisdiction of any court or criminal justice agency for a matter that the team determines could impact his/her capacity to safely serve as an Approved Supervisor;
2) Has no prior convictions, as defined by SOMB Statute, for unlawful sexual behavior or child abuse or neglect. If ever accused of unlawful sexual behavior or child abuse, presents information requested by the team so that the team may assess current impact on his/her capacity to serve as Approved Supervisor. *
   Must agree to undergo and pay for a complete criminal history background check;
3) Has no significant cognitive or intellectual impairment;
4) Has no significant mental health or substance abuse problems;
5) Has no significant health limitation that interferes with the performance of his/her duty;
6) Has adequately resolved any issues regarding personal history of victimization;
7) The offender has no history of perpetrating domestic violence or any other form of victimization against the supervisor
8) Is not hostile toward systems designed to intervene;
9) Is willing to maintain open communication with the team and report offender behavior;
10) Is willing to maintain protection of children as the highest priority and believes this outweighs any offender or family interests;
11) Acceptance by the children and children's custodial parents/guardians;
12) Demonstrates empathy for offender's victims.

* In very rare circumstances, the Community Supervision Team 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 Community Supervision Team and documented in writing.

5.762 The Community Supervision Team shall ensure that the Approved Supervisor knows the following information:

1) The underlying factual basis of the present offense(s) omitting information pertaining to a victim's identity;
2) The offender's statement of responsibility;
3) The offender's complete and verifiable sexual history disclosure (omitting any victim identity) and does not deny or minimize the offender's responsibility or the seriousness of sexual offending;
4) What constitutes sexual offending and other abusive behavior and the ongoing risk the offender presents to children;
5) The offender's risk factors, deviant sexual arousal patterns, offense cycle, and grooming behaviors;
6) That treatment progress and offender risk is variable over time;
7) The offender's 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 team with a written safety plan regarding supervised contact;
10) That the offender may have the ability to manipulate the approved supervisor;

5.763 The treatment provider shall develop a written contract that is signed by the team members and the approved supervisor. The contract shall state the responsibilities and duties of the approved supervisor. The contract shall require the following from the approved supervisor:

Duties and Responsibilities

1) Maintain qualifications and stay current on the knowledge and responsibilities as referenced in Standards 5.761 through 5.762;
2) No consumption of alcohol or mind-altering substances while acting as an approved supervisor;
3) Maintain confidentiality regarding victim information;
4) Ensure compliance with all rules as specified by the team;
5) Only allow contact with children approved by the team;
6) Never leave the offender alone with a child or victim and always be within sight and sound of the offender and the child/victim during contact;
7) Intervene when high risk situations or behaviors occur (i.e. terminate contact, report concerns to the community supervision team);
8) Assess the child's emotional and physical safety on a continuing basis and terminate contact immediately if any aspect of safety is jeopardized.
9) Maintain open and honest communication with the team, reporting all of offender's cycle-related behaviors and attitudes, responding to inquiries by the team, and when requested, meet with the team;
10) Provide documentation of contacts to the team as required;
11) Express any concerns to the team regarding the offender's behaviors, including but not limited to, non-compliance with the contract or treatment conditions, cycle behavior, etc.);

The following shall be specified in the written contract:

- Names of children with whom the approved supervisor is allowed to oversee any type of contact
- Type of contact allowed (face to face, physical, video, written, phone),
- Locations of contact
- Time/day of contacts
- Activity/events in which the offender may participate
- Other adults who may be present
- If the approved supervisor is not in compliance with all of the requirements, the community supervision team may discontinue or modify any contact privileges or the approval status of the supervisor.
- An explanation of a supervisor's potential civil liability for negligence in enforcing stated rules and limitations.

5.770 When the offender communicates with any child, the community supervision team shall always screen the offender's communication and ensure that it is appropriate. This Standard can be waived for an offender's own non-victim children once the offender has met the criteria in 5.750.

5.780 Family Reunification – Prior to considering family reunification the offender shall have met the criteria listed in 5.750 and the community supervision team shall unanimously agree that family reunification is appropriate.

* For those offenders for whom the 5.742 (A). criteria are waived pursuant to the results of the Parental Risk Assessment which includes the polygraph exams, this criteria does not apply unless new information of concern has arisen.

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

Due to ongoing risk of re-offense, family reunification in cases of sexual assault or sexual abuse is rarely indicated.

When a child protective agency is involved in a case in which the offender is on probation or parole, any efforts toward family reunification should be carefully coordinated with the community supervision team as described in these Standards.

Family reunification shall never take precedence over the safety of any former victim or the offender's own 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.

Family reunification shall never be considered when the spouse/partner or caretaker is not actively involved in the offender treatment process and the child(ren)'s treatment process as applicable as recommended by the team. He/she should be willing and able to fully support all conditions imposed by the community supervision team.

5.790 Circumstances Under Which Criteria May Be Waived

Allowing contact prior to fulfillment of the criteria outlined in Section 5.742 of these Standards and Guidelines should occur only in **rare** circumstances. In addition, the entire team shall have

worked with the offender and 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.

Occasionally, the team may approve a broader waiver of 5.742 criteria for a one-time contact only, such as for a child's contact with the offender in a therapy session to assist non-victim 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 community supervision team shall determine all the particulars of that session. If the child(ren) has a therapist or an advocate, that person should also be present. The community supervision team shall take every precaution to ensure that the children with whom a sexual offender is doing this kind of closure or explanation session are not his/her primary victims.

Additionally, when victim clarification work is being conducted in a therapist's office between a victim and offender, contact may occur.

In cases where the team determines that it would not be safe to have the offender in a session with his/her child(ren), a video taped or audio taped presentation by the offender might be a suitable alternative. In cases where a face-to-face meeting or a tape is not appropriate, another option for contact with his/her children would be a letter from the offender. The letter shall be approved by the team and if possible by a victim advocate or therapist prior to its presentation to the child(ren). Whenever possible, an advocate or therapist for the child or children should be present when the letter is presented to the child or children.

There may be instances when an adult victim desires contact with an offender prior to 5.742 C. criteria having been achieved. Teams 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.

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

5.711 Potential Adult Victims

The Board 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 community supervision teams shall not allow sex offenders to have unsupervised contact with adults who are at particular risk for victimization due to mental status, disability, or incapacity. Decisions to allow any contact with at-risk adults should be made using the same criteria as for child contact. [See Standard 5.742 (B)]

Appendix F
PARENTAL RISK ASSESSMENT'S DECISION FLOW CHART

The following introductory points are offered to aid the evaluator in understanding and using the Parental Risk Assessment and the Decision Flow Chart.

1. Holistic approach

A holistic approach to evaluating risk should be used in the service of assessing on offender's level of risk to one's own child(ren). Children's well-being requires that any form of detectable risk be considered material in the PRA, not limited to risk for sexual re-offense against a child.

2. Aspects of low risk

A) Low risk reflects an evaluator's determination that an offender does not present a consistent physical or psychological threat to his own child(ren), and that the offender presents a consistent capacity and inclination to provide healthy parental nurturance to his/her own child(ren), despite having been convicted of a sex offense.

B) Low risk, for the purposes of the PRA, means that the sex offender is assessed as having a discrete, versus a pervasive, problem regarding sexual acting out, and that such problem does not include the likelihood of sexually offending one's own child(ren).

C) Low risk means that a very low level of monitoring and external control of the offender, represents the best supervision and management decision for the well-being of the offender's child(ren).

3. Method of assessment

Completion of the Parental Risk Assessment and Decision Flow Chart is accomplished through testing, observation, file review and contact with collateral information sources.

The evaluator is required to search for indicators of risk, and/or any information that would preclude a determination that an offender presents a low risk for harm to his/her own child(ren).

An Evaluator may conclude that an offender presents a low level of risk of harming his/her own child(ren)only upon the absence of finding relevant indicators of risk.

4. Determining *not low risk* – then, determining medium or high risk.

The decision flow chart guides the evaluator to make discriminating decisions between the three categories of risk (i.e., high, medium and low). It should be noted that the first decision to be made throughout the flow chart is the whether or not the sex offender is "low risk."

If an offender presents with sufficient risk-predictive features to warrant a determination of "not low risk," the determination of medium or high risk status is completed secondarily.

5. Management team members should be able to explain all positions taken by the management team.

Because teams make decisions which substantially impact the lives of offenders, their families and victims, it is crucial that team members understand the rationale for all decisions and are able to support and articulate that rationale based on the identified risk factors and characteristics in a given case. Individual team members who are unable to articulate the rationale for decisions should not depend on a simplistic reliance on rules to explain themselves but should consult with supervisors and other team members rather than offering incomplete or inadequate explanations to offenders, family members or victims.

6. PRA instrument and tool selection

The instruments and tools selected for the PRA are chosen based upon general utility, research and best practices. The Decision Flow Chart is designed to enhance evaluator consistency, reliability and accuracy when determining the level of risk to the sex offender's own child(ren).

7. The 3-Tier approach in the Decision Flow Chart

A three-tiered approach was incorporated into the Decision Flow Chart because some issues offer greater or more obvious certainty regarding risk, and will function in a stand-alone fashion. Items in Tier I are sufficient, in and of themselves, to determine that an offender is "not low risk" (i.e., that a very low level of monitoring and external control does *not* represent the best supervision and management decision for a sex offender, specifically regarding his/her own child(ren)). Less obvious or less certain (though no less important) issues of concern are required in combination to determine that an offender is "not low risk," with less certain information required in greater volume and variety to make such a determination. A determination of "high risk" may be made when there is a substantial volume of risk-predictive information.

When scoring the PRA, the evaluator must refer to detailed information from the Parental Risk Assessment as described in Standard 5.730. The Decision Flow Chart should not be used alone.

8. Use of the PRA and Decision Flow Chart in the context of accusations and/or admissions of sexual contact with the child(ren)

The PRA and Decision Flow Chart are not intended to be used with offenders who have been accused of sexually offending the child or children with whom the offender desires contact. The PRA and Decision Flow Chart are not intended for investigative purposes. Accusations of sexual contact with a child should be reported to the appropriate authorities for investigation. Any admission of sexual contact with any of the offender's own child(ren)must result in a determination of "high risk," with regard to all of his/her children.

PARENTAL RISK ASSESSMENT – DECISION FLOW CHART

Instruction:

The evaluator must refer to information from the Parental Risk Assessment as described in 5.730

Tier I

- Sexual arousal/interest to prepubescent children (self report or test data, pretreatment or baseline)
- Sexual history with prepubescent children (self report or offense history)
- Mental Health Sex Offense Evaluation indicates **High Risk** (written report)
- History of 3 or more different types of statutorily defined unlawful sexual bx (self report, collateral information, and/or official records)

Advisory: The PRA & Decision Flow Chart should be completed only in the absence of any accusation or admission of sexual contact with the offender's own child. Any admission of sexual contact must result in a determination of "high risk".

More than one item from Tier I → High Risk

None

Only one Item from Tier I → Any item from Tier I and any 2 items from Tier II

Tier II

- Sexual compulsivity (causes distress in interpersonal or lifestyle functioning) other than behavior already identified in Tier I
- Recent pattern of drug or alcohol abuse
- History of DV behavior (official record, collateral info, self report)
- Personality Disorder
- Cognitive distortions re sexual behavior with children
- Attachment deficits (Ambivalent or Anxious)
- Empathy deficits towards children in abusive situations
- Unresolved polygraph (re anyone under the age of 18)
- Any statutorily defined unlawful sexual behavior with a person under the age of 18, not already reported in Tier I

Yes. → High Risk

No. Less than 2 items from Tier II → Any item from Tier I and 4 items from Tier II and Tier III

Two or More items from Tier II → Any 5 items from Tier II and Tier III

One or Zero

Yes. → High Risk

No. Less than 2 items (one or none) from Tier III → Moderate Risk

Tier III

- Lack of parental skills and parental involvement with the child
- General instability (living, relationships, employment, criminal history, antisocial lifestyle)
- Psychological instability (Axis I or II)
- Lack of adequate support system
  - Support system for offender
  - Support system for the child
- History of 2 or more different types of statutorily defined unlawful sexual bx (self report, collateral information, and/or official records), if not indicated in Tier I

Yes. → High Risk

No. Less than 4 items (3 or less) items from Tier III → Moderate Risk

Three or more items from Tier II and Tier III → Moderate Risk

Less than 3 (total) from Tier II and Tier III → Low Risk

Exclusionary Criteria (no contact permitted)

- Pedophilia – exclusive type
- Sexual Sadism
- Sexually Violent Predator
- Psychopathy/Mental Abnormality

High Risk

No contact until conditions of 5.742 are satisfied

Moderate Risk

Professionally supervised visits and telephone and mail contact may be established at the team's discretion while the offender is working to achieve 5.742 criteria

Low Risk

5.742 criteria shall be waived