Colorado Division of Criminal Justice

Outcome Evaluation of the Colorado Sex Offender Management Board Standards and Guidelines: A Report of Findings Regarding Program Effectiveness

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EXECUTIVE SUMMARY

This report is the second part to an evaluative study which examines the effectiveness of the Colorado Sex Offender Management Board's (SOMB's) *Adult Standards and Guidelines*. The Division of Criminal Justice Office of Research and Statistics, on behalf of the SOMB, completed a *Process Evaluation of the Colorado Sex Offender Management Board Standards and Guidelines* in December of 2003. Based on the results of the *Process Evaluation*, it is assumed that the *Standards and Guidelines* are being implemented throughout the State of Colorado. The next step requires an evaluation of outcomes which assesses how effective the *Standards and Guidelines* are in terms of reducing sexual recidivism per the SOMB legislative mandate. In compliance with C.R.S. 16-11.7-103(4)(d)(I) and (II), the following study presents an outcome evaluation which offers an analysis on the effectiveness of the *Adult Standards and Guidelines*. This study is considered a "black-box evaluation" whereby internal nuances and the programmatic aspects related to effectiveness are not analyzed in depth. Instead, the scope of this study strictly looks at outcome variables; the focus of which is placed upon sexual recidivism rates of adult sex offenders who successfully completed their treatment and supervision program prescribed by the *Standards and Guidelines*.

Findings

Recidivism data was examined on 689 (probation – 356, parole – 333) adult sexual offenders in Colorado who successfully discharged from their probation or parole sentence between July 1, 2005 and June 30, 2007. In order for adult sex offenders to successfully discharge[1] from criminal justice supervision, all areas of the *Adult Standards and Guidelines* must be sufficiently completed. For the purpose of this study, this sample would provide the most useful information that speaks to these *Standards*. Those offenders who did not complete their supervision may not have been subject to the complete application of the *Adult Standards and Guidelines*. Therefore, inferences regarding their effectiveness for this alternate population could not be drawn.

- Criminal recidivism rates for this sample were 13.1 percent (n = 90) for one-year post-criminal justice supervision and 28.0 percent (n = 193) for three-year post-criminal justice supervision.

- Less than one percent of the sample (n = 5) had new sexual crime recidivism one year after successful discharge from supervision, while 2.6 percent (n = 18) had a new sexual crime three years after successful discharge from supervision.

- Approximately half of new crimes were non-violent, non-sexual crimes. Non-violent, non-sexual recidivism rates at the one-year post-release were 6.8 percent (n = 47) and 14.7 percent (n = 82) at the three-year post-release period.

[1] The term "successfully discharged" means that the adult sexual offender fulfilled all the terms and conditions of probation or parole. This encompasses all terminations that were not revoked for either a technical violation or a new crime, death, terminated as AWOL, closed for administrative reasons, subject to interstate compacts, transferred, deported, or released due to a court order or on appeal of their probation or parole.

- Of the 90 cases of recidivism in year one and of the 193 cases in year three, 12 percent (n = 11) and 14 percent (n = 26), respectively, were due to failing to register as a sex offender exclusively.

- 30.4 percent (n = 689) of adult sex offenders in Colorado successfully discharged from their probation or parole between July 1, 2005 and June 30, 2007.

Discussion

The outcome findings outlined in Section IV denote recidivism rates consistent with national trends. However, inferences made strictly relying upon these data are problematic to evaluating the effectiveness of the *Adult Standards and Guidelines* because a limitation of the study is the lack of a viable comparison group. Despite this limitation, the data in combination with the literature provides evidence to corroborate the *Adult Standards and Guidelines* as an effective intervention.

Overall, there is literature to suggest that the treatment and management of adult sexual offenders may be effective. Studies examining sexual recidivism demonstrate rates that typically bottom-out at about 5 percent and peak around 30 percent in a five-year time-at-risk period. The sexual recidivism rate found in the present study was less than one percent one year after successful discharge from supervision, while 2.6 percent had new sexual crime recidivism three years after successful discharge from supervision. These percentages are relatively low, but it is uncertain from the data whether or not this is a direct result from the treatment and management as prescribed by the *Standards and Guidelines*, or the result of some other latent variables. However, the use of cognitive behavioral therapy has been demonstrated as a significantly more effective treatment approach than other therapeutic interventions in the literature (Hall, 1995; Bonta, 1997; Hanson et al., 2002; Losel & Schumucker, 2005). While there are relatively few cost-benefit studies looking at the treatment and management of adult sexual offenders, the use of cognitive-behavioral therapy, in a manner similar to that prescribed by the *Standards and Guidelines,* appears to be economical (as measured by taxpayer and victim benefits minus cost) (Washington State Institute for Public Policy, 2001).

Accordingly, the policies that direct the programming and regulatory requirements are developed in part from evidence-based practices and serve as the foundation for the *Adult Standards and Guidelines*. It is for these collective reasons that the SOMB maintains that the *Adult Standards and Guidelines* appears to be an effective intervention in reducing sexual recidivism.

Conclusion

The policies prescribed by the *Adult Standards and Guidelines* for the management and treatment of adult sex offenders appear to limit sexual recidivism post–release from supervision for adult sex offenders who successfully completed either probation or parole. Notwithstanding the literature, the data alone does not provide sufficient independent evidence to support this claim and is therefore less conclusive. This recidivism study is preliminary and using inferences to draw conclusions should be cautioned for several reasons. The data is limited to a three-year post-supervision timeframe, excludes adult sex offenders with indeterminate sentences, and is

subject to the problems of underreporting of sex crimes, reclassification of sex offenses through plea-bargaining (Langevin, 2004, pg. 534), and imperfect measurement systems.

However, the programmatic theory core to the *Adult Standards and Guidelines* relies upon a coordinated system that is rooted in over 30 years of applied international research and literature. Applying the literature in concert with the data suggests that the *Adult Standards and Guidelines* appear to be an effective tool in limiting sexual recidivism post–release from supervision. Therefore, the management and treatment of sex offenders in Colorado, which "contains" the offender, appears to enhance the safety of the community through the use of the *Adult Standards and Guidelines*. Overall, these collective aspects of the *Standards and Guidelines* seem to have a positive effect on public safety.

Future Research

The present study has surfaced potential areas for new research. Given that treatment and management effectiveness has been documented in research to gradually diminish over time, a long-term recidivism study is necessary to show how rates may increase over time in Colorado. Another area for future research would be a cost-benefit analysis of the *Adult Standards and Guidelines* programming. In order to more fully study the effectiveness of the *Adult Standards and Guidelines*, future research would need to include a viable comparison group, examining both the general criminal and sexual recidivism rates before and after the implementation of the *Adult Standards and Guidelines*. These studies would require substantial resources and staff which are not currently available due to budgetary constraints.

Recommendations

- Continue to utilize the *Adult Standards and Guidelines* and ensure periodic revisions are made to reflect the most recent and relevant evidence-based practices.

- Develop a comprehensive research strategy that begins to target, evaluate, and expand upon the knowledge base of the *Adult Standards and Guidelines* program effectiveness.

- Enhance current strategic partnerships with affiliated agency stakeholders to allow for improved data collection and research operations.

- Explore and study the viability of adding a more holistic scheme to address non-sexual recidivism that augments sexual-specific treatment and management programming in the *Adult Standards and Guidelines*.

SECTION I: INTRODUCTION

Purpose of Study[2]

In compliance with C.R.S. 16-11.7-103(4)(d)(I) and (II),[3] this Outcome Evaluation of the Colorado Sex Offender Management Board Standards and Guidelines: A Report of Findings Regarding Program Effectiveness is the second part of an evaluative study which examines the effectiveness of the *Adult Sex Offender Management Board Standards and Guidelines* (hereafter *Standards and Guidelines*). The preceding study, *Process Evaluation of the Colorado Sex Offender Management Board Standards and Guidelines*, was an initial examination conducted by the Colorado Division of Criminal Justice Office of Research and Statistics in December of 2003. The 2003 *Process Evaluation* investigated the implementation of the *Standards and Guidelines* in order to establish the degree of programmatic compliance and standardization amongst adult sex offender community stakeholders (e.g. – treatment providers, probation, and parole officers).[4] The results showed that the *Standards and Guidelines* were sufficiently implemented to support further analysis of their overall effectiveness. Thus, the present study describes an outcome evaluation which offers an analysis of the effectiveness of the *Standards and Guidelines*, specifically examining whether there is a link between the behavior of offenders subject to the *Standards and Guidelines* and the delivery of services to those offenders.

It is important to note that the outcome evaluations for adult sexual offenders and juveniles who have committed sexual offenses will be presented as separate studies. Part one, presented here, concentrates on adult sexual offender outcomes. The juvenile outcome study will be presented in part two, with an estimated completion date of 2012. Juveniles who have committed sexual offenses are referred to only once in this report under the "no known cure" section, referencing a SOMB position paper on the subject. The remaining sections pertain entirely to adult sexual offenders.

Background

In 1992, the Colorado General Assembly passed legislation (Section 16-11.7-101 through Section 16-11.7-107, C. R. S.) that created a Sex Offender Treatment Board to develop *Standards and Guidelines* for the assessment, evaluation, treatment and behavioral monitoring of

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[2] A special note acknowledging some individuals is due. Peggy Heil and the research committee that conducted a comprehensive literature review provided an excellent summary of recent studies. Some of the language and findings from the committee's written and verbal presentation to the SOMB were used for this study. Additionally, the SOMB would like to recognize and thank Linda Harrison for her data analysis. This project would not be possible without the efforts of these individuals.

[3] C.R.S. 16-11.7-103(4)(d)(I) and (II): *The board shall research and analyze the effectiveness of the evaluation, identification, and treatment procedures and programs developed pursuant to this article. The board shall also develop and prescribe a system...for tracking offenders who have been subjected to evaluation, identification, and treatment pursuant to this article.... In addition, the board shall develop a system for monitoring offender behaviors and offender adherence to prescribed behavioral changes. The results of such tracking and behavioral monitoring shall be a part of any analysis made pursuant to this paragraph.*

[4] By convention, a common practice in the field of program evaluation is to assess the process first for a formative program. The reason for such an approach is that the impact of a program (or outcomes) cannot be examined if there is no certainty that a program has a consistent process implemented.

adult sex offenders. The General Assembly changed the name to the Sex Offender Management Board (SOMB) in 1998 to more accurately reflect the duties assigned to the SOMB. The *Standards and Guidelines* were originally drafted by the SOMB over a period of two years and were first published in January 1996. The *Adult Standards and Guidelines* were revised in 1998, 1999, 2004, and 2008 for two reasons: to address omissions in the original *Adult Standards and Guidelines* that were identified during implementation, and to keep the *Adult Standards and Guidelines* current with the developing literature in the field of sex offender management (see Attachment A). The SOMB is currently in the process of redrafting subsequent revisions to the *Standards and Guidelines* in order to adopt some emerging best practices, and plans to publish a new version of the *Standards and Guidelines* in 2012.

The *Adult Standards and Guidelines* apply to adult sexual offenders under the jurisdiction of the criminal justice system. The legislative mandate of the SOMB and the primary goals of these *Standards and Guidelines* are to improve community safety and protect victims. While the original enabling legislation acknowledged, and even emphasized, that sex offenders cannot be "cured," it also recognized that the criminal sexual behaviors of many offenders can be managed. Subsequently, per HB 11-1138, the legislative language changed; however, the "no known cure" is still part of the guiding principles of the *Standards and Guidelines.*[5] The *Adult Standards and Guidelines* are designed to establish a basis for systematic management and treatment of adult sex offenders. The combination of comprehensive sex offender treatment and carefully structured and monitored behavioral supervision conditions can assist many sex offenders to develop internal controls for their behaviors.

A coordinated system for the management and treatment of sex offenders "contains" the offender and enhances the safety of the community and the protection of victims. To be effective, a containment approach to managing sex offenders must include interagency and interdisciplinary teamwork. The *Standards and Guidelines* are based on the best practices known to date for managing and treating sex offenders. To the extent possible, the SOMB based the *Standards and Guidelines* on current research in the field. Materials from knowledgeable professional organizations also have been used to direct the *Standards and Guidelines*. It is not the intention of the legislation, or the SOMB, that these *Standards and Guidelines* be applied to the treatment of sexually abusive children or adolescents. Despite many similarities in the behavior and treatment of sexually abusive youth and adults, important differences exist in their developmental stages, the process of their offending behaviors, and the context for juvenile offending that must be addressed differently in their diagnosis and treatment.

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[5] HOUSE BILL 11-1138: The board shall develop, prescribe, and revise as appropriate, a standard procedure to evaluate and identify adult sex offenders, including adult sex offenders with developmental disabilities. The procedure shall provide for an evaluation and identification of the adult sex offender and recommend management, monitoring, and treatment based upon existing research demonstrating that sexually offending behavior is often repetitive, and that there is currently no way to ensure that adult sex offenders with the propensity to commit sexual offenses will not reoffend. Because there are adult sex offenders who can learn to manage unhealthy patterns and learn behaviors that can lessen their risk to society in the course of ongoing treatment, management, and monitoring, the board shall develop a procedure for evaluating and identifying, on a case-by-case basis, reliably lower-risk sex offenders. The board shall develop and implement methods of intervention for adult sex offenders, which methods have as a priority the physical and psychological safety of victims and potential victims and which are appropriate to the assessed needs of the particular offender, so long as there is no reduction in the safety of victims and potential victims.

Sex offender management and treatment is a developing specialized field. A goal of the SOMB is to remain current on the emerging literature and research and to modify the *Standards and Guidelines* periodically on the basis of new findings. The current revisions of both *Standards and Guidelines* are evidence of this commitment.

Organization of this Report

This report is comprised of five different sections. Its presentation and contents are organized in a similar fashion to the *Process Evaluation* previously mentioned. Following this section, **Section Two** provides a general review of the relevant and current literature related to the management and treatment of adult sex offenders known to date. The research literature adopted and applied by the SOMB to the *Standards and Guidelines* is grounded in the continuous improvements made to recognize best practices.[6] **Section Three** describes the research methods used in the present study, including the sampling frame, data collection, and analytical strategies employed. **Section Four** presents all of the statistical findings from the outcome study divided by one-year recidivism rates and three-year recidivism rates. These are subsequently categorized by recidivism type and other factors are also examined. The final section, **Section Five**, offers a discussion expounding upon the statistical findings as they relate to current policy issues. To conclude, the question of the *Standards and Guidelines* effectiveness is answered at length while making recommendations to consider for future policy alternatives.

[6] For more detailed information concerning best practices and their use in developing policy for the SOMB, please see English et al. *Process Evaluation of the Colorado Sex Offender Management Board Standards and Guidelines.*

SECTION II: LITERATURE REVIEW

Brief Overview

In the past three decades, interventions for sexual offending have become a rising controversy, evoking a vast array of theoretical and empirical literature. Even more complex are the treatment and management strategies underlying both federal and state policy frameworks for regulating the adult sex offender population. Indeed, its emergence in the field of criminal justice has provoked a wave of public policies aimed at intervention, prevention, and mitigation of sexual offenses and reoffense. However, research to date has studied a variety of different sex offender treatment and management strategies, as policy communities, groups, and coalitions have formed to debate their relative vitality or futility.

Although this subject remains a conflicted issue with many ideological, philosophical, and programmatic disparities, the literature generally supports the notion that the treatment and management of adult sexual offenders is a worthwhile and valuable endeavor. Studies examining sexual recidivism demonstrate rates that typically bottom-out at about 5 percent and peak around 30 percent in a five-year time-at-risk period. Yet, there are always research exceptions. The application of these recidivism rates is limited for reasons pertaining to: the under-reporting of sexual offenses, the reclassification of sex offenses through plea-bargaining (Langevin, 2004, pg. 534), and imperfect measurement systems. According to Heil et al. (2010), "Reconviction rates represent a diluted measure of the true reoffense rates; hence reconviction rates from professional research should be viewed as representing significant underestimations of sex offender recidivism for contact offenses." Ultimately, these issues make it difficult to ascertain an exact picture of the actual sexual recidivism and risk rates.

For the purposes of this study, a comprehensive literature review is presented. A review of the most current and relevant studies are showcased to highlight some emerging changes and trends. This section reflects the research compiled by a SOMB committee, chaired by Peggy Heil, who conducted an extensive literature review that was completed in September of 2010. This information has also been reviewed by the board and discussed in terms of its implications.

Sex Offender Recidivism

While recidivism is problematic to assess amongst sex offenders, there is a wide body of literature that has revealed some significant findings. It is important to note, however, that recidivism rates are not indicative of true reoffense rates. This is due to the fact that not all offenses are detected. Hanson, R.K & Morton, K. & Harris (2003) posit, "A reasonable estimate would be that the actual recidivism rates are at least 10% to 15% higher than the observed rates (based on the assumptions that 60% (or less) of recidivists commit 5 (or fewer) new offenses over a 20-year period and that the probability of detection is 15% per offense)." In fact, few sexual offenses are ever reported to law enforcement authorities. Only 19 percent of adult female rape victims reported being assaulted, while adult male victims reported only 13 percent of the time (Tjaden &Thoennes, 2006). It is estimated that more than 84 percent of adult rape victims in Colorado are not reported to law enforcement in Colorado (Colorado Department of Public Health and Environment and the Colorado Coalition Against Sexual Assault, 1999). This is

further reinforced by findings which suggest that the younger the victim, the less likely the sexual assault will be reported (Nagel et al., 1997; Smith et al., 2000; Sorenson & Snow, 1991). As the majority of rape victims (54 percent of female victims and 71 percent of male victims) were under the age of 18 at the time of their first rape, it can be argued that many sex crimes are never reported.

Studies over the years have attempted to reveal the frequency with which sex offenders reoffend. Reconviction rates are often lower in studies using follow-up periods shorter than five years (Doren, 1998). Table 1 illustrates some recent findings from several different recidivism studies. Most meta-analyses report sexual recidivism rates ranging from about 5 to 30 percent over an average follow-up period of about 5 years.[7] Hanson et al. (2002) found that the average sexual recidivism of sex offenders was 12.3 percent in an average 3.8-year follow-up period. In a more recent study, Hanson and Morton-Bourgon (2009) observed a weighted sexual recidivism rate to be 10.9 percent with a range from one to 21 years and a median of 4.7 years.

In Colorado, the Office of Research and Statistics conducted a nine year follow-up to the Sex Offender Risk Scale (SORS) in 2008 which found a sexual recidivism rate of 24.8 percent (n = 100), in which 18.3 percent (n = 23) were hands-off crimes (e.g., indecent exposure or prostitution).[8] Other states have found similar findings. For instance, the sexual recidivism rate in Missouri is approximately 19 percent, while it is estimated to be 13 percent in Delaware.[9]

Table 1. Sexual Recidivism Short-term Studies: Summary of Findings

Study	Time at Risk	Definition of Recidivism	Sexual Recidivism Rate	Comments
Colorado SORS (2008)	5 yrs	New arrest for a sex offense.	24.8%	Sample of 405 sex offenders released from prison or supervision in the community.
Hanson and Morton-Bourgon (2007)	5.6 yrs	Varied: National, state or provincial criminal justice records.	12.4%	Meta-analysis of 72 studies included mixed groups of adult sex offenders.
Millory (2003)	6 yrs	Reconviction for a felony sex offense.	29%	Sample of 89 high-risk offenders released from prison, referred for a civil commitment but released to the community.
Hanson and Bussier (1998)	4-5 yrs	Varied: National, state or provincial criminal justice records.	18.9%	Meta-analysis of 61 studies included mixed groups of adult sexual offenders.
Rice, Quinsey and Harris (1991)	6 yrs	Reconviction for a sex offense.	31%	Sample of child molesters.
Rice, Quinsey and Harris (1990)	4 yrs	Reconviction for a sex offense.	28%	Sample of 54 rapists released from prison.
Barbaree and Marshall (1988)	4 yrs	Official records of new sex charges/convictions, and Child Protection Agency records implicating offender in sexual abuse of children.	43%	Sample of untreated nonfamilial child molesters.
Sturgeon and Taylor (1980)	5 yrs	Reconviction for a sex offense.	25-30%	Sample of child molesters.

Source: Elements of Change, *Colorado Sex Offender Risk Scale (SORS): Nine Year Follow-up,* Volume 12, Number 1.

[7] It is important to note that recidivism rates do not include estimates of reoffenses made while convicted sex offenders are imprisoned.

[8] Additional information concerning the Nine Year Follow-up can be found in the Colorado Division of Criminal Justice, Elements of Change newsletter Volume 12, Number 1.

[9] Cross-state inferences should be limited due to various differences between programs, treatment types, and models used. These findings also vary based upon the state's definition of recidivism.

Conversely, long-term studies show that recidivism rates increase over time as longer studies show higher rates of recidivism. According to Langevin et al. (2004), "Approximately, three in five offenders reoffend using sex reoffense charges or convictions or court appearances as criteria, but this proportion increased to more than four in five when all offenses and undetected sex crimes were included in the analysis." This notion of increasing recidivism rates over time is generally accepted by most in the research community. Both individual studies measuring recidivism over time and meta-analyses support this as an established concept. In a study conducted by Prentky et al. (1997), a 39 percent sexual rearrest rate for rapists and 52 percent for child molesters in a 25-year follow-up was documented. Moreover, Hanson et al. (1998) also found that a mix of sex offenders recidivated 48 percent after 28 years.

It is without question that policies directed at sexual offenses are subject to considerable scrutiny because of the challenges associated with the reintegration of sex offenders and the risks they pose to the communities in which they reside. Given the recidivism rates, one must consider how treatment affects the probability of convicted sex offenders reoffending. Within this context, it is necessary to review how various treatment methodologies influence the recidivism rate.

Effectiveness of Treatment

Research investigating the underlying effectiveness of treatment indicates that sexual recidivism is generally reduced dependent upon the type, intensity, and duration of treatment. Several meta-analysis studies found considerable decreases to recidivism rates by as much as 37 percent (Losel & Schumucker, 2005). According to Hanson et al. (2002), the sexual recidivism rate for treated sexual offenders was 9.9 percent versus 17.4 percent for untreated sexual offenders. Alternatively, other studies have also shown no treatment effect (Furby, Weinrott, & Blackshaw, 1989; Hanson, 2004; Marques et al., 2005; Schweitzer & Dwyer, 2003). Indeed, the findings to some extent are mixed. However, the treatment provided to sex offenders is best described as being a perishable intervention whereby "effective treatment may influence the recidivism curve to become relatively asymptotic beyond 5 years after treatment, whereas the effects of less effective treatment may wear off within 5 years" (Hall, 1995). That is, the effects of treatment diminish over time regardless of the quality of the initial treatment.

There are some contributing factors to the effectiveness of treatment. Treatment compliance has been demonstrated to influence recidivism. Sexual offenders who drop out of treatment programs double the odds of reoffense (Losel & Schumucker, 2005) and are three times more likely to recidivate than those who complete their treatment (Miner & Dwyer, 1995). Therefore, treatment noncompliance is documented to significantly increase the likelihood of reoffense while treatment completion decreases that likelihood.

The duration and intensity of the treatment is another important factor regarding treatment effectiveness (Lowden et al., 2003). Marques et al. (2005) compared inpatient relapse prevention results of participants that had less than one year of treatment versus more than one year. The results highlight the effectiveness of treatment time as the sexual reoffense rate at one year post-release for participants with less than a year of treatment was 21.4 percent versus 6.8 percent for those with more than a year. Referencing Table 2, participants who received less than one year of

treatment at the one-year post-release recidivated at about the same rate as those who received treatment at 12-years post-release.

Table 2. Sexual Reoffense Rates by Length of Treatment Time

Timeframe	Less than 1 Year	More than 1 Year
1 Year Post Release	21.4%	6.8%
3 Year Post Release	28.6%	14.7%
12 Years Post Release	35.7%	21.6%

Source: Marques et al., *Effects of a Relapse Prevention Program on Sexual Recidivism: Final Results from California's Sex Offender Treatment and Evaluation Project (SOTEP)*, Sex Abuse: A Journal of Research and Treatment, 17(1), pp. 79-107.

Evidence Based Correctional Treatment – Cognitive Behavioral Therapy

While the relationship between sexual recidivism and treatment effectiveness is somewhat established, the critical factor to treatment reducing recidivism is the type of treatment. In a study conducted by Andrews et al. (1990), criminal recidivism was found to decrease on average by 50 percent. From the differentiating comparison groups, Andrews et al. (1990) claimed there were three principles to effective treatment: (1) risk – delivery of service to high risk cases; (2) needs – target criminogenic needs (e.g., antisocial attitudes, antisocial peers, antisocial personality, poor familial relationships, low education or vocational achievement); (3) responsivity – use styles and modes of treatment (cognitive behavioral) that are matched with client needs and learning styles. These are commonly referred to as the RNR (Risk, Need, Responsivity) principles. Hanson et al.'s (2009) meta-analysis examined 23 recidivism outcome studies, revealing that adherence to RNR principles showed the largest reductions in sexual and general recidivism. This is an important point to note as the use of cognitive-behavioral therapy has been demonstrated as a significantly more effective treatment approach than other behavioral treatments (Hall, 1995; Bonta, 1997; Hanson et al., 2002; Losel & Schumucker, 2005). The Washington State Institute for Public Policy (2000) conducted an economic analysis of sex offender programs which found the cognitive-behavioral approach has, "on average, been shown to reduce subsequent criminal activity, both sexual and nonsexual recidivism rates." Hanson et al. (2009) affirms this, stating, "Reality has heightened a focus on community-based programs for certain sexual offenders, particularly first-time, nonviolent offenders. Researchers in correctional psychology are seeking empirical evidence to support the use of assessment and treatment tools that appear to be working for this population, before and after incarceration."

The use of cognitive-behavioral therapy has been adopted in Colorado and is woven throughout the *Standards and Guidelines*. A report conducted by the Office of Research and Statistics in 2003, entitled *Evaluation of Colorado's Prison Therapeutic Community for Sex Offenders*, found that the Sex Offender Treatment and Monitoring Program (SOTMP) was rooted in theory and research which resulted in the following findings: (1) "participation in treatment is significantly associated with success on parole"; (2) "participation in treatment significantly reduces the rearrest rate of offenders'; and (3) "the length of time an offender participates in treatment is significantly related to positive outcomes after release from prison" (Lowden et al, 2003).

Containment Model – The Community Management Approach[10]

The containment model is an evolving approach to managing adult sex offenders founded upon five basic components: (1) Victim-Centered Philosophy; (2) Multi-Disciplinary Collaboration; (3) Containment-Focused Risk Management; (4) Informed and Consistent Public Policies; and (5) Quality Control Mechanisms (English, 1998). Each component adds to the overall restorative justice framework by serving as the foundation for the criminal justice system to administer a holistic intervention and treatment strategy. Further emphasis is placed upon a community safety approach in which local jurisdictions seek to minimize public risk and maximize offender and public agency accountability. This in part is what sustains the victim-centered philosophy while denying opportunities for adult sex offenders to reoffend (English, 1998). Success of this containment model is contingent upon the shared execution of both internal and external control mechanisms designed to monitor and correct any ensuing sexually unlawful behavior. This specific strategy has been used statewide since 1996.

Internal Controls – Sex-Offender –Specific Treatment

The SOMB defines sex-offense specific treatment as "a long term comprehensive set of planned therapeutic experiences and interventions to change sexually abusive thoughts and behaviors" (SOMB, 2008). In order to treat deviant sexual thoughts and behaviors, sex offenders are given specific treatment unique to their respective needs. However, unlike traditional psychotherapy, treatment providers first target the existing behavioral and attitudinal lifestyles of the client. The programming focus is premised upon actual sexual behavior, arousal planning, and rationalizations as opposed to stress, alcohol abuse, or childhood injuries (English, 1998). According to Kim English (1998), "Sex-offense–specific treatment providers seek to obtain from the client, in a group therapy setting, descriptions of misguided thinking patterns, rationalizations, psychological defense mechanisms, and step-by-step methods each client uses to set up opportunities to assault victims." The aim is to produce a lasting psycho-sociological change to the client's mental and behavioral modes and refrain from recidivating.

External Controls – The Criminal Justice System

The enabling force behind the containment model is the power inherent in the criminal justice system (English, 1998). The criminal justice system can supply prevention and deterrence through vigorous enforcement and criminal consequences to violations, thus pressuring convicted sex offenders to adhere to certain behavioral expectations. To properly leverage this force, supervision requires proactive oversight from a multi-disciplinary team that can breach institutional barriers present in the criminal justice system. Fostering cross-agency collaboration aids in overcoming this natural fragmentation and prevents adult sex offenders from exploiting the programmatic and policy gaps. In the *Standards and Guidelines*, the multidisciplinary team is called the Community Supervision Team (CST), but its functions remain the same. The CST uses a variety of surveillance methodologies such as unanticipated home visits, urinalysis testing, detailed presentence investigations, employment restrictions, clear and consistent sanctioning

[10] For more detailed information concerning the Containment Model, please refer to *Managing Adult Sex Offenders: A Containment Approach* by Kim English, Suzanne Pullen, and Linda Jones.

practices, and the post-conviction polygraph. Ultimately, the CST holds the convicted abusers accountable despite being in an environment that is embedded in the community.

Information Symmetry – The Post-Conviction Polygraph

The utility of the post-conviction polygraph and other surveillance strategies provide vital information to the multi-disciplinary team that would otherwise be unavailable (English, 1998). Undisclosed deviant information is considered to be asymmetrical – that is unknown sexual interests, behaviors, and victim types vary across offenders and can change over time. Indeed, non-recidivists may actually be unknown recidivists. The containment model is only as effective as the information provided (Doren, 1998). Without a means to detect this surreptitious activity, sex offenders can operate independent of any impactful treatment or supervision measures. This would undermine the entire containment model. Therefore, the post-conviction polygraph is necessary to painting a detailed and thorough picture of the offender's true thoughts and behaviors. This information can then be applied to both treatment and supervision controls in a constructive manner.

Table 3 provides a summary of the literature regarding the Containment Approach.

Table 3. Containment Approach Recidivism Studies: Summary of Findings

Study	Average Follow-up Period	Recidivism Definition	Criminal Recidivism	Sexual Recidivism
Aytes et al. (2001)	3-5 yrs	Mixed – Arrest or Conviction	19.2	4.8%
Hanson et al. (2002)	3.8 yrs	Mixed – Arrest or Conviction	27.9%	12.3%
Hepburn & Griffin (2002)	3 yrs	Arrest	13.1%	2.2%
Losel et al. (2005)	5 yrs	Mixed – Lapse behavior to incarceration	22.4%	11.1%
Boone et al. (2006)	1-3 yrs	Re-commitment	9.9%	0.6%

Source: Heil, English & Simons (2010), *Research Findings Related to Sex Offender Treatment: A Summary*, pg. 7. Some additional studies have been added as well.

The literature evaluating the Containment Approach indicates that cognitive-behavioral therapy is less effective when applied in a setting where a multidisciplinary approach is absent (Hepburn & Griffin, 2002). The series of studies included in Table 3 affirm that containment models reduce the likelihood that individuals will engage in new crimes by a combination of deterrence (increased supervision) and treatment. While there is no uniform definition of recidivism used in various studies, the use of a containment model shows significant reductions in the sexual recidivism rates during the past decade. The studies above show that sexual recidivism ranges anywhere from 0.6 percent to 12.3 percent within a five-year at risk period. Given the extent of research and literature substantiating the effective use of the Containment Model, its use in Colorado has been both empirically tested and supported by the SOMB.

No Known Cure

In August of 2011, the SOMB approved a position paper effectively defining the "No Known Cure" concept as it relates to adult sex offender treatment and management policy. A separate position paper was published which addressed juveniles who have committed sexual offenses

and the "No Known Cure" concept. The SOMB has concluded that the use of the "No Known Cure" concept applies to adult sex offenders but not juveniles who have committed sexual offenses. Please refer to the attachments for more information. A copy of each position paper is provided for reference (Attachment B – Adult No Known Cure Position Paper, Attachment C – Juvenile No Known Cure Position Paper).

Residence Restrictions and Shared Living Arrangements

The reentry and reintegration of adult sex offenders into the community is a longstanding and divisive policy issue. Communities often feel threatened by sex offenders for obvious reasons. Still, according to Tabachnick and Klein (2011), "Sex offender residence restrictions, broadly applied to all sex offenders, also appear to be limited in their ability to prevent the sexual abuse of children." This statement is supported in Colorado by research conducted by the Colorado Division of Criminal Justice, Office of Domestic Violence and Sex Offender Management. A report published in 2004 evaluated living arrangements of sex offenders in the community to determine if they had an impact on community safety. The report concluded that residence restrictions were a less effective deterrent than Shared Living Arrangements (SLA) and did not decrease the likelihood of reoffense whereas SLAs did. These findings are consistent with others studies conducted in various jurisdictions throughout the nation (Minnesota Department of Corrections, 2003 & 2007; Ohio State University, 2009; Levenson, Zandbergen, & Hart, 2008).

Accordingly, the SOMB has adopted a two-fold agenda that addresses this two-part policy issue: (1) residence restrictions and (2) zoning ordinances. Residence restrictions place strict limits on where an offender is allowed to live. The unintended consequence is that more severe restrictions may cause sex offenders to go underground. This was addressed by a white paper that discussed the issues with residence restrictions for sex offender management in 2009. In this paper, the SOMB outlined the legislative background, research, and policy considerations associated with the use of residence restrictions. In effect, the SOMB prescribed a policy that opposed the endorsement of residence restrictions for the reasons stated above (See attachment D – White Paper on the Use of Residence Restrictions as a Sex Offender Management Strategy).

Equally important are the policy implications associated with zoning ordinances limiting the number of sex offenders living in a household at the local level. These zoning ordinances are indicative of the misperception tied to SLAs as being a risk to public safety. The piecemeal approach sometimes undertaken by local governments is problematic because it limits one sex offender per household, thus preventing the use of an SLA. Yet, the research conducted by the SOMB has revealed a different outcome: sex offenders recidivate less when living with other sex offenders and recidivate more when left on their own or with their families. The reasons for such an outcome relate to victim-access opportunities and a lack of peer socialization that is both positive and supportive (See attachment E – SLA Fact Sheet for more information).

Finally, the SOMB has prepared a White Paper on sex offender housing and reintegration issues. A series of recommendations are contained in this document related to advancing the use of safe, stable, and appropriate housing options for sex offenders (See attachment F – White Paper on Sex Offender Housing).

Cost-Benefit Analysis

The literature evaluating the fiscal aspects related to treating and managing adult sex offenders shows the cost-benefit to programming has been found to be economical in one recent meta-analysis. The Washington State Institute for Public Policy produced a cost-benefit report in October of 2001 which examined seven cognitive-behavioral sex offender treatment studies. Within this meta-analysis, cognitive-behavioral sex offender treatment programs cost approximately $6,246 per participant. The net present value (taxpayer and victim benefits minus the cost of cognitive-behavioral treatment) of cognitive behavioral treatment was $19,354 per participant. Therefore, the benefit to cost ratio is $4.13 of benefit per dollar spent on cognitive-behavioral treatment for adult sex offenders (Washington State Institute for Public Policy, 2001). However, it should be noted that a more recent study by the Washington State Institute for Public Policy specifically related to sex offender cognitive-behavioral treatment in prison with aftercare showed that the cost of treatment ($12,585) outweighed the benefit (taxpayer and victim benefits of $9,327) by $3,258 (Washington State Institute for Public Policy, 2006). Given the limited number of research findings in this area, additional cost-benefit studies are needed to draw more definitive conclusions. Nevertheless, preliminary data suggests that cognitive-behavioral sex offender treatment "saves more than it costs" when compared to sex offenders receiving no treatment (Washington State Institute for Public Policy, 2001).

SECTION III: RESEARCH DESIGN

Measuring Effectiveness and Outcome Analysis

The Division of Criminal Justice Office of Research and Statistics, on behalf of the SOMB, completed a *Process Evaluation of the Colorado Sex Offender Management Board Standards and Guidelines* in December of 2003. Based on the results of the *Process Evaluation,* it is assumed that the *Standards and Guidelines* are being implemented throughout the State of Colorado. The next step required an evaluation of outcomes to assess the effectiveness of the *Standards and Guidelines* in reducing sexual recidivism per the SOMB legislative mandate. In September of 2009, the SOMB began working on this project and formed a research committee. This study is considered a "black-box evaluation" whereby internal nuances and the programmatic aspects related to effectiveness are not analyzed in depth. Instead, the scope of this study strictly looked at outcome variables in the aggregate form, focusing on recidivism. The effectiveness of specific treatment programs was not examined either, only summative outcome data is provided. Some common definitions are provided below.

Definitions

Containment Model – A method of case management and treatment that seeks to hold offenders accountable through the combined use of both offenders' internal controls and external control measures (such as polygraph testing and relapse prevention plans). A containment approach requires the integration of a collection of attitudes, expectations, laws, policies, procedures, and practices that have clearly been designed to work together. This approach is implemented through interagency and interdisciplinary teamwork.

Community Supervision Team (CST) – A team of professionals including a minimum of the supervising officer, the treatment provider, and the polygraph examiner who collaborate to make decisions about the offender.

Polygraph – The use of an instrument that is capable of recording, but not limited to recording, indicators of a person's respiratory pattern and changes therein, galvanic skin response and cardio-vascular pattern changes therein. The recording of such instruments must be recorded visually, permanently and simultaneously. Polygraphy includes the interpretation of the data collected in this manner, for the purpose of measuring physiological changes associated with deception.

Sex-Offense Specific Treatment – Consistent with current professional practices, sex-offense specific treatment means a long term comprehensive set of planned therapeutic experiences and interventions to change sexually abusive thoughts or behaviors. Such treatment specifically addresses the occurrence and dynamics of sexually deviant behavior and utilizes specific strategies to promote change. Sex offense-specific programming focuses on the concrete details of the actual sexual behavior, the fantasies, the arousal, the planning, the denial and the rationalizations.

Recidivism - The occurrence of new court filings within one year and within three years of termination of supervision. This new court filing method uses new prosecutions as a conventional approach adopted by varying agencies throughout the state. New convictions are concededly lower than court filings, while new arrests are much higher. As a result, court filings are a more neutral measure of recidivism which neither overestimate arrest rates nor underestimate conviction rates.

Successfully Discharged – An adult sexual offender who has fulfilled all the terms and conditions of their probation or parole. This encompasses all terminations that were not revoked for either a technical violation or a new crime, death, terminated as AWOL, closed for administrative reasons, subject to interstate compacts, transferred, deported or released due to a court order or on appeal.

Sampling Frame

The sampling approach undertaken in this study examines the effects of the *Standards and Guidelines* amongst two adult sexual offender populations: (1) adult sexual offenders who were place on parole after June 30, 1996 and successfully discharged from parole between July 1, 2005 and June 30, 2007; and (2) adult sexual offenders who successfully discharged (released) their probation from July 1, 2005 to June 30, 2007. Recidivism is defined as the occurrence of new court filings within one year and within three years of termination of supervision.

Table 4. Sampling Frame

	Included	Excluded
Sample Description	• Sexual offenders placed on parole after June 30, 1996 and **successfully** discharged between July 1, 2005 and June 30, 2007 • Sexual offenders who **successfully** discharged (released) from probation from July 1, 2005 to June 30, 2007 • Determinate Cases	• Indeterminate Cases • Technical Violations • Sexual offenders who have left the state • Juveniles who have committed sexual offenses

Indeterminate cases were excluded from the sample as the discharge dates for lifetime supervision offenders would not have occurred within the timeframe specified given the enactment date for the Colorado Sex Offender Lifetime Supervision Act of 1998. This exclusion is a limitation of the present study. Also, data pertaining to lifetime supervision offenders was already reported in the Lifetime Report. Resource limitations precluded this study from tracking those who had left the state.

Data Collection

These data were extracted from the Colorado Judicial Branch's Management Information System (ICON) by the Division's Office of Research and Statistics (ORS). The method employed by the ORS to measure recidivism utilizes all client identifiers available, including social security numbers and state identification numbers in addition to names, aliases, and dates of birth. This process attempts to expand the identification of new cases by cross-referencing an exhaustive list of identifiers from multiple databases.

Probation.

Data concerning probation releases were provided by the Division of Probation Services within the Colorado Judicial Branch, providing a total of 356 successful discharges out of 1000 total discharges. Unsuccessful probation releases were excluded from this study because these offenders may not have been subject to the complete application of the *Adult Standards and Guidelines*. Therefore, inferences regarding their effectiveness for this population could not be drawn. Additionally, such releases are often the result of a revocation of probation to prison. Thus, these probationers are not at risk of rearrest, which would have artificially lowered the recidivism rate.

Parole.

Data concerning the parole releases were provided by the Colorado Department of Corrections. These included 333 successful sexual offender discharges out of a total of 1298 parole releases/terminations. The unsuccessful parole releases were removed from this study because, as in the case of the probation sample, those who did not complete their supervision may not have been subject to the complete application of the *Adult Standards and Guidelines*. Additionally, these parolees may have been re-incarcerated and are not at risk of rearrest. This would have artificially lowered the recidivism rate and presented a significant challenge to the authenticity of the findings.

Analytic Strategy

The data analysis portion was conducted by the Divison's Office of Research and Statistics (ORS) and the Office of Domestic Violence and Sex Offender Management (ODVSOM). This analysis included a systematic review of the descriptive statistics at both the one-year and three-year post-release periods. Cases were further analyzed by differentiating recidivism according to differing types of crimes and crime levels, including sexual, violent and other crimes.[11] The unit of analysis for this study is adult sex offenders who successfully completed their treatment and supervision program as prescribed by the *Standards and Guidelines*. Additionally, recidivism due to failure to register as a sex offender and recidivism according to law class was examined.

[11] Sexual crimes include sexual assault, incest, public indecency, and sexual exploitation. Failure to register as a sex offender is excluded as a sex crime, but is included in the non-violent, non-sexual crime category. Violent crimes include homicide, robbery, kidnapping, and assault. 'Other' crimes include drug offenses, burglary, theft, forgery, fraud, and other property crimes.

Data Limitations

There are some data limitations to this study that should be noted. First, this study is bound to a three-year timeframe. Other outcome studies have demonstrated that recidivism rates increase over time, so the present results are an early snapshot at recidivism trends. Moreover, this study does not include control variables for risk. This implies that the results may include lower-risk offenders who may be less prone to reoffend regardless of the specific intervention utilized. Indeterminate sentences were also excluded from this analysis because these cases involve offenders who are under longer-term supervision and these outcomes are presented in other forums. The rationale for this approach was to minimize any skewing to the data. Other limitations, as previously identified, include underreporting, reclassification of sex offenses through plea-bargaining (Langevin, 2004, pg. 534), and imperfect measurement systems. In order to fully study the effectiveness of the *Adult Standards and Guidelines*, future research would need to include a viable comparison group, examining both the criminal and sexual recidivism rates before and after the implementation of the *Adult Standards and Guidelines*. However, resource limits and budgetary constraints make such projects difficult to undertake.

SECTION IV: FINDINGS AND RESULTS

SUMMARY

Overall criminal recidivism rates for this sample were 13.1 percent for one-year post-criminal justice supervision and 28.0 percent for three-year post-criminal justice supervision. Although these rates are about on par with the current national research regarding adult sex offender recidivism, the sexual crime recidivism rates were very low, at 0.7 percent for one-year post-criminal justice supervision and 2.6 percent for three-year post-criminal justice supervision. It should also be noted that any attempt to compare the results of different adult sex offender recidivism studies is problematic given differences in the types of recidivism identified, the ways in which recidivism is measured, and the methods utilized to detect recidivism.

Approximately half of the recidivists in the present study committed non-violent, non-sexual crimes at both the one-year and three-year post-supervision mark. In addition, a small percentage (12 percent and 14 percent) of the one-year and three-year recidivism was strictly due to failure to register as a sex offender.

The *Adult Standards and Guidelines* appears to be an effective tool to limit sexual recidivism post–release from supervision. However, these results are too preliminary to be conclusive and therefore serve as a baseline for future studies concerning recidivism. Colorado's coordinated system for the management and treatment of sex offenders "contains" the offender and enhances the safety of the community. This approach also protects victims while utilizing and including interagency and interdisciplinary teamwork. Overall, these collective aspects of the *Standards and Guidelines* seem to have a positive effect on public safety.

This study gathered data from only those adult sexual offenders who *successfully* terminated from their probation or parole sentence. It is important to note that this sample is not comparable with published Department of Correction's recidivism rates, as technical violations and parole returns with a new crime would not be counted in this sample. Only those who have been successfully released from parole were included. The results of this study highlight the need for longer-term follow up, particularly given the low rate of sexual crime recidivism identified within the three years available for follow-up on these offenders.

FINDINGS

Sample

Recidivism data was examined on 689 adult sexual offenders in Colorado who successfully discharged from their probation or parole sentence between July 1, 2005 and June 30, 2007. In order for adult sex offenders to successfully discharge from criminal justice supervision, all areas of the *Adult Standards and Guidelines* must be sufficiently completed. For the purpose of this study, which is to examine the effectiveness of these *Adult Standards and Guidelines*, this sample would provide the most useful information. Those offenders who did not complete their supervision may not have been subject to the complete application of the *Adult Standards and Guidelines*. Therefore, inferences regarding their effectiveness could not be drawn.

Table 5. Sampling Data

	Adult sexual offenders terminated from Probation or Parole supervision between July 1, 2005 and June 30, 2007.	Adult sexual offenders *successfully* discharged from Probation or Parole supervision between July 1, 2005 and June 30, 2007.
Probation	1000	356 (35.6%)
Parole	1298	333 (25.7%)
TOTAL	**2298**	**689 (30.4%)**

One thousand (1,000) adult sexual offenders were terminated from probation supervision and 1298 adult sexual offenders were terminated from parole supervision between July 1, 2005 and June 30, 2007. More than one-third of the probation sample, 356 offenders, completed their probation sentence successfully, while just over a quarter of the parole sample, 333 offenders, successfully completed their parole sentence.

Table 6. Demographic Information

	Probation Sample		Parole Sample		**TOTAL**	
Asian	4	(1.1%)	4	(1.2%)	**8**	**(1.2%)**
African American	13	(3.7%)	44	(13.2%)	**57**	**(8.3%)**
Hispanic	37	(10.4%)	108	(32.4%)	**145**	**(21.0%)**
American Indian	1	(0.3%)	14	(4.2%)	**15**	**(2.2%)**
White	300	(84.3%)	163	(48.9%)	**463**	**(67.2%)**
Missing Data	1	(0.3 %)	0		**1**	**(0.1%)**
TOTAL	356	(100%)	333	(100%)	**689**	**(100%)**

The average age for the 356 offenders who successfully completed probation was 40.7 years, while the average age for the 333 offenders who successfully completed parole was 38.0 years. One percent of the Parole sample was female; this information was not included in the Probation sample.

Outcomes

Recidivism was examined one year and three years after successful discharge from supervision.[12] Recidivism was examined in terms of new sexual[13] crimes, violent[14] crimes, and all other (non-violent/non-sexual)[15] crimes.

[12] Misdemeanor filings from Denver County are not available and are excluded.
[13] Sexual crimes include sexual assault, incest, public indecency, and sexual exploitation. Failure to register as a sex offender is excluded.
[14] Violent crimes include homicide, robbery, kidnapping, and assault.
[15] Crimes such as drugs, burglary, theft, forgery, fraud, and other property crimes.

Table 7. One-Year Rates of Recidivism

	Probation	Parole	TOTAL
Recidivism	17	73	**90 (13.1%)**
No Recidivism	339	260	**599 (86.9%)**
TOTAL	356	333	**689 (100%)**

Table 8. Three-Year Rates of Recidivism

	Probation	Parole	TOTAL
Recidivism	37	156	**193 (28.0%)**
No Recidivism	319	177	**496 (72.0%)**
TOTAL	356	333	**689 (100%)**

A total of 90 offenders (13.1 percent) recidivated after one year and 193 offenders (28.0 percent) recidivated after three years. Less than one percent of the sample had a new sexual crime one year after successful discharge from supervision, while 2.6 percent had a new sexual crime three years after successful discharge from supervision. Approximately half of new crimes were non-violent, non-sexual crimes.

Table 9. Probation and Parole Outcomes

One-Year	Probation	Parole	TOTAL
No Recidivism	339	260	**599 (86.9%)**
New Sexual Crime	3	2	**5 (0.7%)**
New Violent Non-Sexual Crime	5	33	**38 (5.5%)**
New Non-Violent, Non-Sexual Crime	9	38	**47 (6.8%)**
TOTAL	356	333	**689 (100%)**
Three-Year	Probation	Parole	TOTAL
No Recidivism	319	117	**496 (72.0%)**
Sexual Crime	8	10	**18 (2.6%)**
Violent Non-Sexual Crime	10	64	**74 (10.7%)**
Non-Violent, Non-Sexual Crime	19	82	**101 (14.7%)**
TOTAL	356	333	**689 (100%)**

Although approximately half of the recidivism occurring during the three years after successful release from supervision was due to non-violent, non-sexual crimes, the majority of these crimes were felonies. This is particularly true in the case of the parole discharges, with 74 to 75 percent of the recidivism being due to felony crimes. Overall, 30 percent of the recidivists committed misdemeanors only.

Table 10. Most Serious Class of Recidivism Crimes

One-Year

	Probation	Parole	**TOTAL**
Misdemeanor	8 (47.1%)	19 (26.0%)	**27 (30.0%)**
Felony	9 (52.9%)	54 (74.0%)	**63 (70.0%)**
TOTAL	17 (100%)	73 (100%)	**90 (100%)**

Three-Year

	Probation	Parole	**TOTAL**
Misdemeanor	17 (45.9%)	39 (25.0%)	**56 (29.0%)**
Felony	20 (54.1%)	117 (75.0%)	**137 (71.0%)**
TOTAL	37 (100%)	156 (100%)	**193 (100%)**

Of the 90 cases of recidivism in year one and of the 193 cases in year three, 11 (12 percent) and 26 (14 percent), respectively, were due to failing to register as a sex offender only.

SECTION V: CONCLUSIONS AND RECOMMENDATIONS

DISCUSSION

Making Sense of Issues

The outcome findings outlined in Section IV denote recidivism rates consistent with national trends. Inferences made strictly relying upon these data are problematic to evaluating the effectiveness of the *Adult Standards and Guidelines* because this study lacked the sufficient resources for a viable comparison group. Despite this limitation, the data in combination with the literature provide evidence to corroborate the *Adult Standards and Guidelines* as an effective intervention.

Overall, the literature suggests that the treatment and management of adult sexual offenders is effective. Studies examining sexual recidivism demonstrate rates that typically bottom-out at about 5 percent and peak around 30 percent in a five-year time-at-risk period. The sexual recidivism rate found in the present study was less than one percent one year after successful discharge from supervision, while 2.6 percent had a new sexual crime three years after successful discharge from supervision. These percentages are moderately low, but it is uncertain from the data whether or not this is a direct result from the treatment and management as prescribed by the *Standards and Guidelines,* or the result of some other latent variables. However, the use of cognitive-behavioral therapy has been demonstrated as a significantly more effective treatment approach than other behavioral treatments (Hall, 1995; Bonta, 1997; Hanson et al., 2002; Losel & Schumucker, 2005). While there are relatively few cost-benefit studies looking at the treatment and management of adult sexual offenders, the use of cognitive-behavioral therapy, in a manner similar to that prescribed by the *Standards and Guidelines,* appears to be economical (as measured by taxpayer and victim benefits minus cost) (Washington State Institute for Public Policy, 2001).

Accordingly, the policies that direct the programming and regulatory requirements are developed in part from evidence-based practices and serve as the foundation for the *Adult Standards and Guidelines*. It is for these collective reasons that the SOMB maintains that the *Adult Standards and Guidelines* appears to be an effective intervention in reducing sexual recidivism.

Programmatic Considerations

An interesting point to consider is the level of non-sexual recidivism rates found in this study. The *Adult Standards and Guidelines* focuses largely on the management and treatment of sexual offenses. The extent to which current programming affects non-sexual recidivism is less certain. Given that the majority of new crimes were non-sexual crimes, there may be some areas in which the *Adult Standards and Guidelines* can be expanded upon in order to address non-sexual criminal behavior.

Future Research

The present study has surfaced potential areas for further research. Given that treatment and management effectiveness have been documented in research to gradually diminish over time, a long-term recidivism study is necessary to show how rates increase over time in Colorado. Another area for future research is studying the economic benefit associated with the *Adult Standards and Guidelines* programming. In order to properly study the effectiveness of the *Adult Standards and Guidelines*, future research would need to include a viable comparison group, examining both the criminal and sexual recidivism rates before and after the implementation of the *Adult Standards and Guidelines*. These studies would require substantial resources and staff which are not currently available due to budgetary constraints.

CONCLUSIONS

The Bottom Line

The policies prescribed by the *Adult Standards and Guidelines* for the management and treatment of adult sex offenders appear to limit sexual recidivism post–release from supervision for adult sex offenders who successfully completed either probation or parole. Notwithstanding the literature, the data alone does not provide sufficient and independent evidence to support this claim and is therefore less conclusive. This recidivism study is preliminary and inferences made to draw conclusions should be cautioned for several reasons. The data is limited to a three-year timeframe, excludes indeterminate sentences, and is subject to underreporting, reclassification of sex offenses through plea-bargaining (Langevin, 2004, pg. 534), and imperfect measurement systems.

However, the programmatic theory core to the *Adult Standards and Guidelines* relies upon a coordinated system that is rooted within over 30 years of applied international research and literature. Applying the literature in concert with the data suggests that the *Adult Standards and Guidelines* appears to be effective in limiting sexual recidivism post–release from supervision. Therefore, the management and treatment of sex offenders in Colorado "contains" the offender and enhances the safety of the community through the use of the *Adult Standards and Guidelines*. Overall, these collective aspects of the *Standards and Guidelines* seem to have a positive effect on public safety.

RECOMMENDATIONS

- Continue to utilize the *Adult Standards and Guidelines* and ensure periodic revisions are made to reflect the most recent and relevant evidence-based practices.

- Develop a comprehensive research strategy that begins to target, evaluate, and expand upon the knowledge base of the *Adult Standards and Guidelines* program effectiveness.

- Enhance current strategic partnerships with affiliated agency stakeholders to allow for improved data collection and research operations.

- Explore and study the viability of adding a more holistic scheme to address non-sexual recidivism that augments sexual-specific treatment and management programming in the *Adult Standards and Guidelines*.

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ATTACHMENTS

A. **The Adult Standards and Guidelines**

B. **Adult No Known Cure Position Paper**

C. **Juvenile No Known Cure Position Paper**

D. **White Paper on the Use of Residence Restrictions as a Sex Offender Management Strategy**

E. **SLA Fact Sheet**

F. **White Paper on Sex Offender Housing**