

Managing Sex Offender Caseloads: A Victim-Centered Approach - Webinar Transcript

Welcome to the National Criminal Justice Training Center webinar, managing sex offender caseloads of victim-centered approach. My name is Greg Brown, and I will be moderating for you today. This training is a series that has been designed to help systems build a more comprehensive approach to sex offender management, victim services, and to provide information on best and evidence based practices in the field.

From a victim's centered approaches perspective, it is critical that systems working with victims and offenders understand the activities of each other's profession. If systems develop comprehensive multidisciplinary approaches, they will help enhance their victim centered approach by reducing victimization, recidivism, and helping to repair the harm caused by sexual abuse.

Before we begin the presentation, there are some items I need to go over. This project was supported by a grant awarded by the Office of Violence Against Women, US Department of Justice. The opinions, findings, conclusions, and recommendations expressed in this program are those of the authors and do not necessarily reflect the views of the Department of Justice, Office on Violence Against Women.

Learning objectives for today's webinar include explaining what constitutes a sexual offense, who commits these types of crimes, and contributing factors that lead to sexual offending. We're also going to describe fundamental supervision strategies for working with sex offenders that are essential qualities of evaluating and treating this population, identify static and dynamic risk factors, list which factors research tells us are important for sexual re-offense, and explain how both risk assessment and strength based practices inform the supervision and treatment team for sexual abusers.

Today I'm pleased to introduce you to our presenter Denise Metz. Denise is was associate with NCJTC. She's the current supervisor of the sex offender unit with the 20 Judicial District probation department. She's a state certified trainer in the VASOR (Vermont Assessment of Sex Offender Risk) SOTIPS (Sex Offender Treatment Intervention and Progress Scale) risk assessment instrument, as well as a trainer and a facilitator for high risk victim offender dialogue.

My name is Greg Brown, and I will be moderating for you today. I'm a program manager with NCJTC. Prior to joining NCJTC I worked in corrections for about 31 years in probation, I'm working as a sex offender officer as well as supervising the unit. Our full biographies are available to download in the handout section of the GoToWebinar control panel. With that, I'm going to now turn it over to Denise. Denise?

Thanks, Greg and thanks, everyone for being here. I'm excited to present on sex offenders today. It's been part of my career for about 17 plus years now in terms of working with this population. So let's start with just asking, what is a sex offense? So there are some common characteristics of what constitutes a sex offense. And we're talking about sexual abuse that occurs whenever there's a person that's dominating or exploiting another by means of a sexual activity or a suggested sexual activity.

It can be characterized by a lack of consent, a betrayal of a trusted relationship. It may, it doesn't always have to include violence or some sort of physical loss of control. Any sexual behavior with a minor child or with a non consenting adult is typically considered a sex offense. It can vary from penetrative offense from just contact fondling behavior to offenses that don't have any hands on behaviors whatsoever. Those include some pornography related activities.

The age of consent does vary from state to state. I know here in Colorado, the age of consent is 15. I think there are a lot of different behaviors and actions that constitute a sex crime. But when we hear about, a sex offender or a sex offender, sometimes our mind goes automatically to something like rape or a child molester. But really there's such a broad definition of what constitutes a sex offense. So it's not just the rapists and the child molesters, although those certainly fall into the sex offence category.

Like I mentioned we have contact offenses, we have non-contact offenses. We have different levels of contact offenses ranging again from full penetration, versus fondling, versus no contact at all. We have internet based crimes. One thing I'd like to point out here is it's a word of caution really and I'll likely repeat this later on in the presentation. But what we don't want to do what we want to caution against is conflating or mistaking risk with the type of charge.

And what I mean by that is OK, so a sexual assault on a child. That tends to be seen as one of the worst things that a person can do. It gets many of us, all of us really riled up when we talk about a child who's been sexually assaulted. And while this is we view it our society, our criminal justice system views an offense like this certainly appropriately as a severe action, what we don't want to say is that this person automatically is a high risk to reoffend.

We're going to talk a lot more about risk and things like that as we move forward. but really I want to get that message across early and right now that just because a charge what a behavior is doesn't equate to a person's risk level. So again, we'll talk much more about that going forward. Okay.

So who are sex offenders? Well, there is no sex-- We can't really answer that question because the sex offender truly could be just about anyone. There's no set profile, there's no list of psychological factors that we've pinpointed to say this person is going to be a sex offender or is. It's a very diverse population. There certainly are a proportion of offenders who have committed multiple offenses against multiple victims. There's this thing called crossover.

Just because a person has committed offense against a male child they could also have a female adult victim, they could also have multiple different kinds of behaviors in terms of a hands on or hands off offense. What we do know is that it's not common that the one crime that we know about that they've gotten caught for if that's the only behavior, if that's the only indicator of what that person's risk to the community is. We try to do a visual in terms of tip of the iceberg.

When someone gets arrested, caught, put into the system we know what's up above the water in terms of the tip. But there's so much more underneath the water that we don't know about initially, and hopefully we learn about as we continue supervising and learning about the client.

I like this last point a lot this most can change their behavior. In many states, certainly in Colorado in the past we've operated under the idea of a "No cure philosophy." Meaning that sex offenders there was no cure for what ails them for their behaviors and that they would always for the rest of their lives have to learn and just simply manage their behaviors. And while this is certainly true for some of the sex offenders that we see in the system, really we've changed that philosophy and we're moving much more to an optimistic view I would say with believing and saying most people, most sex offenders can actually change their behavior.

So again, the lesson with this slide I think really is we want to stay away from the notion that all sex offenders this or all sex offenders that. We really need to be looking at this population very separately, individually. Although foreshadowing for later we're going to spend a lot of time talking about risk needs and responsivity. And that's really looking at the specific qualities and characteristics of each individual person. And that's and that's really the way to go with probation work in general, not just with sex offenders.

Common assessed factors among sex offenders. So maybe a better title for this slide is really what are some common themes. I've said, we need to look at each client individually. But there are some common themes as we've studied more and more and learn more and more about sex offenders. Including that many have self-management deficits. When we're talking about self-management, often we're talking about that can be broken down into several mini categories, including impulsivity, decision making, emotional management, stable employment, social support.

Often our clients in terms of sex offenders have those things. They have stable employment and they have good friends and family. They tend to score low on traditional risk assessments. The LSI for example. The level of supervision inventory it's a very well known general risk assessment that we use with all our probation clients and it assesses their risk for general criminal behavior.

The LSI is not a good risk assessment to use to determine a person's risk for sexual reoffending and often these clients score low on that kind of risk assessment. Just like with general criminal behavior with sex offenders as well, we find that recidivism, reoffense rates tend to decline as a person gets older. Sex offenders are also more likely than other clients to have some diagonalizable mental illness.

And when I say mental illness I'm talking about, of course, the big access one kind of things, depression, bipolar, schizophrenia, but this is also including diagonalizable full-blown personality disorder stuff. We see that a lot with this population. They're less likely to have a criminal history, the vast majority of sex offenses are committed against someone known to the victim.

There's another slide that mentions this but stranger victims, stranger rape, stranger offenses are not very common at all with this population. When we see it, it's a big deal. And typically again this population, they're high school graduates. They have a higher education level than many populations that we work with. So what are some of these risk assessed risk factors that we know about.

We have a couple of slides here that are going to go over some of these well-known established risk factors from lots of research. Some of these factors as you'll see are what we call dynamic, meaning they're changeable. It's something that a person can change and we're going to target when we're working with them versus a static risk factor, which is there's not going to be anything that happens there. There's a one time risk assessment and we can't change them.

So often supportive sexual interest, or deviant sexual interest, poor impulse control. I mentioned that previously. Lifestyle, instability, self regulation problems. Again we see that a lot when someone is not able to self regulate themselves well. Poor coping skills and problem solving skills. I want to spend a little time on this idea of using sex as a coping. So what does that mean.

When someone is using some kind of sexual behavior to self soothe, to deal with emotions, usually negative emotions. We see this and not just with other probation clients, probably in our friends and family. We know people who can sometimes turn to drugs, alcohol, or food, or whatever to deal with stress, depression, and that sort of thing. Is a well known risk factor. If we have a client who is using some sexual behavior as a coping mechanism. And we often end up focusing quite a bit in treatment on that. Trying to build healthy coping skills so they're not using those unhealthy sexual related ones.

Having a male child or if someone from our assessments has a deviant sexual interest in male children. That is a very important stand alone risk factor. The research shows that if someone has a male child victim, they are going to be a higher risk to reoffend. This idea of emotional congruence with children, we see that with offenders oftentimes who commit their offenses against children.

Psychopathy. As measured by the PCLR this as well is a standalone risk factor not only for sexual re-offense but for general criminal behavior as well. And then abuse supportive attitudes, beliefs, and attitudes. Two attitudes.

Please, I was just going to say on the psychopathy piece. A lot of people do think that sex offenders may be very antisocial or actually be determined to be psychopaths or high on the psychopathy checklist. It really is a very low population. So it looks like in the research, it's about 3% to 7% of the population.

So it's not a huge population, but as Denise said, it's a standalone risk factor as well as that male child victim or deviant sexual interest in male children, which means all of these others if they are at present this is going to be probably a pretty high risk person that you're seeing and something to pay attention to as we look at these dynamic risk factors.

Yeah. Those are certainly things two of the ones to pay attention to as they all are, but even those are extremely related to risk for sure. OK. So here's some more of those actuarial risk factors. A history of a previous sex offense. Yeah, that's the old adage. The best predictor of future behavior is past behavior. It's true with sexual offenses as well. Non-sexual criminal behavior.

So what I said, oftentimes these clients don't have any criminal history. So when they do it's certainly notable and it adds to their risk. Previous parole or probation violations for any reason. It doesn't have to have been a sexual technical violation or sexual related violation. It can be any violation. Sexual preoccupation or compulsivity. I wanted to talk a little bit more about this one those compulsive offenders.

Because often in this category we see it's the expositors, it's the public masturbators, it's the peeping toms. With those kind of clients, oftentimes those offenses are only misdemeanors. So they're in the lesser offense category. But these offenders can be among the highest risk offenders that we see and they can be the hardest to treat and the hardest for their behaviors to change just because that behavior is so compulsive.

So that's what I was referring to earlier when we don't want to confuse what a person's behavior is or what their charge is to what their risk to reoffend is. Those misdemeanor exposure guys. Vast majority of its users are men, vast majority of sex offenders are men, which we'll also talk about but-- Yeah, those guys tend to be really, really hard to treat.

One of the things we often try to require for those more compulsive offenders is that if they get on some SSRI medication because that medication usually helps lower the libido level of some of those compulsive offenders. Then we have intimacy deficits if someone doesn't have any sexual healthy outlet, their risk for reoffense is increased. Negative social influences.

The younger a person is in terms of an adult, if they're 18 or over but the younger they are in that category, their risk is higher. And if they're single. And also like I mentioned before, if they have a stranger victim that is a notable thing because again you just don't see it that often and it is a pretty high standalone risk factor as well.

Denise we have a couple of questions.

OK.

So they're both they're both around having male child victims. One of the questions is having a male child victim always more likely to reoffend. And the other companion question to that is why are male child victims a determination for higher risk with offending.

So yes I would say if someone has a male child victim, whether it's their current offence or a past offence, if we know about it, that is going to increase their score on most validated risk assessments. Now it could just be one point or two points or however many points and we'll talk a little bit about risk assessments on the next slide, but yes it will always. On most risk assessments on any risk assessment for sex offenders that I know about, having a male victim is going to result in having at least a slightly increased risk to reoffend.

Now why that is, is my understanding is that when someone has certainly if you're sexually aroused to male children, that is a sexual orientation, a sexual interest that is extremely hard wired and extremely difficult to change. So that's the origin why that is resulting in a higher risk for someone who has that risk factor.

And I would say Denise is one of the things for everyone to remember is all of the research that we're using are meta analysis. And so what they're doing is looking at studies of studies and pulling out these risk factors. And they've done this with thousands of people for many years. And so the risk factors that you see in the risk assessments you will not get false negatives or false positives, I'm sorry.

These are very supported in the research from hundreds of different studies, from a process called meta analysis. So that's where these risk assessment tools have evolved from is really looking at the research and gathering this information. With respect to the male victim, one of the things that we see that Denise talked about is this emotional congruence with children.

Often you see people that is their social network that's who they've connected with, they've never developed beyond that even though there are 30 or 40 years old, that's where they're emotionally comfortable, that's where they get their needs met in a variety of ways and some of them adults actually. And that ends up being one of the most irretractable things that a therapist in probation can work on is because it's so much of who they are and the way that their brains are wired.

And one of the things-- I'm not a therapist or anything, but one of the things that a therapist or a researcher explained to me is if you think about what we know about drug addiction is that it actually changes their neurotransmitters in the brain. So it's looking for pleasure and those neurotransmitters are changed by the drug. The neurotransmitters and these kinds of offenders can be changed.

That's the way that they seek pleasure, that's the way that they feel comfortable in the world, that's the way they deal with the stresses and anxieties of the world and that's where they're most comfortable. And that's the thing that's so difficult for them to work on and to change. A therapist once said to me think about this Greg, if I told you think of the most attractive woman that you've ever seen or your partner, whoever that may be. And I'm telling you at this point in time that you can never have sexual thoughts about that person, never have sexual contact with that person again.

That's what we're telling these guys who are more fixated on children. The way that they view sex and use sex in their lives and have learned it is so intractable that it's almost like telling any of us that we could never have a sexual relationship with someone that we find attractive again. Denise.

Yeah, that's all great stuff. and the brain. I'm glad you brought that up, Greg. The brain research that is going on right now is really incredible and not just in regards to child victims. But I attended a training not too long ago where they were doing-- it was a huge another one of these meta analyzes where they're looking at brain activity of people who are abusing drugs or abusing alcohol and what goes on in their brain. And it's the exact same phenomenon or the exact same situation that's going on in their brains is the same for someone who is viewing pornography.

I'm not talking child pornography, I'm talking pornography. Now again that doesn't necessarily mean a person is a sex offender. But we're seeing just such great research and results from this brain all the stuff we're learning about brains, but it's a little bit scary. Yeah, it's interesting and I hope that it continues to give us so much more information on what happens for our clients in the brain and why it's such strong impulses and urges for some of them.

So real quick on this. Just in terms of the something that's called these fourth generation risk assessments. That's what we want to be using because they have the most umph behind them. We certainly have moved way beyond utilizing, client, self report, or therapist, their intuition, those things are like a flip of a coin essentially.

So to become a fourth generation risk assessment, there's several things listed here that are going to be qualities of those kind of risk assessments. The VASOR-2 and SOTIPS are two of those risk assessments that I'm most familiar with and that I'm a state trainer for but there's many more. There's one another very well known, one is called the Static 99R. But these have gone through some rigorous academic qualifications in order to become what we call these actuarial risk assessments. And these are definitely what we need to be using when we're doing the first R of the risk needs in responsivity principles that we'll be talking about later.

I would say one more thing. VASOR SOTIPS is a fourth generation risk assessment and Denise is talking about the space Denise what you just you just mentioned, Static 99. That is a very accurate risk assessment. However, as it says in the title the Static 99 in the Static 99R are only look at the Static risk factors, they do not look at the dynamic risk factors.

Very accurate in predicting risk not very helpful in telling us what to do about it. And so that's where you're seeing these risk assessments build on not only identifying risk but what do we do about it and what do we target. Which is really a very important piece of the work that we all do in protecting victims and helping people be successful and safe in the community.

Right. With the VASOR-2 and SOTIPS, for example, the VASOR-2 is like the Static 99R. It's a static risk assessment. So really we only do it one time. There's some rules why we would redo the VASOR-2, I won't get into today. So that's a static risk assessment. The SOTIPS is the one that we use here, it's a dynamic risk assessment. So it's something that, again, we're going to be targeting those behaviors, we hope we can change them and reduce a person's risk because they're dynamic and we can change them. So, yeah.

So not all sex offenders are the same. Hopefully, you all are seeing a theme at this point that really trying to hone in on this idea that we want to stay away from a cookie cutter same size, fits all approach to working with this population. If we are looking at them individually and using evidence based practices like risk needs and responsivity, we are definitely on the right track. And we are going to talk again more about RNR in a little bit.

But in regards to sex offenders, so many things can vary. They can victim preference. Like we've said, somebody might prefer young male, another person might prefer adult females. That is something that we don't know and it can vary from client to client. What their preferred behaviors are, what their sex history is. There are people who have never committed a sex offense before. Then we have some who have committed a variety of different kinds or certainly have different paraphilias or different things that we might want to be concerned about when we're working with the client. The attitude towards their deviant behavior.

We've got clients who absolutely do not want to offend, do not want to reoffend and didn't want to offend in the first place, they just didn't know how to prevent it. And then we have others who are quite opposite and are quite intent and want to offend. So the attitude about it is completely varying.

Of course, we've talked about a person's risk to reoffend huge variation in that. Supervision and treatment needs. Again, based on what we're going to talk about in terms of risk needs and responsivity, everybody's going to have different needs. The etiology issues where did this behavior originate from, where did it come from. And then, again, the number of risk but also protective factors present. These are all things that are going to vary pretty wildly from client to client.

So what about internet offenders. Because boy, it seems like this category is really blown up, right? You'll see the site down there. Michael C Seto S-E-T-O. He is one of the most well-known researchers currently on internet sex offenders. I've attended several of his trainings, he's a very good presenter. And so he's been involved in all sorts of these as Greg mentioned earlier, these meta analysis. Where you're combining the results of tons of different smaller research projects and you're putting them together for one huge meta analysis.

So this slide is coming from two different huge meta analysis. So we're talking really big numbers. One of them was a number of 4,500, a number was well over 2,500. So that's a pretty good set of numbers that we're making these generalizations from in terms of the research. So what Seto looked at with these meta analysis is what is the likelihood that an online child pornography offender, who either has committed a hands on offense in the past or is going to commit a hands on offense in the future.

And if you see these numbers, both are pretty slim. So 12% in these meta analysis of a child porn offender had a known sexual offense contact offense in the past. OK? In terms of committing a future contact offense from that same set of offenders 2%, only 2% of those child porn offenders had committed a contact offense in the follow-up period.

Really to summarize internet offending really doesn't appear to be any type of gateway offense to committing a future hands on sex offense. They are a low risk to commit future contact offenses. I just think that oftentimes in this field we feel like we kind of make these assumptions that well, there's got to be some other, there's got to be hands on offending, there are risks to do that. And it's just really the research is not bearing that out. So it's something to really keep in mind when we're working specifically with the child pornography offender.

I mentioned the VASOR SOTIPS previously, those risk assessments actually there's some warnings or qualifications about those risk assessments. And because of this difference with child pornography offenders we're actually not even supposed to use those risk assessments on child pornography offenders because it's so hard. Those were not, we call it in the risk assessment terminology they weren't normed on child pornography offenders.

Now Seto has created, it's more of a checklist, it's not a well-established risk assessment as of yet, but he does have some research on what a factor. When you have a child pornography offender here are some of the things to take into consideration in terms of their risk to commit another child porn offense. So they're just their own not completely separate but certainly a different kind of offender when we're talking about child pornography guys.

Hi, Denise. We have a couple of questions on internet offenders that I thought would fit in nicely here. One is are these studies by Seto based on self report or did they use polygraph to verify.

Like I said, with a meta analysis they combine so many smaller studies. My understanding is, yes there's some of that is based on polygraph information. Mostly with people who have gone to Department of Corrections that's the easiest way to get that information for these studies, but I don't think all of them are, no.

Yeah. Especially I think Seto's early work was really DOC people and they did have polygraphs involved with that but not all of these studies have used polygraphs. So some is self report, absolutely.

Yeah. And then let's see here. This sounds like specific to child porn, not people actively seeking to meet children. That's correct. When we're talking about these offenders, we're talking about people who get caught with child porn, we are not talking about those that are targeted by ICAC task forces, that are actually actively seeking children communicating with them and trying to meet them. There's a big distinction here.

There's no indication when law enforcement takes these computers and analyzes them that they've done those kinds of things. So that is a different category. There's not a lot of research on that category. But still the risk assessments have not gotten to a place to help us really understand those differences in a way that help us specifically with risk assessment. Denise.

Yeah. Those cases here in Colorado we call them internet lorian type of cases. And yeah, that is not in this research. This research from Seto is specific to people who have committed child pornography offenses. So good question. OK. Another category that people really are fascinated by. It is, they are fascinating. I got to tell you. This slide talks about some common traits. But I do want to say that please keep in mind that we don't have a ton of good research on female sex offenders because there are not that many of them.

So I would say all of this needs to be taken a little bit with a grain of salt. But what's starting to emerge from the research that has been done, a little research that has been done is female sex offenders are often fall between the ages of 22 to and 33, oftentimes they've had some sexual abuse history, they have a higher degree and higher incidence of substance abuse, depression, personality disorders are very frequent, the majority are employed in professions, and there's a historical or current difficulty in intimate relationships. Not having any intimate partners.

One thing I also wanted to say also from again this is not a huge amount of research that some similarities that people have been finding between male and female in the research, male and female sex offenders. Again, there's a history of abuse. We're finding pretty high frequency of low self-esteem, exploitation of others. In some form or fashion. Lack of empathy and remorse.

There's oftentimes a minimization of sexual offense responsibility, we have some social deficits going on, early sexualization of others, objectification of others, and then, again with that last bullet, there's a deficit in healthy sexual behavior But then the research again what's emerging is some important differences between male and female offenders, including teasing out those mental health diagnoses.

If we're talking about personality disorders, males are often having, we often see antisocial personality disorder if a personality disorder exists. Antisocial and narcissistic are real frequent with male offenders, versus female it's much more common to see borderline personality disorders. And then while males deal with issues around power and control, power dynamics, displaced anger issues, females can often be viewed as reenacting prior trauma in terms of their abuse, in terms of their sexual offending behaviors.

It's interesting. I have supervised actually two female sex offenders in my career and in boulder we're actually right now, as we speak we're actively supervising three. And we also had two recently come through that went straight to the Department of Corrections. So that's by far. We've never supervised three female sex offenders at one time in my history with the department so I don't know. I don't want to say that where the female sex offenders are on the rise. It's probably just an interesting quirk right now that's going on but they're an interesting population for sure to work with.

And I would say Denise, the thing to remember here is the risk assessments that we're talking about and the Static and dynamic risk factors are different. The risk assessments are not validated on women and you're seeing jurisdictions that have different approaches when a female comes in on a sex offense. Often because there is this significant trauma history, they may be doing trauma work that actually helps them become lower risk, there may be substance abuse issues, they certainly can benefit from CBT types of things.

But you're seeing really different approaches because they really don't fit in the box of what we think of more standard sex offender treatment protocols for males. So something important to pay attention to with that population. As Denise said, there's not a lot of research on females.

The other thing that I would say is we are more familiar with the trauma that the females have experienced. And the research isn't clear on that because what we're seeing when we look at trauma is that up to 80% of the population that's in the correction system may have some kind of trauma in their background.

And as we get better at asking the right questions and having the right assessments, we see that lots of females and lots of males have trauma. So that may be something that changes around whether trauma is associated with risk and something we need to address in treatment to mitigate the risk. Denise.

Yeah, and we'll talk a little bit more of that. Trauma informed has been growing and growing in terms of just what you hear and if you're working in the criminal justice field at all for many years. And definitely we'll talk a little bit more about that when we talk about RNR a little bit later. In regards to these females again, I think all our research certainly in terms of recidivism on sex offenders not just females is subject to this idea that there's an underestimation because of reporting issues.

Now with a female sex offender the reporting issues are even greater because of societal, I would say attitudes in regards to a male reporting being sexually offended against. So there's reporting issues for both male and female sex offenses, but it's even greater when the perpetrator is a female.

So we're going to mention this model and we're also going to provide training in the upcoming months on the comprehensive approach. But the Comprehensive model was built on several advances in sex offender management. Under specialized knowledge and training, we're going to talk a little bit about what that means for you all under supervision particularly. But what we do see in the comprehensive approach is it really is designed to be victim centered.

In engaging the victim, meeting the victim where they're at, helping them get their needs met. Especially when we see numbers like 70% plus of sex offenders end up in the community immediately and another good proportion of those come out of prison someday, so oftentimes these offenders are not going away to prison for a long time. They're back in the same community. So figuring out how to be victim centered meeting the victim where they're at, addressing the harm that's been caused, creating safety plans that support them being safe in their community and hopefully moving on with their lives is critical to this model.

And the model also includes this idea of public education, where we're educating the public we're talking about stranger danger, we're talking about who really are the offenders and that they're mostly known to the family or the child or to the person who's been victimized. And we're going to come back to specialized knowledge and training but also this idea of collaboration and multidisciplinary teams that can bring different perspectives and different expertise to the table as you look at a comprehensive approach of sex offender management to include a victim, to be really centered around what victims need and preventing future victims.

So the specialized knowledge and training has to do with supervision. And that's the portion of that model that we're going to talk a little bit more about today and that we have been talking about. So we're talking about specialized training and knowledge and what does that look like. Denise is going to expand on this a little bit.

But we do know that this is a specialist population that we've got specialized risk assessments, it takes a unique personality to be able to work with a population that has caused this kind of harm to another human being, it takes really a long view approach with many of these offenders. They are not people who, in most cases should probably get one or two years of supervision, usually the change process and the things that we're asking them to do. And reducing their risk long term, takes a much longer period of time than many other types of clients or offenders that we see.

We're looking at specialized caseloads, that cap caseload for high risk offenders but bring the specialized knowledge around what to look at with risk assessment, safety planning, interacting with victims and survivors, but those things are really the specialized skills and tools and knowledge that people need and Denise will talk a little bit more about that in the upcoming slide.

Yeah. Greg hit on some of these and we really do. It is important. There are so many things that are specific to working with this population that the officers who supervise them need to have special training, they need to have some special tools. Like Greg said, typically if at all possible, these officers should have smaller caseloads than maybe a general caseload.

They take a little bit longer maybe more specific work in terms of a supervising officer. Longer term supervision. Certainly here in Colorado sex offenders tend to get very long sentences. For Misdemeanors, it's typically five years and for felonies in our state we have something called indeterminate or lifetime supervision. So those are for a select few offenders. But even if they don't get a lifetime sentence we're looking at 8, 10, 12 year sentences. Very long period of supervision.

We have specialized guidelines, specialized conditions. So when we go to court, we often recommend very specific different terms and conditions for someone who's committed a sex offense. Again, we've talked about having different risk assessment tools that we use. Often, there's also a strong emphasis on a collaborative approach when working with this population. In Colorado, we call our teams the community supervision team.

It's a shared decision making model with the primary members being the supervising officer along with the sex offender therapist. We also here in Colorado have polygraph examiners. And really anyone can be part of the CST that's highly involved or influential in the client's life from family members to friends, employers, but the primary members really the main decision making partners are the often specific therapist and the probation officer.

I would also say I have supervised domestic violence cases, drug offenders, regular offenders. The bulk of my career has been working with sex offenders. So I might be a little biased I have to admit. But I truly believe that working with sex offenders requires the highest level of critical thinking and complex decision making than with any other probation caseload. There's just so many things. We have future slides about this.

Because I haven't even mentioned. The victim advocates taking into consideration victim input and victim safety concerns. We always are talking about community safety concerns. So there's so much that has to be considered and weighed in on when we're making decisions about our clients who are sex offenders. It just is very, very complex.

Greg mentioned this notion that it takes a special individual to work with this population. I very much agree with that. I always say that supervising a sex offender, it may not be for everyone. And I think for those of us in management, we really need to be aware of that and certainly would never want to force anyone who doesn't want to work with this population to work with them.

Yeah, from the things that you have to read, from the things you have to maybe discuss with your clients, it's just a very different population and supervision that we have to do with these clients. So I just want us to be aware of that when we're making decisions about putting people on our team or giving this caseload to someone. It's something we want to be very thoughtful about.

Denise that really reminds me of something which is taking care of the people that do this work. And I think it's not only work with sex offenders but also DV offenders or intimate partner offenders is really taking care of that staff. We're all very aware of secondary trauma and burnout and all of that.

And so paying attention to and providing resources for those officers to debrief for them to get the support that they need, how you do that within your system is critical to their longevity in this caseload. I don't know Denise, if you wanted to now mention some of the things that you all do or if you wanted to wait until the end, but you prompted me to talk about that because I think it's so important.

Yeah. We could wait until the end I think to maybe expand on that a little bit. But it's needless to say it's so true what Greg is saying. I believe probation work is challenging and stressful work period. And maybe there's just some very specific maybe heightened considerations when you're working with this population and we're not taking care of ourselves, taking care of our people that we supervise. If we're managers we are, where we're going to burn people out and have people leave the field frankly

So it's just something we want to be very, very in tune with. The one other thing I wanted to say in regards to this slide is a deviation here. Like with working with any probation client supervising folks our ultimate-- one of our goals is to help our clients change their behaviors. With SOs, that can mean we're trying to change behaviors that are extremely deeply rooted and oftentimes that we talked about this brain activity that are really linked someone's brain to positive reinforcement.

Trying to change these kind of behaviors is something that takes time. It really does take time. We are not going to change sex offender behavior overnight. So it's really critical when working with this population that we understand that, that we have patience, when appropriate, and when possible. And that's really critical when we're working with this type of client.

One thing I've always told my clients over the years is that I don't expect perfection. There's going to be bumps in the road. And what I won't deal with is lying and secret keeping and stuff like that. But bumps in the road if we're talking about them and you're telling me about them and being honest with your struggles, we can get over most things together. That is a necessary thing with this population for sure.

So what strategies are effective. We've talked about this notion. Hopefully, everybody has heard about evidence based practices. And that is what we need to be-- the evidence based practices are what we all need to be utilizing when we're working with all clients in the criminal justice field. Including the next slide, which talks about risk needs and responsivity. So really little basic primer on what RNR is.

So the first R is talking about risk. So what we need to do is we need to be trained on the risk assessments to utilize with whatever population we're working with and use that risk assessment to get a good solid risk assessment. What the risk principle also says is that from that risk assessment, we need to be focusing on the medium, and high risk clients.

We should be putting the bulk of our supervision attention on the medium, and high risk clients and they should also be receiving the highest treatment dosage. We really, really want to caution against over supervising or over treating a low risk offender. The research actually says that we can make a person who is low risk worse by over supervising and/or over treating them. So that's really the fundamental piece in regards to that risk principle.

Moving on to the need principle, from our risk assessment that we've done. We also are capturing what is driving the behavior, what are the needs that are most responsible are the highest risk that are contributing to the sexual behavior. And that is what the treatment provider, the probation officer, those are the things that we need to be targeting with the client, because that's what's going to result in the biggest bang for our buck, so to speak, in terms of hopefully reducing a person's risk to reoffend.

Also with that need principal don't forget, because we're also from our various risk assessments. We're hopefully looking at protective factors, or stability factors, also known as predictive instability factors. If we are building on a person's stability and protective factors, such as very common one employment or housing, for example. If we're building on those factors we are also doing a good job because we're also helping reduce a person's risk.

And in the sex offender world what we also want to be conscious of is being mindful of I should say, is not to take away protective factors if we can prevent it. If we don't have to oftentimes, it can be inevitable or we have to because of maybe certain terms and conditions, but it's something that we want to be mindful of because protective factors are something that can help us reduce a person's risk to reoffend.

So then the responsivity principle. I find when talking to people I supervise about the responsivity principle it might be the most difficult one to just get your head around. And what the responsivity tells us is essentially it's telling us we have to try to meet a client where they are at. We need to be aware of different cultural, cognitive functioning, different factors that vary from client to client.

We want to try and tailor our intervention, tailor our style, our supervision or treatment style to their learning style, where they're at in terms of their motivation, their abilities and their strengths. One thing that I use it as an example, we've talked already about being trauma informed. So we get clients who have significant trauma. And perhaps it's untreated. They've never dealt with this trauma.

And if we're just getting a client fresh on supervision we know that they have this untreated or unaddressed trauma in their past, we may not want to put that person immediately into offense specific treatment for example. We may want to put that person into some individualized treatment to help them work on that trauma piece before.

Because if we put a person who has significantly untreated trauma, if we have somebody who has untreated mental health needs, other mental health needs, if we have someone who's actively using drugs or alcohol, there's many examples. If we put someone like that directly into sex offender treatment without dealing with the more acute need first, we're going to be setting them up for failure.

Because they need to be at least more stable and not having any of those other acute treatment needs to I think perform their best and get the most out of often offense treatment. So those are kind of the basics with RNR Greg do you have anything to add to that?

No, Denise. I completely agree and I think that we're not saying don't manage the sex offender risk factors, if you're focusing on something else like trauma or substance abuse that means you're going to be looking at for these high risk offenders, doing more containment work. You're going to be doing more external monitoring, more collateral context, but you're focusing on what the assessments and what your professional opinion is developing about this person and not resolving substance abuse or trauma.

For some people really means they're unavailable to do the work that they need to do an offense specific treatment. So pay attention to that. And I know we all feel better when we refer someone to offense specific treatment and check that box off and say I've done part of my job. If he re offends it's not on me, that mean he's off the case. So these assessments are really important. Your professional training and judgment's really important about where to start. And the clients level of motivation or needs really important to pay attention to in the responsivity principle.

Yes. And I would add to that. Wherever you guys are working and working with this population, I strongly encourage folks to try and cultivate, I guess what I would call it a culture of staffing, collaboration. With our teams here in Colorado I know there is and then just an extraordinary amount of staffing and talking about cases that we do amongst the supervising teams in conjunction at times with the treatment providers. But I would never want someone I supervise to struggle alone with a decision.

That we want to be talking about these cases and really fostering a collaborative like I said, shared decision making model when we're working with sex offenders so people don't feel like they're on an island or have to make these decisions on their own. Because that really leads to one of the worst things, I think, we can do with this population and that's known as fear-based decision making.

So I think I see that more often with officers or even treatment providers who don't talk much about their cases. Like they feel like they're on their own and they have to make these decisions. And when we work with sex offenders, it's this added weight of victim safety, community safety because these offenses can do so much harm in our communities. So we tend to see I think this fear based decision making more with sex offenders than with any other population.

And that's really, really to the detriment, I think of the supervising officer to have to do those decisions that fear based decision making, but it's certainly to the detriment of the client as well in terms of being able to use evidence based practices and really impact their risk to reoffend.

So how does RNR measure up? And how much does paying attention to RNR make a difference. So we thought and one of our colleagues put this together in her research, we thought we'd show you that. So how does RNR measure up when we look at effectiveness of selected interventions. So let's pull out a couple of things here. Police clearance rates for breaking and entering, about 16%.

What about bypass cardiac events, about 15% success rate. When you look at chemotherapy and breast cancer, about 11%. And then the effectiveness of aspirin on a cardiac event 3%. And you compare that with a model and people who are trained in Risk responsivity with good risk assessments, identifying needs, being responsive to the individual with where they're at and incorporating stages of change and motivational interviewing, and developing that relationship we're seeing a 29% effectiveness rate, which is really very, very unique when you look at human behavior or some of the things that we rely on and think are much more effective than they actually are when you look at the research.

I love this slide. I love talking about the Good Lives Model. And again I've talked about how we've really evolved and how we view sex offenders. And it was a long time ago thankfully but it used to be much more put somebody in their house and they can just stay in their house and isolate and that used to be the fear-based decision making. So the Good Lives Model it was first published in 2002 by Professor Tony Ward.

Professor Ward has continued to develop add to and evolve the Good Lives Model, with the help of many other scholars and researchers. So if you want to know more we're going to talk about it here, but you can certainly Google the Good Lives Model. It was a huge thing in my career because it was just a shift and a different way to work with sex offenders and it was so much more optimistic, it was so much better for me as a supervising officer, and it was so much better for the client.

It's a much more optimistic viewpoint and the basis for the model is that we all have these basic human needs. And in the later a few other slides we'll go over what those basic needs are. But we all have them. You, me, client, mom, dad, whoever. So we all have these basic human needs.

And what the Good Lives Model says is that when a person commits a sex offense, they're trying to fulfill some of these normal basic human needs they're just trying to fill them in unhealthy, unlawful, completely not OK ways. So what we do with the Good Lives Model is we go over each of these basic human needs really, really in depth with clients and we end up creating--

There's different names for them, a good lives plan, a pro-social living plan. These are things that are-- provide our clients with hopefully what we call is a roadmap to living a happy and healthy life. We look at these individual needs these, basic human needs. We look at how are you meeting these needs when you committed your sexual offense. How are you meeting these needs now. And how are you meeting them going to meet them in the future.

And the theory is if they're meeting these basic human needs in pro-social healthy ways, then there's no need for offending that the person's life will be incompatible with sexual reoffending. So it's a really great positive way to discuss moving forward and working with the clients. So the next couple of slides lay out what these basic human needs are.

So we have life including healthy living and functioning, we've got knowledge, we've got pleasure, creativity, community, spirituality. And I will say before we move to the next slide, what the Good Lives Model says is certainly some of these needs may be higher on the priority list or for some people than others. Some might be more of a focus than others, but that we all in some form of fashion need to have some degree of balance in terms of meeting these needs in some form or fashion.

The next one's excellence in work and play. And play and then work, excellence in agency, inner peace, relatedness. So you'll see that asterisk on those bottom 3. And there's been some studies since the good lives model came out and some of these studies one of them was -- I'm blanking on his name right now.

One of his studies indicated that those needs that are most relating to offending behavior were those last three. The autonomy, power, self directness, the freedom from emotional turmoil and stress, and then our relationships. And it was Yates, Y-A-T-E-S who did that study. Here's another way just--

Denise I was just going to say that Pamela Yates did the work on that. And what I love and the thing to take away from the Good Lives Model, I don't know if any of you are using it. It definitely involves treatment. You need a treatment program that's bought into it but it also is an amazing way to do case planning with your client because it is hopeful and they can be empowered to make steps in their lives that make them healthier human beings.

But what I love and the quote that came from Tony Ward is that we're helping offenders create lifestyles that are incompatible with reoffending, and that's what I walk away with. Go ahead, Denise.

Yeah. And again, just in terms of that idea that it's just better for the supervising officers as well as the client, with sex offenders we still have to restrict a lot. We're going to talk a little bit about that some of the terms and conditions in a sec, but it's often where you can't do this, you can't do this, you can't do that, restrict, restrict, restrict.

And the good life model really helps us shift again, it was a big shift to what we call approach goals. We want you to be doing this. This is how you're going to meet your inner peace need, this is how you're going to meet your pleasure, your knowledge, your community. So it's all of these things that we want you to be doing in order to live that good life.

It was really a complete. It really changed the game for me because that change happened while I was a supervising probation officer in this field. And it was awesome.

And I would say Denise. What you hear from, people who have done this work and work with these clients a long time therapist, supervision people is that this was very intuitive to them, these were things that they were working on already and to have someone put the work into developing a model that can be researched and supported was really reaffirming for them and doing this work.

The only unfortunate thing about this model is a lot of people do not like good life and giving a sex offender a good life. If I would have created it I probably would have chosen a different name, but it is the name that we have, it is what the research is done on, it is how the books are published title. So it is what it is. But the concepts within the good life model are really pretty revolutionary when we look at offender management and offender change.

So we're going back now to some basics. Basics of sex offender supervision. And this is just how we want to split up or differentiate our supervision. Like I said, we don't want to over supervise. So once we have our risk assessment and that can change, risk can change. We have those dynamic risk factors.

So hopefully as we're working with someone their risk is going down, it doesn't always work like that unfortunately. But when we have someone who's high risk, we have probation officers and probation standards and a system, where we are seeing the clients, where we have a lot of contact standards, we often work-- here in Colorado we have intensive supervision but there's also phases to that supervision, which is nice.

Because the clients know. OK, I'm moving from phase 1 to phase 2 to phase 3. We talk to them about what they need to do in order to move phases. So they have a roadmap in that sense, they know what they need to do in order to make progress. And it's all about making progress, hopefully, right? We have high level and lower level supervision based on a person's risk.

Again this is more on what I've just been explaining. So it's based on risk assessment because that's what we're using risk needs and responsivity. In terms of the contact standards, that's it. If a person is higher risk, we're going to see them more often. Some of this is very, it's not rocket science. If someone's high risk, we're going to see them more often, we're probably going to be doing more home visits.

We're going to have more contact with their family or friends, we're going to-- they're probably going to be they're high risk they're going to need more treatment. They might be in treatment twice a week instead of once a week or once a month. So all of these things there should be different levels. And again it's against this cookie cutter approach because not all sex offenders are the same, our theme for today. So we shouldn't be supervising and treating them the same. We've got to be able to have some variation to treat people differently when we're supervising them.

Again, so we're talking about contact standards. In Colorado, if the highest risk offender I think we have to have a minimum of six monthly contacts. And that can be a variety of things, home visits, face-to-face meetings with the client, discussions with the therapist, staffings. I've said we've created this culture of staffing. Any work that a client-- excuse me, that a supervising person does on a case meets those contacts standards.

We also have many of our clients we might be monitoring their smartphones or their computers. It's rare these days, at least in Colorado for us to completely restrict someone's access to the internet. There's actually been many federal and local lawsuits against restricting someone's access to the internet.

So even if someone has committed their offense, by way of the internet we often offenders that we work with are granted they can access the internet, but it has to be monitored, for example. So that's just another thing that our officers have to have some level of knowledge about and training.

So probation or parole guidelines for SOs. Again, I've said that I felt that this was one of the more complex critical, we really need really great critical thinking skills, complex decision making, and we have to know so many things. We have to take into account. All the things that I've already said, including, we have to be conscious of contact with children. In Colorado we use the polygraph.

There's the idea we work with the team, we have so many conversations and meetings with treatment providers because it is that shared decision making model. We have to be aware of residents, residential restrictions employment and or school. We might not let a person who can't have any contact with children work in certain areas or certain fields. They might not be able to go to parks, playgrounds, places like that.

In Colorado, we have registration laws. So we work in conjunction with law enforcement. Again, we've talked about electronic device monitoring and usage. So there's just so many things. The idea of these slides is, again this is just not normal probation supervision. There's so much we have to be aware of and know of that's why there really needs to be specialized training, specialized treatment, and it just takes a lot for an officer in terms of what they need to have some knowledge around to work with this population.

So these are just reiterating some things that have already said. We use different risk assessments. As we've said, if you're just using a generalized LSI risk assessment, the vast majority of SOs would come out low risk. So that's why we need those specific sex offender risk assessments. Sometimes we're using polygraphs. Were part of this team, we have many more specialized probation and parole conditions. Longer sentences.

Clients who are on SO probation are on probation for a longer period of time. I would always that last bullet about pre-sentence report and psychosexual evaluations. Thank goodness in Colorado anyone who is going through the court system for a sex offense we get those documents pre-sentence on a case. So we're not starting from scratch. We have more than just the police report.

We have a pre-sentence investigation and that evaluation and those are the tip of the iceberg as I've mentioned earlier, but at least it's more than the police report. So we have a little bit of information to go off from when we're working with these clients at the beginning.

So this balance again, it goes to this notion of complex decision making. Because not only do we have to balance the needs of the client and the client certainly has needs, the needs of our treatment providers. In the state of Colorado we have statutory requirements. We have things that are in statute that we have to do.

And then, of course, very important and sometimes we get very offender focused when we're working in supervision in any supervision field. But especially with this population, with this caseload, we really have to find ways and avenues to be victim centered because the impact on victims and the impact on our community of this type of offense when it's a sexual offense is so huge.

So it really is a balancing act, I love these pictures. When we're working with this population because there are so many things that we have to take into account when we're making decisions about our clients. So again part of the CST. We've mentioned this. We've got the supervising officer or the case manager or the parole officer, we've got the treatment provider, we've got the evaluators.

In some states we have polygraph folks, we've got our victim representative and then, again, when we're trying to create these wraparound services and really viewing it as a holistic approach working with these clients, we try to bring in family members, significant other, friends, we've got clients who their significant other comes to every probation meeting with the client.

And sometimes that can be a little challenging, but oftentimes this is the person who's spending the most time with the client. So if we can get them up to speed and get them at least working alongside us as opposed to against us, that can be a huge factor in a person's ability to be successful on this kind of supervision.

We've got so many things that the supervising officer has to do. We've got assessments, we've got to be aware and building those protective factors. We want our clients working and we want them to have support we have to case plan and we have to do good case plans around our risk assessments, and we're supposed to skill build with clients. And again, we're back to balancing community safety with the client needs.

All the while we've got to build rapport with the client. We haven't even mentioned that yet today but that's like one of the foundational pieces of supervision because we know what the research says is that our relationship with the client can have a dramatic impact good or bad on how successful our client is. We've got to use the RNR approach, we've got to provide incentives, sanctions, we've got to monitor this, we've got to have them take polygraphs, and we've got to hold them accountable and have them take responsibility for the offense.

I hope I'm not overwhelming or discouraging anybody from this caseload because it's actually a very rewarding and wonderful caseload, but there is a lot that goes into it.

One of the things we always want to look at is with low, moderate, and high risk offenders is how we make decisions. And so in this graph, we want to look at of how to do that process. So we want to look at how serious the violation was, the transgression was and we're going to measure that and look at the seriousness of it with respect to who this person is and what our assessments tell us about the person.

We're going to also look at how we learned about the information-- did the client offer the information as Denise mentioned? She struggles with people who lie or aren't forthcoming with her on her caseload. How was the behavior or the technical violation identified? Was the client offer meaning they're identifying it, they made a bad decision and now they're sharing it with their supervision team and trying to figure out how to make that not happen?

Denise I think you have to unmute yourself it's echoing for everybody. Or is it something like a new charge or something that we discovered through our collateral contacts or monitoring in some way with drugs and alcohol or things like that. And so for an example, when we look at individualizing that's what we want to do is look at this person. So if we've got a person who has a serious alcohol problem and when they committed their offenses, they were always using alcohol.

If they reuse alcohol we're going to respond to their alcohol usage in a much different way than someone who doesn't have any history of substance use or alcohol abuse and their violation. So we want to differentiate and use our assessments to make good decisions about risk and really increasing our supervision and then in those cases where we have to removing them from the community.

So when we're talking about a victim centered approach, I mentioned this in the beginning but this OVW grant is about a victim centered approach to community supervision. And one of the things that comes out in the research and comes out in our surveys and talking to the field is that we don't see these integrated teams and we don't see that victims are prioritized beyond what we're required to do under the victims' rights amendments. And so we really want to look for these opportunities.

When can victim have input that doesn't include just the not notifications that we have to make for a statute. Where do they want to be involved in this process, what do they want to know, what kind of information does the offender allow us to share. We've had clients or offenders that have signed releases to allow the mother of their victim to know how they're doing in treatment and how they're doing on supervision. So we want to pay attention to that. We want a victim representative to be consulted with them to be part of the team.

And when you look at some of the most progressive departments in the country, they have victim services representatives are actually on these multidisciplinary teams. They're bringing victim perspective, they're holding us accountable to that victim perspective. They may even be bringing individual information from the victim in the particular case that's being discussed, but we're looking for those opportunities for victims, survivors to be represented and to have input and to help them with the focus of looking at healing the harm.

When we're looking at contact things with some minor children that the offender is the parent of, how are we meeting that person's needs, are they ready for any kind of contact. It may not happen while they're under supervision, it may not happen while they're a minor, but it's something that we have to pay attention to because there's a federal case law that says we have to pay attention to that.

But we also particularly want to pay attention to where that victim survivors at. And they need to drive these discussions for any kind of contact. And when they're minors their-- the custodial parent and the non offending parent needs to be the one who's actually driving these discussions and looking at what this is going to look like.

In Colorado, I do know Denise there are reunification requirements and it's part of the standards where certain milestones have to be met before it can even be considered and still it is victim driven. And you are seeing some states that are looking at restorative practices around victims meeting with their offenders through a dialogue or some process where they get to have their questions answered and they get to talk about how they've been impacted. And there may be some discussion about how that harm can be healed. But you're looking at really a very progressive process of how do we look at opportunities for victims to be involved.

Yes, next slide. It's a little bit of a plug. And yes what Greg is talking about these face to face meetings, clarification sessions are incredibly, incredibly important. But it's been really near and dear to my heart trying to find ways throughout the post conviction process, throughout the supervision process, ways to involve, empower, and engage victims in the supervision process.

And we have some pretty cool ways that we're working with right now in Boulder probation that I think we have a future webinar that we're going to go way into detail on in July. But it's important to try and find ways to do this throughout the supervision process. And it can be extremely rewarding and really impactful for the victims. We've gotten amazing feedback from some of the strategies we're using.

But like I said earlier, in supervision, we get so focused on our clients on the offenders. And rightfully so because that's a huge part of our job is to help the client hopefully change their behavior, navigate the system, et cetera, et cetera. So it really has to take a conscious effort on our part to implement, to inject some ways to remain victim centered while working with this population.

So with that, I want to thank you all and this is going to conclude our webinar for today. Before we end today, I'd like to note our upcoming webinars, Denise mentioned one. But we're going to really be talking a lot more about looking at victim centered approaches and some strategies about engaging victims in a process of healing and getting their needs met.

So this concludes our webinar for today. Thank you again Denise Metz for your excellent presentation. And Thank you to all of you that joined us today. We hope to see you in future webinars. And have a great day.