



# COALITION FOR SEXUAL OFFENSE RESTORATION

*Though I have fallen, I will rise.  
Micah 7:8*

3<sup>rd</sup> Edition

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CSOR Newsletter  
[www.csor-home.org](http://www.csor-home.org)

## Update on the Legislative Session

**T**he Outside Evaluators' Report on the Sex Offender Management Board (SOMB) was sent to the Board around the first week of January 2014. Because this was not an SOMB Sunset Review Year, and because the Democrats were trying hard not to suggest or pass anything terribly controversial this year due to last year's civil unions, marijuana and gun legislation, there was no formal place or time for the 168 page report to be presented. I tried to get the Joint Budget Committee (JBC) to put together a meeting of the JBC and the house and senate judicial committees, and to invite Dr. D'Orazio and/or her colleagues to Denver to present the 168 pages in summary form. I also prepared the summary of the report I sent to all of you in the last newsletter for the joint judiciary committees and the Joint Budget Committee, hoping that some of the legislators would read it.

Because Senator Steadman was the Vice Chair of JBC this year, and Representative Crisanta Duran was the Chair, we were not able to make this happen. Dr. D'Orazio also did not feel right about coming to present by herself, which would have meant that all three of the researcher's schedules would have to be juggled for them all to be here.

Senator Steadman continues to be committed to supporting us in terms of down the road changes in the SOMB and its Standards and Guidelines. He will try yet this year to pull together an informal group presentation of some sort to keep the issues addressed in the report alive until the Sunset Review, which DORA (Department of Regulatory Agencies) will begin taking testimony for next year.

In the meantime, the SOMB, after lamenting the fact that the report suggested they were far behind in terms of embracing Evidence Based Practices and recent literature from the field, has begun to put together a strategic plan (see pg. 4) in order to move forward on at least some of the issues brought up in the report. Unfortunately, too many of the strategic plan points begin with: "Explore whether and how to replace the Low Risk Protocol with different instrument". Another example is "Explore whether and how to adjust the role of polygraph, including sex history-..." And the list goes on. Other significant areas that may be looked at include: the SVP Instrument and the SVP designation in general, continuity of treatment issues, whether or not to revise the guiding principles of the Standards, whether and how to modify contact with children and the Contact with Children Assessment tool etc.

During the first SOMB Meeting after the report was received, there were many comments from board members regarding their belief that what was expressed in the report was only the "researchers' opinions", and that the board did not have to pursue any of the suggested changes (their words, not mine). Other board members felt that some of what had been suggested was worth looking at and doing something about, although all seemed extremely hurt that their hard work over the years had not been appreciated enough.

In this author's opinion, the board is too big, and many members of the board are ill-informed regarding the multitude of issues that keep people from succeeding in treatment. Also, instead of increasing the number of therapists on the board, more representatives of the victim community and people who embrace the "old beliefs" are being added. This makes me wonder how truly serious the SOMB is about long-term change. I hope I am wrong! We will continue however to try to work alongside them to support the major changes that need to happen. On the bright side, families sat on a panel during the May SOMB Meeting (see pg. 5) regarding "family engagement" issues (i.e. how to involve families in treatment successfully).

*"It's not whether you get knocked down, it's whether you get up". - Vince Lombardi*

## DOCCA LAWSUIT UPDATE

A conversation with John Pineau reveals that due to each attorney's individual casework, and life in general, the DOCCA Lawsuit work took a brief hiatus. It is expected that the attorneys will again be moving forward on final stages of the suit's preparation by the time you receive this newsletter.

### NO WONDER WE DON'T ALWAYS FEEL WELCOME IN THE NEIGHBORHOOD!

Jill S. Levenson, Timothy Fortney and Juanita Baker recently wrote a paper called: Views of Sexual Abuse Professionals About Sex Offender Notification Policies. They interviewed 261 professionals in the sexual abuse arena regarding policies around sexual offending. Here in a nutshell, is what they found out:

1. Few of those interviewed believed that notification of the community is effective in terms of reducing the number of sexual offenses, but at the same time half of those questioned felt that everyone who had committed a sexual offense should have to disclose publicly.
2. One-fourth of those who responded did not want those with sexual offenses to live in their communities; however, most of them don't think that restrictions on residential housing for those with sexual offenses are effective in helping to reduce recidivism.
3. Most believe that the intervention of therapy is effective. More than half of those interviewed say that they are in favor of policies regarding those with sexual offenses even if they have not been proven via research/science to be effective.
4. Those mental health professionals who were interviewed are less likely to approve of these policies than the criminal justice professionals.
5. Sexual abuse professionals who are politically conservative favor policies that are more restrictive.
6. Gender, parenting status and/or victimization experiences made little difference in how these professionals felt about the policies.

The whole study is available, of course, on the internet, but will most likely cost you \$18.00 - \$20.00 if you are not a sexual offense professional.

### WEBSITE WATCH

The CSOR website has been up and running since February 2014. Here is a quick look at the unique (or unduplicated) visitors to the site, the number of visits they made, the pages of material they looked at, and the total number of hits. As we seek to change material on the website more frequently, hopefully numbers of users will increase even more! We are putting together a survey to ascertain what additional information would be helpful to you, the website viewers! For our readers who are at the Colorado Department of Corrections or other correctional facilities, we hope that someday soon the information available on the website will be yours as well.

- February: Unique visitors = 75; Number of visits = 252; Pages reviewed= 556; Hits=1,133
- March: Unique visitors = 183; Number of visits = 620; Pages reviewed = 3,357; Hits = 5347
- April: Unique visitors = 260; Number of visits = 738; Pages reviewed = 3,054; Hits = 5,402

This report does not differentiate whether the unique visitors are repeat visitors from the month before, or whether they are new visitors. We are excited about the increased number of CSOR "friends" due to the addition of the website.

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*"All flesh is like grass, and all its glory like a flower of the grass. The grass withers, and the flower falls, but the word of the Lord endures forever" - I Peter 1:24-25*

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## CHANGES TO THE SOMB DENIAL STANDARDS

The SOMB Denial Committee has been meeting for some time now, and has come up with what appears to be a final or close to final draft of the new denial standards. Among notable improvements are the following:

1. The literature utilized to support the standards is up-to-date. In the past, much of the literature used to support the SOMB Standards and Guidelines in general was very old.
2. Levels of denial have been addressed and modified. The new standards say “Consensus should be reached amongst the CST when determining an offender’s level of denial. It is imperative that the offense specific evaluator/therapist has the final discretion due to clinical judgment and expertise in this specific area”.

Level 1: Moderate Denial. This level consists of offenders who accept most of the responsibility for the unlawful sexual behavior involved in this offense but may place some blame elsewhere. They may either justify their intent behind its occurrence and/or minimize its importance or harmful impact on the victim. These offenders demonstrate some motivation to change.

Level 2: High Denial. This level consists of offenders who accept some of the responsibility for the unlawful sexual behavior in the offense. However, they place most of the blame elsewhere. They may deny the intent behind their unlawful sexual behavior and/or may not recognize the harmful impact their behavior has had on the victim. They may admit engaging in other harmful sexual behavior. They exhibit some motivation to change, although it may only be externally motivated.

Level 3: Severe Denial. This level consists of offenders who do not accept any responsibility for any unlawful sexual behavior. They deny committing the current unlawful sexual behavior or even remotely similar behavior. They may not recognize the harmful impact sexual offending has on victims (even if it is not their own behavior) and appear to have no motivation to change. Offenders presenting with this level of denial may blame the victim or the system, and/or present as excessively hostile or defensive.

3) Another significant change has to do with the length of time someone may deny, and the fact that the door has been opened just a bit for the extension of the time someone may deny, under RARE circumstances. “Denier Intervention shall not exceed 90 days unless the CST achieves consensus and provides documentation that the offender has made some progress which would justify an extension of Denier Intervention for a prescribed period of time. Offenders who are still in Level 3 denial and are strongly resistant after any phase of Denier Intervention is completed shall be terminated from treatment and revocation proceedings should be initiated.” The following rare circumstances should be considered before an extension is granted: level of risk to reoffend sexually; level of risk to commit a new criminal offense; protective factors; engagement and progress made in the Denier Intervention process; compliance with supervision conditions; victim input as it is important to support victim recovery; criminogenic needs, including but not limited to the following: deviant sexual interests/arousal, sexual preoccupation, pro-offending attitudes and beliefs, intimacy deficits, emotional congruence with children, callousness and pervasive anger or hostility, self-regulation deficits, social deviance, impulsive criminal lifestyle, dysfunctional coping and any other factor making treatment ineffective for the offender.”

NOTE: While we were hoping for more of a Dr. Marshall approach (i.e. it is better to treat than not to treat even if there is denial), we are grateful that the SOMB has taken a new look at this standard, and that it is an improvement in at least these three fundamental ways!

## DENIAL STUDY

Article: Is sexual offender denial related to sex offence risk and recidivism? A review and treatment implications - Pamela M. Yates

Psychology Crime & Law - PSYCHOL CRIME LAW. 01/2009; 15:183-199.

“ABSTRACT: The present article reviews literature pertaining to denial among sexual offenders and its impact on sexual recidivism and treatment progress. It is concluded that the research does not convincingly demonstrate that denial is a risk factor for re-offending, nor that targeting denial in treatment is associated with improved treatment outcomes. It is argued that denial be viewed instead as a responsivity factor and as a cognitive distortion process that is common among sexual offenders, and that efforts be made to retain these individuals in treatment such that they may potentially reduce their likelihood to re-offend. Suggestions for addressing denial clinically in treatment are made.”

“Draw near to God, and He will draw near to you”

James 4:8

## SEX OFFENDER MANAGEMENT BOARD (SOMB) STRATEGIC ACTION PLAN (MARCH 2014)

We are including part of the action plan that has been released by the SOMB. There is not enough space to include the whole five page document that was prepared, given to the Board and also shared with “guests” at the March SOMB Meeting. The “general areas of interest” in terms of moving forward with changes to the Standards and Guidelines come from a combination of the Outside Evaluators Report on the SOMB and SOMB Outreach Focus Groups held in the summer and fall of 2013.

Number at the end of each area of interest stands for the number of votes of SOMB Members present (when the vote was taken) that felt the particular area up for discussion was most important in terms of quick action.

### Prioritized

1) Explore whether and how to incorporate RNR in Standards	14
2) Evaluate whether and how to incorporate Victim Voice into Treatment	11
3) Explore whether and how to ensure Treatment Continuity	9
4) Explore whether and how to replace the SVPRAI with a different instrument	9
5) Explore whether and how to develop an implementation model and strategy	9
6) Explore whether and how to replace the Low Risk Protocol with different instrument	7
7) Explore whether and how to adjust the role of polygraph, including sex history	7
8) Explore whether and how to add to the Special Population/Specialization Standards	7
9) Explore whether and how to develop an alternative conflict resolution for team disagreement (containment or community supervision team)	7

### Not Prioritized

10) Explore whether and how to revise guiding principles	5
11) Explore whether and how to revise clarification and reunification	3
12) Explore whether and how to incorporate GLM and Motivational Factors	2
13) Explore whether and how to de-emphasize denial as a Risk Factor	2
14) Explore whether and how to revise the Lifetime Supervision Criteria	1
15) Explore whether and how to modify Child Contact and CCA	1
16) Explore whether and how to revise the application and complaint process	1
17) Explore whether and how to address probation/parole using referrals to dictate treatment standards and conditions	1
18) Explore whether and how to provide advocacy for providers	1
19) Explore whether and how to improve external communication to stakeholders	1

Each of the 19 items has been assigned to an appropriate SOMB Committee, and some items are already being discussed. For instance the committee discussing the replacement of the SVP Instrument is already meeting, as there was already an SVP Committee in place. I am on that committee, and one of the possibilities being discussed is that the SVP designation will go away, and that Colorado may instead, institute a tiered rating system. Unfortunately, that does not mean immediate relief for those who have already been designated SVPs because undoing what the SOMB knew long ago was not working to identify people with sexually violent predator tendencies will carry a fiscal note, and it is not likely the legislature will act to make major changes if there is a large fiscal note involved in “undoing” the current designations. There may, however, be an opportunity to fix what has already been done later.

“It is never too late to be what you might have been”

George Eliot

Engaging Families in Treatment and Supervision  
SOMB Panel – May 16, 2012  
Susan Walker

The Sex Offender Management Board recently asked several family members, a Colorado Parole Officer, a Colorado Probation Officer and a Division of Youth Services Therapist to participate in a panel looking at why it is sometimes so difficult to get families to participate in “support” activities for their loved one who has committed an offense. I was the family member representing CSOR. There were five family members and four professionals on the panel. Each of us was given 3 – 5 minutes to share our thoughts. This is, as far as we can ascertain, the first time a family panel has ever been engaged by the SOMB to help answer questions regarding barriers to family support. Drs. D’Orazio, Beech and Thornton suggested in their evaluation that families be consulted and considered frequently. The SOMB itself recognized that there were challenges related to engaging families.

Coming up with a novel approach to explain why this is hard for families was difficult. We are used to hearing things like: “I want your sister to know how very dangerous you are”; or, as it says in the SOMB Standards and Guidelines, “Sex offenders are dangerous”. The one size fits all approach in which everyone with a sexual offense is grouped misrepresents many of our loved ones, and it doesn’t feel right or good! It feels really BAD.

I decided to do a little illustration, instead of reminding the Board to stop “calling names”, as we had reminded them so many times before. My son, when he was little, became the focus of the illustration. I shared how at one year old, I remembered him sitting in a lawn chair “reading” a book. He was intently gazing at each page, not tearing the book or throwing it on the ground. At a little over two years old, while we were walking in a mall, he attempted to read the words above the stores, sounding out letters as we walked by. At five, he was in a play for school called Charlotte’s Web. He played Wilbur the Pig and walked across the stage in front 500 or 600 people in a pig costume singing, “I pop with perspicacity, I’m loaded with loquacity, my vocalized verbacity is tops”. I shared how I closed my shades and drew up in a fetal ball the day he was sentenced to prison, and that tears flooded my eyes and my entire being for three days. As in nursing homes where people with dementia are sometimes viewed by staff as “non-persons”, the humanity and individuality of each of you is not always apparent to those in the “system”. In nursing facilities, “memory boxes” are used outside of residents’ doors to remind the staff that Jessie was a real estate agent who raised four children, or that Max was a Dr. and saved the lives of many. In the same way, I wanted the Board to understand at some level that each of you had a highly significant life before you offended. I also wanted them to know how much I believed that redemption/restoration were possible for each of you!

*“Dehumanization is an effective propaganda tool when used skillfully. In the case of capital punishment, for instance, details of the convicted prisoner’s crime are often given more media attention than details of his or her personal life before the act. As long as the public continues to view the inmate as an inhuman monster, it is relatively easy to permit the execution to occur. This tool succeeds when average people with average morals and ethical principles no longer see the person behind the label.” - Wisegeek*

It worked! The family member sitting next to me who soon began to share her thoughts was crying, and needed a tissue. Several families likewise adjusted what they were going to say so that the Board would know the significance of the lives of their family members as well. The Board showed by their questions and comments that they were touched by the presentations. Even a representative for those victimized stated that she was moved by the obvious trauma that families and those with offenses go through in their lives! One family member later e-mailed and stated “what a brilliant way to illustrate with great imagery and few words the powerful truth that those wielding such incredible power over our loved ones and families don’t have nearly the perspective they think they have just because they’re on the “right side” of the badge”. We are all hopeful that continued meaningful change is ON THE WAY!

**FUNDRAISING** I want to send a special thanks to all of you who have contributed financially and through stamps to the work of CSOR. Here is a list of projects that engage my time and efforts on a regular basis:

1. Answering the letters of those who are incarcerated (2 – 4 a day or more)
2. Attending court and revocation hearings at the request of those who have convictions and their families
3. Having lunch or other meetings with families of those with sexual offenses
4. Answering from 5 - 15 phone calls a day from people newly on parole or those on probation
5. Answering from 5 - 15 phone calls a day from referral sources in the community also working with those who have sexual offenses (V.A. social workers, mental health social workers from jails and mental health clinics, defense attorneys, including public defenders etc.)
6. Building the coalition
7. Sending e-mails to CSOR supporters
8. Arranging a trip to Grand Junction (and later to other areas of Colorado) to build connections and resources for people on probation and parole who have sexual offenses
9. Attending Sex Offender Management Board Meetings, including a once/month all day meeting, as well as SOMB Committee Meetings, such as SVP Committee, Denial Committee etc.
10. Writing support letters on behalf of those facing parole hearings
11. Interacting with parole and probation, as well as CDOC staff and administrators, on behalf of families and those incarcerated.
12. Visiting the legislature as appropriate and needed.

These are just some of the projects and ongoing daily work of CSOR. There are several people who assist me with hands on work, such as taking parolees to the grocery store and general transportation, getting furniture and other necessities for them, writing letters etc. I am grateful for their ongoing assistance. Even with this assistance, the work is frequently overwhelming as the mission is so great.

**TOGETHER WE CAN DO THIS!!**



**SPECIFIC NEEDS WITH WHICH YOU CAN ASSIST** Besides the need for reimbursement to me for gas, phone bill, supplies etc., there is a need to hire a part-time associate who can work with me a limited number of hours per week to meet some of the more routine needs, such as thank you letters to donors, sending out parole plan templates etc. This need cannot be met via the \$1,800 - \$2,000 we currently have in the bank. There is enough money to file for incorporation, which I plan to do very soon. As soon as the incorporation papers are filed, I will begin writing grants in an effort to bring in more dollars. We are also planning to hold a couple of fundraising events this year.

I am raising money for glasses (non-DOC glasses) for a man who paroled to Grand Junction and has had a very difficult time, despite many hours invested, finding a job. I believe getting him a pair of nicer looking glasses will help with his attempts to find full-time work. As of about two weeks ago, he does have a part-time job, thanks to an ex-parolee and his parole officer! This will not, however, pay his bills, and a generous member of our coalition continues to pay at least ½ his rent. I have, so far, a gift of \$50.00 toward the \$220.00 cost of the glasses through the Merrillac Clinic in Grand Junction. If you would like to give specifically toward these glasses, please note that on your gift.

Remember that NO amount is too small. Folks from CDOC (those incarcerated) send \$5.00 and \$10.00 money orders and apologize because the amount is too small. Understand that 100 people sending \$5.00 adds up to \$500.00. Remember as well that a small gift quarterly, or for those of you who can, coming in once a month all through the year, helps to provide a start toward the stability the organization needs. For those of you who can give more, I respectfully ask that you consider a regular gift to CSOR, so that this important work that is being done by so few, can move forward.

Until the 501©(3) comes through, your gifts will not be tax deductible, but may be so retroactively once the federal non-profit status is established.

You can give via the website (PayPal) <http://csor-home.org> or you may mail your contribution to: CSOR, Attn: Susan Walker, P.O. Box 27051, Denver, CO 80227. Your gift will go toward CSOR's mission which is the physical, social, psychological, emotional and spiritual restoration of those who have committed sexual offenses. Their restoration moves us closer to a goal of reduction in victimization and enhanced safety for us all!

**NEXT NEWSLETTER IN SEPTEMBER 2014**