



Sex Offender Management Board

Office of Domestic Violence & Sex Offender Management
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Evaluating Risk Factors for Internet Access and Electronic Monitoring within SOMB Treatment and Supervision

Purpose and Scope of this Appendix

This appendix is intended to guide SOMB Approved Evaluators, Treatment Providers, and Community Supervision Teams (CSTs) in assessing and managing internet or device access and electronic monitoring as part of individualized supervision and treatment planning. It provides a synthesis of research-informed practices and links them directly to SOMB Standards and Guidelines. The goal is to support consistent, balanced decision-making that addresses both risk and rehabilitation in a modern digital context.

This guidance is designed for:

- **Evaluators**, when conducting offense-specific evaluations and making recommendations regarding access to internet-capable devices.
- **Treatment Providers**, when establishing or modifying treatment plans, treatment contracts, and supervision expectations.
- **Supervising Agents** when determining supervision and monitoring strategies based on conditions imposed by the Court or Parole Board.
- **Community Supervision Teams (CSTs)**, when implementing and monitoring supervision conditions and collaborating on case planning. This should always include consultation with a Victim Representative.

Background

In 2018, the Colorado Judicial Department implemented policy changes that eliminated blanket prohibitions on internet use, social media, and sexually oriented or stimulating materials for individuals convicted of sexual offenses. As per §18-1.3-204, C.R.S., supervision conditions must be reasonably related to the offense and not impose unnecessary restrictions. In response, the Colorado Sex Offender Management Board (SOMB) issued a white paper to support the shift toward individualized, fact- and risk-based supervision decisions.¹

¹ See White Paper For SOMB Approved Evaluators Regarding Evaluating Risk Factors for the Additional Special Conditions of Supervision, November 15, 2019



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These changes align with SOMB's statutory mandate to promote evidence-based practice and with the principles of the Risk-Need-Responsivity (RNR) model. Courts must now justify additional conditions of supervision through individualized findings of fact. In turn, SOMB Approved Evaluators and Treatment Providers are expected to apply structured assessments and clinical judgment to guide their recommendations and treatment planning.

A recent literature review expands on the original SOMB white paper by integrating new research on online sexual activity (OSA), protective factors, and the broader role of technology in risk, rehabilitation, and daily functioning.

Online Behavior in Context

Access to the internet is deeply embedded in everyday life. It plays a central role in how individuals find employment, engage in education, connect socially, and access services. Therefore, internet use should not be treated as an inherent risk. Instead, it should be assessed as a dynamic factor that can contribute to either criminogenic risk or protective development depending on how, why, and in what context it occurs.

Examples of relevant contexts include:

- **Employment and education:** Many job applications, training courses, and academic programs are accessible only online.
- **Social connection:** Maintaining prosocial relationships often requires access to texting, video calls, and social networking. For some, this also may include online gaming platforms.
- **Service engagement:** Online platforms and tools are standard in many social service agencies and business settings.
- **Reintegration:** Developing digital literacy is increasingly essential for navigating community life.

Therefore, internet or device access restrictions should be targeted, proportionate to risk, and responsive to treatment progress, rather than categorical or static.

Key Research Findings on Risk Factors

A range of online sexual activity (OSA) is possible through internet access. OSA includes viewing online sexually explicit images and videos, sharing sexually motivated written communications, soliciting contact for real-life sexual encounters, and live streaming images of sexual behavior.



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OSAs may be legal or illegal and can reflect normative to problematic sexual interests.² These activities can occur across various digital domains, including pornography websites, webcams, video calls, chatrooms, forums, dating apps, gaming platforms, social networking sites, and the dark web.

Research indicates that while general internet access is not directly correlated with increased sexual recidivism, specific types of OSA may elevate risk depending on an individual's behavior, history, and criminogenic needs.

Key findings include:

- There is no empirical support for blanket internet restrictions; however, targeted restrictions may be appropriate when past offenses involved online activity.³
- Crossover between online and in-person sexual offending is common, particularly when internet platforms are used for grooming, solicitation, or access to sexually exploitative material.⁴
- Pedophilic interests are closely associated with the consumption of child sexual exploitation material (CSEM), which is primarily accessed online.⁵
- Use of adult-child sex advocacy websites (e.g., NAMBLA) has been linked to offense rationalization and increased risk.⁶
- Mainstream pornography, especially when violent or degrading, may heighten risk for sexual aggression under certain conditions.⁷

² Morgan, C. & Klein, C. (2024). How online data informs forensic mental health evaluations of sexual behavior: An overview. *Behavioral Science & Law*, 42, 186-204.

³ Morgan, C. & Klein, C. (2024). How online data informs forensic mental health evaluations of sexual behavior: An overview. *Behavioral Science & Law*, 42, 186-204.

⁴ Morgan, C. & Klein, C. (2024). How online data informs forensic mental health evaluations of sexual behavior: An overview. *Behavioral Science & Law*, 42, 186-204.

⁵ Babchishin, K. M., Hanson, R. K., & VanZuylen, H. (2015). Online child pornography offenders are different: A meta-analysis of the characteristics of online and offline sex offenders against children. *Archives of Sexual Behavior*, 44(1), 45-66; Seto, M. C., Hanson, R. K., & Babchishin, K. M. (2011). Contact sexual offending by men with online sexual offenses. *Sexual Abuse*, 23(1), 124-145

⁶ D'Ovidio, R., Mitman, T., El-Burki, I. J., & Shumar, W. (2009). Adult-child sex advocacy websites as social learning environments: a content analysis. *International Journal of Cyber Criminology*, 3(1), 421-440.

⁷ Ferguson, C. J. & Hartley, R. D. (2022). Pornography and sexual aggression: Can meta-analysis find a link? *Trauma, Violence, & Abuse*, 23(1), 278-287; Kingston, D. A., Fedoroff, P., Firestone, P., Curry, S., & Bradford, J. M. (2008). Pornography use and sexual aggression: The impact of frequency and type of pornography use on recidivism among sexual offenders. *Aggressive Behavior*, 34(4), 341-351.



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- Some individuals report compulsive or problematic OSA as a contributing factor in their offending behavior.⁸

These findings highlight the importance of evaluating internet behavior as a dynamic component of a comprehensive risk formulation. OSAs are relevant not only to online offending but also to in-person sexual offenses.

Domains for Evaluation of Internet and Device Access

The literature and SOMB guidance point to four domains that should be addressed when determining appropriate conditions for internet or electronic device use.

1. Internet Use

- Assess the relationship between the client's internet use and past offending behavior.
- Consider structured access strategies, such as limiting use to approved employment, education, or therapy purposes.
- Monitor use when indicated but avoid overly restrictive or broad bans unless justified by the risk profile.

2. Social Networking Sites

- Determine whether social media platforms were used to facilitate offenses.
- Evaluate the client's relational functioning, impulse control, and level of treatment engagement when considering access.

3. Sexually Oriented and Stimulating Materials

- Clarify whether sexually explicit or suggestive material was part of the client's offense behavior or contributes to ongoing dynamic risk.
- Distinguish between types of content, including explicit (e.g., pornography) and suggestive or incidental (e.g., advertisements).

⁸ Kissinger, J. & Spickler, C. (2024). Pornography use and sexual offending: An examination of perceptions of role and risk. *International Journal of Offender Therapy & Comparative Criminology*, 68(6/7), 613-637.



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- For individuals subject to the young adult modifications protocol, consider developmental and psychosocial vulnerabilities.

4. Risk-Relevant Factors

For **adults**, key considerations include:

- Risk-Related sexual interests and offense-supportive attitudes
- Sexual preoccupation or compulsivity
- Hostility, isolation, or interpersonal dysfunction
- Emotional dysregulation and poor coping skills

For **young, vulnerable adults**, key considerations include:

- Lower social integration or peer connection
- Conduct problems or delinquency
- Depressive symptoms
- Disrupted caregiver attachment
- Immature or distorted sexual development

Integrating Protective Factors into Access Decisions

Protective factors can reduce recidivism risk and strengthen engagement with prosocial goals.⁹ Structured assessment of protective factors contributes to treatment planning by:

1. Identifying strengths to preserve and ensuring that monitoring conditions do not inadvertently undermine them.
2. Highlighting areas for development, where technology access may support treatment and reintegrative goals.¹⁰

⁹ Nolan, R., Willis, G. M., Thornton, D., Kelley, S. M., & Beggs Christofferson, S. (2023). Attending to the positive: A retrospective validation of the Structured Assessment of Protective Factors-Sexual Offense Version. *Sexual Abuse*, 35(2), 241-260.

¹⁰ Thornton, D., Willis, G. M., & Kelley, S. (2024). Dynamic protective factors relevant to sexual offending. *Current Psychiatry Reports*, 26(4), 142-150.



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Examples of protective domains that may be supported by access include:¹¹

- Engagement in job-seeking platforms or educational content
- Building supportive relationships with family or prosocial peers
- Use of healthy leisure activities that promote emotional regulation (e.g., mindfulness or fitness apps)
- Participation in appropriate telehealth services or virtual support groups

When evaluating digital access, Evaluators, Treatment Providers, and Community Supervision Teams (CSTs) should consider whether the use of technology supports or undermines these protective domains, reinforces treatment gains, and fosters healthy reintegration.

Alignment with SOMB Adult Standards and Guidelines

Evaluation Standard 2.210

Section 2.210 directs Evaluators to describe potential risk management strategies, which can include those related to Internet and social media use and access to sexually explicit materials. This standard allows Evaluators to inform the court and supervision team about internet and social media access, without necessarily requiring it or recommending restrictions. Evaluators can also identify internet and social media risk-relevant behaviors and provide contextual information that supports decision-making.

In practice:

- Clearly document offense and risk-relevant behaviors or attitudes linked to internet or device use (e.g., compulsive pornography use, online grooming, resistance to accountability).
- Tie observations to structured risk domains (e.g., dynamic risk factors, responsivity issues) rather than general concerns about technology.
- Where appropriate, describe monitoring options, conditional access, or treatment targets related to online or electronic activity.

¹¹ Thornton, D., Willis, G. M., & Kelley, S. (2024). Dynamic protective factors relevant to sexual offending. *Current Psychiatry Reports*, 26(4), 142-150.



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Treatment Standard 3.160

Section 3.160 outlines core treatment concepts that must be addressed in sex offense-specific treatment, including:

- Thoughts, feelings, and behaviors that lead up to the offending behavior
- Restructure cognitive distortions
- Establish adaptive pro-social functioning
- Promote healthy sexuality and relationship skills

In practice:

- Explore how the client's internet use contributed to their offending behavior, and how digital risks—such as secrecy, impulsivity, or inappropriate content—relate to treatment needs across all four core areas.
- Support the client in developing insight into their digital behavior by identifying problematic patterns, building healthy online habits, and incorporating safe internet use into relapse prevention and behavior change planning. Ensure the client understands and agrees to comply with the rules and regulations of social media and other online platforms—recognizing that some platforms explicitly prohibit use by individuals convicted of sexual offenses.
- Consult the Victim Representative to understand the role of the internet or electronic access in the offense or any victim-related interactions outside the offense. The Victim Representative may provide case-specific or general insights that clarify how such access contributed to harm and help ensure victim safety perspectives are fully integrated into treatment goals and decisions.
- For clients with Developmental or Intellectual Disabilities, consider how technology may enhance accessibility to information for treatment or to perform daily tasks. Modifications should be considered for assistive technologies such as screen readers, mobility aids, communication devices, or automated home technologies to assist the client in daily activities.

Treatment Standard 3.410

Section 3.410 outlines the expectations of the Treatment Provider-Client Contract. Specifically, it stated that



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“The contract shall define the specific responsibilities of both the provider and the client.”

- Provide instructions and describe limitations regarding the client's contact with victims, secondary victims, and minor children as listed in these Standards and Guidelines; and
- Establish expectations for the client to provide for the protection of past and potential victims from unsafe and unwanted contact with the client.

The Standard also requires that the contract clarify the responsibilities of the client to:

- Comply with the limitations and restrictions as described in the terms and conditions of probation, parole, and/or community corrections;
- Describe the responsibility of the client to protect community safety by avoiding risky, aggressive, or re-offending behavior; avoiding high-risk situations; and by reporting any such behavior to the provider and the supervising officer as soon as possible.

In practice:

- Treatment contracts may include internet or device restrictions based on clinical need, even if not required by court order.
- Contracts should be tailored, time-limited, and modified as the client demonstrates sustained treatment engagement, reduced dynamic risk indicators, and use of technology in constructive, non-compulsive ways.
- Blanket restrictions should be avoided unless clearly supported by the clinical formulation and aligned with the client's risk level.
- Consulting with the Victim Representative can offer valuable insight into how internet or device use may have contributed to harm in the case, helping to inform the development of appropriate restrictions or safeguards. Their perspective helps ensure that any concerns about potential future contact are recognized and addressed.

Supervision Standard 5.130

Section 5.130 provides guidance for supervising officers when making decisions about restricting or removing access to the internet or electronic devices. The Standard emphasizes the use of supervision strategies that support behavior change while balancing risk management. Specifically, it states that supervising offices should:



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- Encourage and reinforce pro-social and positive behaviors, while minimizing anti-social conduct
- Respond to violations in proportion to the seriousness of the behavior, especially when there is an increased risk of reoffending
- Consult with the Community Supervision Team (CST) as appropriate, using risk to reoffend as a key consideration when determining the level of response
- Tailor responses to address the client's unique risk, needs, and responsivity factors in a coordinated, individualized manner

Supervision decisions should also consider:

- A. Victim and community safety;
- B. Using risk assessments that produce consistent results to inform decision making;
- C. Responding to behaviors as quickly as possible;
- D. Addressing every violation;
- E. Informing offenders how responses to violations are determined; and
- F. Avoiding overly restrictive sanctions that unnecessarily interfere with healthy behaviors and protective factors.

In practice:

- Supervision responses related to internet or device use should be proportionate, clearly documented, and based on observed behavior and risk-related factors—not assumptions about technology.
- Collaborate with the CST to ensure decisions about access are individualized, clinically informed, and reviewed regularly based on treatment progress and supervision compliance.
- Use supervision tools such as technology agreements, graduated monitoring, and behavioral contracts to reinforce accountability while supporting pro-social behavior.
- When addressing violations, consider whether the behavior indicates increased risk or a lapse in skill use, and respond in ways that reinforce learning rather than impose unnecessary restrictions.



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- Ensure clients understand the rationale behind restrictions or sanctions, and engage them in planning for safe, constructive technology use where appropriate.

Overall

CSTs and supervision agencies should collaborate in regularly reviewing access decisions based on clinical formulation and observed behavior. This process should include consultation with a Victim Representative to ensure supervision and treatment remain victim-centered and informed by potential safety concerns or harm-related dynamics.

Practice Recommendations

The following recommendations summarize key considerations from the preceding guidance and translate them into practical applications for Evaluators, Treatment Providers, and CSTs. These recommendations aim to facilitate consistent, individualized decision-making that aligns with the *Standards and Guidelines* and follows the Risk-Need-Responsivity (RNR) principles. They emphasize how electronic access can both elevate risk and support protective factors, and how thoughtful assessment and treatment planning can balance these concerns to promote safe, rehabilitative outcomes.

Evaluators should assess the extent to which sexual interests and behavior patterns are exacerbated, maintained, or expressed through the use of electronic and internet-capable devices. Key considerations include:

- Offense-related issues, such as
 - Internet grooming or luring
 - Possession of illegal sexual images or child sexual exploitation material (CSEM)
 - Using the internet to contact or monitor the victim(s)
- Risk-relevant behaviors, including
 - Excessive or problematic pornography use
 - Nature of sexual messaging or chat via the internet or phone
 - Indicators of child sexual interest or arousal (e.g., CPORT)
 - Engagement with adult-child sex advocacy content or networks
- Protective factors that may be negatively impacted by restrictions, such as



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- Employment opportunities
- Access to education or vocational training
- Supportive prosocial relationships and community connectedness
- Participation in healthy leisure activities
- Access to assistive technology for DD/ID clients or clients with disabilities.

Treatment Providers are also encouraged to consider the following practice principles when addressing internet and electronic device use in treatment planning:

- Incorporate evaluation findings that explicitly identify how offense-related and risk-relevant behaviors are connected to internet or electronic device use into decisions about access, monitoring, and restrictions.
- Adhere to court-imposed conditions related to internet access or device restrictions, while applying additional restrictions only when clinically indicated.
- Use individualized, responsive contracts supported by the client's clinical formulation, treatment plan, or risk assessment findings, rather than blanket bans.
- Implement a graduated approach to monitoring, reducing restrictions as risk decreases.
- Review of treatment contracts to ensure they are flexible enough to address the individual risk factors and needs of the client and align with possible variations in supervision conditions.
- Consult with the Victim Representative to gain insight into how internet or device use may have contributed to harm, and to help inform appropriate restrictions or safeguards.

Supervising Agents are required to adhere to Court or Parole Board orders when making decisions around the use of the internet and electronic devices. Supervising and monitoring strategies may include:

- Ensuring the client provides a complete list/inventory of internet-capable devices they have access to regularly.
- Use of a Computer Use Agreement/Usage Form with clients to clearly outline the expectations of supervision.



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- Development of safety plans to address individual risk factors and offense-related behaviors around internet use.
- A gradient level of monitoring to include:
 - Review of devices during appointments
 - Installation of monitoring software on individual devices
 - Verification of monitoring, and/or IT procedures and policies for employment.
 - Third-party electronic monitoring software for continuous monitoring

Cost considerations should also be taken into account. Intensive monitoring of all devices may be financially burdensome and may disrupt protective domains. Monitoring strategies should be proportional, clinically justified, and regularly reviewed.

A **balanced**, strengths-based approach is encouraged that recognizes both the criminogenic potential and the rehabilitative value of technology in modern life.