

**SOMB SEX OFFENDER RISK SCALE (SORS)**

Pursuant to 16-11.7-103(4)(c.5), C.R.S. the Division of Criminal Justice worked in consultation with the Sex Offender Management Board (SOMB) to develop an actuarial risk assessment scale to be used in the identification of an offender's risk to fail. Data on demographic, index crime, criminal/juvenile history, sexual history and therapy/attitude characteristics were studied. Failure was measured at 12 and 30 months. **Two-thirds of convicted male sex offenders scoring 4 or more on the 10-item scale below were nearly four times as likely (371%) to fail supervision or treatment as someone scoring below 4. Nine studies of sex offenders have found supervision or treatment failure to be correlated with the subsequent commission of a new sex crime. Women who score 0-3 are considered low risk. Women who score 4-8 are considered high risk but the probability for revocation is unknown due to the small number of women in the study. If you want more information refer to the "Handbook: Sexually Violent Predator Risk Assessment Instrument Background and Instruction, June 2003" for additional information (available at <http://dcj.state.co.us/ors/docs.htm>).**

Each item is scored 1 (YES) or 0 (NO). Missing information must be coded 0. Please indicate data sources.

NA YES NO

- 1. The offender has one or more juvenile felony adjudications.** (Include attempts and conspiracies but not deferred judgments).  
*Data Source(s)* \_\_\_\_\_
- 2. The offender has one or more prior adult felony convictions.** (Include attempts and conspiracies and deferred judgments/sentences).  
*Data Source(s)* \_\_\_\_\_
- 3. The offender was employed less than full time at arrest.** *This does not apply to women.* (Part-time, sporadic, or day labor is not considered full-time. Multiple, concurrent, stable part-time jobs are considered full-time employment. Full time work refers to 35 or more hours per week).  
*Data Source(s)* \_\_\_\_\_
- 4. The offender failed first or second grade.** (Whatever the reason, if the offender failed these grades in elementary school, and was held back or repeated the grade, this item scores "yes". Probation Officers may need to work closely with the SOMB evaluator and polygraph examiner to obtain this information).  
*Data Source(s)* \_\_\_\_\_
- 5. The offender possessed a weapon during the current crime.** (A weapon is defined as a gun, knife, or object that could be used to intimidate or harm a victim. The offenders need only to possess the weapon during the crime, not use the weapon. If the victim was led to believe that a weapon was present, regardless if it was, score this criterion "yes").  
*Data Source(s)* \_\_\_\_\_
- 6. The victim had ingested or was administered alcohol or drugs during or immediately prior to the current crime.**  
*Data Source(s)* \_\_\_\_\_
- 7. The offender reports that he was NOT sexually aroused during the current crime.** *This does not apply to women.* (Sexual arousal refers to an erection. The erection must have been sustained throughout the sexual assault. Data sources include self-report and/or corroborating documentation such as the victim report and police report).  
*Data Source(s)* \_\_\_\_\_
- 8. The offender scored 20 or above on the COLORADO-SOMB Denial Scale.**
- 9. The offender scored 20 or above on the COLORADO-SOMB Deviancy Scale.**
- 10. The offender scored 20 or below on the COLORADO-SOMB Motivation Scale.**

*The last three items on this scale are scored from the Colorado Sex Offender Management Board (SOMB) Checklist.*

	<b>TOTAL</b> Add number of "Yes" responses
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<b>RISK CATEGORY:</b> <i>(Scoring is the same for men and women.)</i>
<input type="checkbox"/> High Risk (Score of 4 or higher)
<input type="checkbox"/> Low Risk (Score 3 or lower)

<b>Client Name:</b>	<b>DOB:</b>	<b>Judicial District:</b>
<b>SOMB Evaluator:</b>	<b>Evaluator Telephone Number:</b>	<b>Date of Evaluation:</b>

**PLEASE FAX COMPLETED FORM TO DCJ c/o NICOLE HETZ (303) 239-4491**

# SOMB CHECKLIST

Please endorse each of the following items as they apply to the client: "0" means "does not apply at all" to a "5" meaning "applies very much". **Please complete the entire form and fax it to DCJ at 303-239-4491.**

Date \_\_\_\_\_ CR# \_\_\_\_\_ SS# \_\_\_\_\_

Client Name \_\_\_\_\_

SOMB Evaluator \_\_\_\_\_ Referring Probation Officer \_\_\_\_\_

	Not at all...	Very Much		Not at all...	Very Much
<b>DENIAL</b>			<b>POSITIVE SOCIAL SUPPORT</b>		
Denies actual facts of offense.	0	1 2 3 4 5	Has many pro-social friends.	0	1 2 3 4 5
Denies wrongness of actions.	0	1 2 3 4 5	Has close friends.	0	1 2 3 4 5
Minimizes prior offenses.	0	1 2 3 4 5	Interacts with friends regularly.	0	1 2 3 4 5
Portrays self as victim.	0	1 2 3 4 5	Has healthy family.	0	1 2 3 4 5
Blames others for the crime.	0	1 2 3 4 5	People are interested in his progress.	0	1 2 3 4 5
Holds grudges against "system".	0	1 2 3 4 5	People have offered to help him.	0	1 2 3 4 5
Says victim "wanted it".	0	1 2 3 4 5	Has friends/family he could live with.	0	1 2 3 4 5
Says therapy is unnecessary.	0	1 2 3 4 5	Has lived in same community for years.	0	1 2 3 4 5
<b>DEVIANT SEXUAL PRACTICES</b>			<b>READINESS TO CHANGE</b>		
Has no socially appropriate sexual outlet.	0	1 2 3 4 5	Verbalizes desire to change.	0	1 2 3 4 5
Engages in many forms of deviant sexuality.	0	1 2 3 4 5	Sees other ways of behaving.	0	1 2 3 4 5
Obsessed with deviant sexual practices.	0	1 2 3 4 5	Appears tired of old ways.	0	1 2 3 4 5
Engages in bizarre sexual practices.	0	1 2 3 4 5	Shows detrimental effects on victim.	0	1 2 3 4 5
Poor control of sexual behavior.	0	1 2 3 4 5	Has plan for change.	0	1 2 3 4 5
Talks constantly about sex.	0	1 2 3 4 5	Willingness to discuss sexual history.	0	1 2 3 4 5
Nothing seems "off limits" sexually.	0	1 2 3 4 5	Can see future in changing.	0	1 2 3 4 5
Masturbation is compulsive or excessive.	0	1 2 3 4 5	Eliminates deviant sexual behavior.	0	1 2 3 4 5
<b>MOTIVATION</b>			<b>TAKING CARE OF BUSINESS</b>		
Verbalizes desire for treatment.	0	1 2 3 4 5	Work/school stability.	0	1 2 3 4 5
Agrees with court order for intervention.	0	1 2 3 4 5	Keeps up on financial obligations.	0	1 2 3 4 5
Pays attention to evaluator.	0	1 2 3 4 5	Maintains stable family life/living situation.	0	1 2 3 4 5
Arrives for appointments on time.	0	1 2 3 4 5	Completes homework.	0	1 2 3 4 5
Is positive about evaluator's testing.	0	1 2 3 4 5	Takes responsibility for life incidents.	0	1 2 3 4 5
Actively participates in evaluation.	0	1 2 3 4 5	Reports/journals about stressful situations.	0	1 2 3 4 5
Completes evaluation requirements.	0	1 2 3 4 5	Reports/journals about anger.	0	1 2 3 4 5
Seeks additional help.	0	1 2 3 4 5	Reports/journals about high risk situations.	0	1 2 3 4 5
<b>SOCIAL SKILLS</b>			Not at all...Very Much		
Socially appropriate.	0	1 2 3 4 5	<p><b>Although only three of these items are used in the SORS Risk Scale, all of these items were found to statistically correlate with revocation/treatment failure. Because scores can change over time, this checklist may be used by therapists or supervising officers as a set of dynamic indicators of supervision/treatment outcome.</b></p>		
Appropriate social connectedness.	0	1 2 3 4 5			
Pleasant in conversation.	0	1 2 3 4 5			
Non-hostile interaction.	0	1 2 3 4 5			
Dresses appropriately.	0	1 2 3 4 5			
Forms genuine bonds with others.	0	1 2 3 4 5			
Appropriate social network.	0	1 2 3 4 5			
Appropriately helpful to others.	0	1 2 3 4 5	Not at all...Very Much		