



Dear Senator Prozanski and members of the Senate Judiciary Committee,

I am writing in support of HB 2472 including eliminating the exception for DOC and OYA.

I am a Certified Clinical Sex Offense Therapist in private practice in Eugene specializing in working with adolescents who have committed sexual offenses. I am writing to you as a private citizen and practitioner. I am also an elected board member of the Oregon Adolescent Sex Offense Treatment Network (OASOTN) and a governor appointee to the Sex Offense Treatment Board (SOTB) where I serve as vice chair. I am not representing either of those organizations in this letter.

I am writing in support of this bill as working with people who have committed sexual offenses is a highly specialized field that currently has little to no mandatory oversight or assurance of appropriate training and competency of the practitioners. The successful treatment of adults and juveniles who have committed sexual offenses helps to make communities safer, provides opportunities for those who are perhaps the most stigmatized offenders in our society to have the potential to live safe, productive and meaningful lives, and has the potential to aid the healing of those who have been victimized.

There are many very talented and well trained practitioners in our state but there are also many well meaning practitioners who have not had adequate training and oversight. I contract with several county juvenile departments in Oregon and Washington as well as with the Oregon Youth Authority. As a private community based treatment provider these agencies require that I be licensed and certified in this field. However, practitioners working through non-profit or for profit agencies that provide community based and/or residential treatment that contract with these same entities are not required to be certified or sometimes even licensed.

Probably one third to a half of my clients are youth who have “completed” treatment at residential OYA programs and are referred to me for “aftercare” treatment that includes support in reintegrating into the community and/or to complete any components of treatment that they have remaining but did not complete in program due to time limitations. It also involves evaluation of how they have retained and utilize what they learned and the changes they have made in their cognitive schemas, attitudes, and behaviors once back in the communities and to assist them in actualizing those changes. There are many youth who did excellent treatment work and are able to demonstrate positive changes and blend back into their lives as well adjusted, safe and productive members of the community. And there are many youth whose treatment work

was below par, who do not retain key treatment components, or who were never given key treatment components as well as some who return to the community with trauma from their experiences in the system.

Some examples: I am currently working with a youth who spent 1 ½ years in a residential program who does not know the rules/laws around consent. In addition, his program never addressed deviant/harmful sexual fantasies and he continues to use them. I have another youth I am working with who is struggling in his romantic relationship around his own sexuality as the program he was in shamed him. I have yet another youth whose own trauma background was not addressed as his treatment provider noted it was not sexual despite the fact that this young man had been brutally beaten by his father and hospitalized and also witnessed severe domestic abuse against his mother and we know that research indicates that exposure to DV increases risks of offending.

Perhaps one of the most important components of sex offense specific treatment is the process of clarification whereby the offender takes full accountability and responsibility for his/her offenses in a letter to the victim. These letters have the potential to be immensely healing for the victim as the offender will take full responsibility for the offense including clearly noting how the victim is in no way responsible, identifying how they manipulated the situation, the impact it had on the victim and explaining to the best of their ability what they have learned as to why they committed the offense and how they have made changes to insure they will not do so again. These letters also have the potential to be harmful if not executed following best practice guidelines and unfortunately I have seen too many such letters including ones that have minimized the offense, provided excuses and sought to evoke sympathy from the victim.

HB 2472 will required those who provide sex offense specific treatment to be certified. It will provide an avenue for oversight as well as an avenue to insure initial and ongoing training within the field. These requirements should apply to all practitioners, regardless of whether they work within an agency or in private practice. Please vote yes for this bill and require it to apply to all practitioners that work in this field.

Thank you for your time,



S. Kelly Crane, LCSW
Certified Clinical Sex Offense Therapist