

166462



**JUVENILE SEX OFFENDERS:
CHARACTERISTICS, SYSTEM RESPONSE AND RECIDIVISM**

**DRAFT
Final Report**

**National Council on Crime and Delinquency
Richard G. Wiebush**

September 1996

This report was prepared under Grant #92-JN-CX-003 from the Office of Juvenile Justice and Delinquency Prevention, U.S. Department of Justice.



Table of Contents

	page
Chapter I. Introduction	1
Extent and Nature of Juvenile Sexual Offending	2
System Responses	8
Research Questions and Methods	15
Chapter II. Characteristics of Court-referred Juvenile Sex Offenders and Their Offenses	21
Offender Characteristics	21
Characteristics of the Referral Offenses	27
Summary and Discussion	33
Chapter III. The Juvenile Court's Response to Juvenile Sex Offenders	36
Detention	42
Intake	43
Prosecutor Decisions	45
Adjudication	48
Dispositions	51
- Assessments	51
- Placement Orders	52
- Treatment Referrals	56
- Conditions of Supervision	59
Summary and Discussion	60
Chapter IV. Juvenile Sex Offender Recidivism	65
Recidivism Among Court-Referred Juvenile Sex Offenders	69
Recidivism Among Adjudicated Juvenile Sex Offenders	75
- Treatment Status and Recidivism	79
- Risk Factors for Adjudicated Juvenile Sex Offenders	82
Summary and Discussion	87

References



List of Table and Figures



Chapter I INTRODUCTION

Juvenile sex offenders (JSOs) have become an increasingly visible and problematic offender population. The nature of their offenses and their potential long-term threat to public safety has precipitated - at least in some jurisdictions - a thorough re-examination of traditional methods of intervention. One result has been a proliferation during the past 10-15 years in juvenile sex offender treatment programs (Knopp and Stevenson, 1992). However, attention has also begun to focus on the context within which these programs operate i.e., the larger juvenile justice and social services systems that are responsible for the identification, prosecution, assessment, adjudication, placement and supervision of juvenile sex offenders. Those experienced in working with juvenile sex offenders firmly believe that system issues are critical to community protection and to the success of treatment for this population. They have also argued that current system functioning allows too many sex offenders to "fall through the cracks" and consequently to remain at risk of continuing to offend sexually (National Adolescent Perpetrator Network 1993).

The OJJDP/NCCD Study

In response to these concerns, in 1992 the Office of Juvenile Justice and Delinquency Prevention (OJJDP) contracted with the National Council on Crime and Delinquency (NCCD) to study the juvenile justice system's response to juvenile sex offenses and offenders. The project had several objectives including: 1) describing current system functioning; 2) identifying strengths and weaknesses in the current



response; 3) identifying "promising approaches"; 4) developing an agenda for future research; and 5) widely disseminating study results to policy makers, practitioners, researchers and others concerned with policy and programmatic directions for juvenile sex offenders.

The project consisted of several distinct phases, including a comprehensive literature review, examination of system response and functioning in seven sites, and comprehensive data collection on a sample of approximately 500 juvenile sex offenders from three urban jurisdictions. The latter phase is the subject of this report. Its purposes are to provide a quantitative analysis of system processing and to examine the recidivism of juvenile sex offenders who were handled by those systems.

Format.

The remainder of Chapter I is devoted to providing background information and describing the methodology used in the study. The background section provides: 1) data on the extent and nature of juvenile sexual offending; and, 2) a description and critique of current system functioning. The methods section describes the research questions, site selection, the samples, and data collection and analysis. A brief description of the three study sites is also provided.

Extent and Nature of Juvenile Sexual Offending

Arrest Data.

Although arrest statistics likely underestimate the incidence of juvenile sexual offending, they nonetheless are the best available national-level data on the extent of



the problem. For 1991, the Uniform Crime Report of the Federal Bureau of Investigation estimated that a total of 148,120 arrests were made for sex offenses in the United States. Sex offenses do not constitute a significant proportion of all arrests (about 1%) or all juvenile arrests (also about 1%). However, juveniles under the age of 18 are responsible for about 1 of every 6 sex offenses. Juveniles were responsible for 17.0% of all sex offenses, including 15.7% of the rape arrests (n=40,120) and 17.5% of the arrests for "other sex offenses" (n=108,000. FBI, 1992; Tables 30, 41).

The representation of juveniles in the sexual offense arrest data is almost identical to that found for all arrests (16.3%), for all arrests for violent offenses (17%) and for specific offenses such as murder (14%) and aggravated assault (14%). However, juveniles account for a much larger percentage of the total arrests for robbery (26%), burglary (33%), and motor vehicle theft (44%; FBI, 1992; Table 41.)

The percentage of sex offenses attributable to juveniles has remained relatively constant (at the 16%-17% level) over the past 10 years. But the number of juveniles arrested for sex offenses has grown dramatically during that time: there was a 36% increase between 1982 and 1991 and an increase of almost 9% between 1990 and 1991 alone. Over the past decade, juvenile arrests for rape increased 24% and arrests for other sex offenses increased by 41% (FBI, 1992; Tables 32, 34, 36). Uniform Crime Report data suggest that, at least with respect to rape, the increasing number of sex offenses is not due solely to increases in the population. The rate of arrests (per 100,000) for juveniles increased from 4.9 in 1965 to 7.7 in 1980 and again to 9.1 in 1989 (FBI, 1991).



Juvenile Court Data.

Juvenile court statistics show a slightly different picture regarding trends in the number of juvenile sex offenders. Using data from 1,400 juvenile courts, the National Center on Juvenile Justice (NCJJ) estimated that 22,800 juvenile sex offender cases were disposed of by the courts in 1989. These cases constitute only a small fraction (less than 2%) of the total cases disposed of. Of the total sex offense cases, 3,900 were for rape (17%), 6,400 were for other violent sex offenses (28%) and 12,500 were for non-violent sex offenses (55%; Snyder, et. al., 1992, Table 1). A comparison of 1988 and 1989 data show that rape cases decreased slightly (-3%) in the one year period, while other violent sex offenses and non-violent sex offenses increased by 8% and 13% respectively. These data are reasonably congruent with the arrest trends noted above. However, between 1985 and 1989, the number of sex offense cases disposed of by the courts dropped by about 2%. Rape cases were down 8% and non-violent sex offenses dropped by 6%, while other violent sex offenses increased by 11%. Comparisons between the FBI arrest data and the juvenile court data must be treated cautiously due to the different methodologies used by the FBI and NCJJ in deriving their respective estimates ¹. However, it appears that the recent increase in juvenile arrests for sex offenses may not have translated directly into an increased sex offender workload for the courts.

1. Each agency uses a different method for estimating national figures from non-probability samples. Each counts sex offenses differently (the NCJJ data includes prostitution). Also NCJJ estimates take into account the age of juvenile court jurisdiction (which is sometimes 16 or 17), while the FBI reports on all arrests of those under the age of 18.



Underreporting.

The extent of sexual offenses committed by juveniles is underestimated by the use of arrest or juvenile court statistics. Several studies have shown that sexual abuse and assault is under-reported (Finklehor, 1979; NCCAN, 1988; National Victim Center, 1991; Oregon Task Force Report, 1985). Finklehor's study, for example, suggested that only about one-third of all child victims of sexual abuse report that abuse. Similarly, the general population survey on the incidence and prevalence of rape conducted by the National Victim Center showed that only 16% of all rape victims report the assault to the police.

Other studies have documented that, even when reported to the police, child welfare or mental health agencies, a substantial percentage of sex offenders are not arrested (Chapman, et. al., 1987; Jackson, 1983; Peters et. al., 1976; Rogers, 1984; Willis and Wells, 1992). In a major study of the police handling of sexual abuse cases (Martin and Besharov, 1991), it was determined that just 39% of reports resulted in an arrest. While these data do not directly address arrest rates for juveniles, it is suspected that juveniles are less likely than adults to be arrested sexual abuse of children (Groth and Lored, 1981; Knopp, 1985). Moreover, data from several state studies of juvenile sexual offenders show that a significant proportion (35%-75%) of juvenile offenders known to and being serviced by non-court agencies have not been arrested or charged (Bonner and Thigpen, 1992; Seeherman and Brooks 1987).



Other Sources on the Extent and Nature of Offending.

Other sources of data help provide a fuller picture of the extent and nature of juvenile sexual offending. Results of the National Crime Survey, which is based on interviews with a representative sample of households, indicate that juveniles were the perpetrators in approximately 6.4% of all rapes (U.S. Department of Justice, 1991). However, these data reflect the experiences only of respondents who are 12 years of age and older. This methodology consequently excludes from consideration the age group that is in fact most likely to be victimized by juvenile sex offenders. Studies of known juvenile sex offenders show that their victims are much more likely to be children (under age 12) than they are peers or adults. Studies in several states have shown that the median victim age of juvenile sex offenders is typically 7 or 8 years (Farrel and O'Brien, 1988; Ohio Youth Services Network, 1989; Wasserman and Kappel, 1985). In the Ohio study, 61% of all victims were under the age of 12; in Michigan (Farrel and O'Brien) two-thirds of the victims were under age 10.

Data based on the self reports of adult and juvenile sex offenders provide further insight on the extent and nature of sexual offending. Using data from the National Adolescent Perpetrator Network Uniform Data Collection system, Ryan (1988) discovered that among juvenile sex offenders who had been referred for treatment, most had been referred for a "first offense". Yet these youth subsequently disclosed that they were responsible for an average of 7 prior unreported victimizations. Further, in a study detailing the histories of 411 non-incarcerated adult sex offenders, Abel and his colleagues (1985) reported that these men had a average of 533 offense



involving 366 victims. The sub-sample of child molesters in this group had an average of 76 victims each, while the rapists reported a mean of 7.5 victims.

Self-report data from adult offenders show that for many, sexual offending began as adolescents. In two studies, approximately half of the adult sex offenders reported that the on-set of deviant arousal occurred during adolescence (Abel, et. al., 1985; Groth, et. al., 1982. Moreover, almost half (47%) of convicted adult rapists and child molesters committed their first sexual assault prior to the age of 18, with a modal on-set age of 16 (Groth and Lored, 1981).

The literature also shows that many adult sex offenders began their offending patterns with what are usually considered relatively innocuous offenses (e.g., peeping, exhibitionism, obscene phone calls), only to progress to more serious offenses as adults. In Longo and Groth's (1983) study of incarcerated sex offenders, 35% reported such progression. Some evidence suggests that patterns of escalation can be seen among juvenile offenders as well (Lane and Zamora, 1984; Wenet, 1982, reported in Knopp, 1985), but other studies indicate that this is not the case (Schram and Rowe, 1987).

These data cannot be interpreted to mean that all juvenile sex offenders go on to become adult offenders, or that their crimes will become more serious, or that they will go on to victimize an extraordinary number of people. Particularly distressing in this regard is Abel's (1982) often reported contention that the average adolescent sex offender will affect 380 victims during his career. That conclusion simply cannot be drawn based on the retrospective self-reports of adult offenders. Nonetheless, the



extent to which juveniles are responsible for reported sex offenses, the increasing number of arrests, the potential for continuation and escalation in adulthood, as well as what is known about the serious effects of childhood sexual victimization (Beitchman, et. al. 1992; Briere, 1992; Finklehor, et. al. 1986; Widom, 1992) all indicate the need for serious attention by the juvenile justice and human services systems.

System Responses

The Juvenile Sex Offender Movement.

Increasing knowledge about the extent and nature of juvenile sexual offending, increasing numbers of youth called to the attention of the system and heightened concern over victims issues all resulted in the emergence of a new discipline designed specifically to address the issue of juvenile sex offenders. Led by a national group of clinicians with experience in dealing with this offender sub-population and by organizations such as the Safer Society Program, the juvenile sex offender "movement" expanded rapidly during the decade of the 1980's. Much of the early focus was on developing treatment approaches and on increasing the availability of specialized, offense-specific treatment. Judging from the increase in treatment programs, the movement has had considerable impact. In 1982, some 20 juvenile sex offender treatment programs were identified through a national survey. By 1988, that same survey identified 573 such programs. In 1992, the number had risen to 755 (Knopp and Stevenson, 1988, 1992). Also during this period, those concerned with



juvenile sex offenders began to form local, regional, statewide and national "networks" to share information, promote public awareness and encourage program and policy development. By 1993, there were approximately 45 such networks in operation (Knopp, 1993).

The astronomical growth in juvenile sex offender programs had an unintended consequence: their creation served to highlight several perceived deficiencies in the larger systems of which they were a part. That is, treatment providers became increasingly aware of the contextual constraints placed on their efforts by the organizational beliefs and practices of the police, prosecutors, juvenile courts and other actors in the juvenile justice, child welfare and mental health systems. Generally, these problems were ascribed to cultural and institutional tendencies to minimize the seriousness of sexual offending by juveniles; to a lack of awareness and training on the part of those responsible for handling sex offenders; to a lack of coordination among the several system components; and to a lack of appropriate treatment resources (National Adolescent Perpetrator Network, 1993). For example, specialized programs were established only to find that referrals were far lower than expected due to police and juvenile court diversion practices (Wiebush, 1988). Others found that reluctant clients were quick to leave treatment if participation was not mandated as a result of a formal court adjudication (National Adolescent Perpetrator Network, 1993). And even where treatment resources were available, they were typically restricted to a choice between out-patient or institutional treatment (Bengis, 1991; National Adolescent Perpetrator Network, 1993). These system response-



related issues became so paramount to those concerned with the effective handling of juvenile sex offenders that they became a key focus for a comprehensive national report by The National Adolescent Perpetrator Network's Task Force on Juvenile Sexual Offending.

Developing a "Model" System Response: The National Task Force Report.

The impetus for the National Task Force Report was a desire by those involved in the field of juvenile sexual offender treatment to "articulate the current thinking about a comprehensive systems' response to juvenile sexual offending" (National Adolescent Perpetrator Network, 1993). The report provides an exhaustive review of both treatment- and system-related issues based on available research and the accumulated clinical experience of interdisciplinary experts working in the field. It posits over 200 "assumptions" about what is needed to deal effectively with juvenile sex offenders. These prescriptions address issues as wide ranging as the reporting of sexual offenses, the necessary components of treatment, the need for interagency cooperation and research priorities. Unfortunately, the report provides little empirical evidence as a basis for its conclusions about current shortcomings in the system or the components of a more effective system. Nonetheless, it is one of the few documents in the juvenile sex offender literature that takes a system-wide perspective on the issue. It also has had a major influence on state and local policy and practice in relation to JSOs. The reports "assumptions" about best practices have de facto been translated into a national "model". Consequently, the report is central to the



concerns of this study.

Implicit in the task force assumptions/recommendations for an improved response is a statement of shortcomings in current functioning. These system "needs" can be summarized as follows:

- o there is a tendency in many segments of the system to minimize or dismiss what is sexually abusive behavior with a "boys will be boys" attitude, and/or to wish to avoid labelling juveniles as "sex offenders". This affects decisions to report, arrest, prosecute, adjudicate and treat offenders. It also reinforces offender tendencies to minimize and deny their offenses. Ultimately, it increases the chances for further victimization and thereby affects the safety of the community. Consequently there is a need for greater awareness and training of staff throughout the system on recognizing abusive sexual behavior, understanding the characteristics of offenders, being aware of the need for early intervention and understanding the implications of failing to report offenses or to minimize them.
- o in line with the preceding point, there is a particular need to prosecute (rather than divert) identified sex offenders and to avoid plea-bargaining sex offenses down to non-sexual offenses (e.g., simple assault or a status offense). Legal accountability is presumed to be a necessary condition for effective treatment (to enforce compliance) and for community protection (to provide supervision and to sanction non-compliance).
- o sex offense-specific assessment and treatment is necessary, to assure accurate identification/diagnosis and to address treatment considerations that apply uniquely to sex offenders. With respect to assessment, Groth and Loredó (1981) point out that due to a lack of familiarity with sex offender issues, clinicians may misdiagnose behavior as simply "adolescent adjustment reaction" and fail to distinguish between normative and deviant or abusive sexual activity. The National Task Force stresses the need for offense-specific treatment, citing the ineffectiveness of traditional mental health approaches. This ineffectiveness flows from factors such as the wide range of sex offender types, the issues of minimization, secrecy and denial, and the potentially compulsive/addictive nature of sexual offending. In addition, the traditional client-centered, non-confrontational therapeutic approach is considered counter-productive when the ultimate goal of intervention is community protection.
- o the wide range of sex offender types and individual variations in levels of risk and need require a wide range of placement/custody options (continuum of



care), but the demand has typically outstripped resource availability. There is a need to develop existing resources and to lobby for the development of additional resources. A comprehensive continuum of care maximizes the possibility of providing treatment in the least restrictive setting consistent with public safety, allows movement up or down in the system based on progress and ultimately is the most efficient use of resources.

- o experience has shown that offenders rarely comply with non-mandated treatment and that specific court orders are necessary to ensure participation. The setting of rigid or unrealistically short time frames for participation may allow offenders to resist engagement in the treatment process. All court orders must be closely monitored and enforced by treatment providers and probation/parole staff to ensure progress or identify cases at high risk of re-offending.
- o there is little inter-agency coordination or cooperation in the handling of juvenile sex offenders, even though these offenders will often move through all parts of the system (e.g., police, child welfare, prosecution, courts, corrections) and many system components are dependent upon the others to maximize the effectiveness of their response. For example, effective prosecution is dependent in part on the ability of police or child welfare investigators to obtain detailed victim statements. Similarly, such statements have been found to be critical for treatment to break through offender denial and/or for use in victim sensitivity training.
- o there is also lack of clarity about which agencies should accept responsibility for which offenders, thereby creating the opportunity for juveniles to fall through the cracks of the service delivery system. Police, CPS and prosecutorial investigators need to clarify their respective (and joint) investigative responsibilities. Juvenile corrections, mental health and social service agencies need to clearly define their respective case management, supervision and treatment responsibilities. Further, it is believed that effective supervision and monitoring of offenders requires the involvement of multiple agency staff and a constant communication process regarding status and progress.

The State Task Force Reports

An additional source of information about the system's response is a series of reports issued over the past decade by at least 9 states. The state reports include: California (CYA, 1986); Michigan (Farrel and O'Brien, 1988); Nebraska (Nebraska Adolescent Perpetrator Network, 1992); New York (Jackson, 1983); Oklahoma



(Bonner and Thigpen, 1992); Ohio (Ohio Youth Services Network, 1989); Oregon (Avalon Associates, 1986); Utah (Rasmussen and Dibble, 1989); and Vermont (Wasserman and Kappel, 1985). These reports, most of which were issued by special state-level task forces, were conducted in response to increases in the number of juvenile sex offender referrals. For example, in Oregon (Avalon Associates, 1986) there was a 53% increase in the number of offenses between 1984 and 1985, while Utah experienced a similar increase in juvenile court referrals between 1984 and 1989 (Rasmussen and Dibble, 1989).

The reports had similar purposes, methodologies and formats. They were designed to assess the extent of the problem of juvenile sexual offending, determine the availability of resources to deal with the problem, and provide recommendations for policy and program development. Above all, they appear to have been advocacy efforts intended to raise official and public awareness regarding juvenile sex offenders. While there was some variation in methodological approaches, the reports typically surveyed juvenile court, social services and mental health staff to determine the number of sex offenders on the respective caseloads and the availability of offense-specific assessment and treatment for them. These survey results helped provide fairly detailed profiles of the juvenile sex offenders in the system and were able to document the need for additional services.

Each of the reports developed a series of recommendations - remarkably similar across sites - for improving the system's response. Yet only a few (e.g., New York, Oregon, Utah) appear to have examined the total system's response in a



comprehensive and systematic fashion. Fewer provide data that would support the conclusions drawn. As a result, we are left to wonder whether the perceived shortcomings in system response are identical across sites or whether there was a "bandwagon" effect in response to the growing JSO movement. In short, these reports provide very little evidence of how the system currently functions in relation to juvenile sex offenders. That said, it is still instructive to review the key recommendations of the state studies, since they provide an indication of where at least some actors believe the system should be headed. The recommendations that are similar across these studies include:

- o provide training in juvenile sex offender issues to staff at all levels and within all components of the system (e.g., police, CPS, court, probation) to enhance identification, adjudication, supervision and treatment;
- o ensure that courts and other agencies make placement and treatment decisions based on the results of offense-specific assessments, including risk assessment, that are provided both by local out-patient agencies and regional residential facilities;
- o create a continuum of care that provides offense-specific treatment at each level of the continuum, ranging from out-patient services and day treatment programs, through foster care and groups homes, to residential and secure treatment facilities;
- o ensure that the continuum of care has components for serving specialized sub-populations such as female, developmentally disabled and child sex offenders;
- o all agencies involved with juvenile sex offenders should clearly delineate their roles and responsibilities in relation to other agencies;
- o establish a state oversight/coordinating body (and/or regional networks) to develop consistent policies and procedures, promulgate program development and ensure coordination of interagency efforts;



- o develop primary and secondary prevention initiatives as well as support services for victims;
- o develop uniform data collection procedures for juvenile sex offenders;
- o conduct research and evaluation on the effectiveness of treatment programs.

This summary highlights the range of issues and problems identified, or recommendations made, in the state reports and in the Task Force Report. It illustrates what many people believe to be the key deficiencies in current system functioning and consequently helps set the stage for the present study.

Research Questions and Methods

This report describes and analyzes: 1) the characteristics of court-referred juvenile sex offenders and their offenses; 2) the nature of the juvenile justice system response to those offenders; and, 3) the nature and extent of JSO recidivism subsequent to the system response. The primary goal is to provide a multi-site empirical portrait of juvenile sex offenders along these dimensions and to address some of the key issues that have emerged in the literature and in the field regarding system response and JSO outcomes. Because it has been so influential on policy and practice, the National Task Force report serves repeatedly as a frame of reference throughout the study. The primary, specific research questions include:



10
11



12
13



JSO Characteristics

- o should juvenile sex offenders be considered "serious" offenders? Does juvenile sexual offending largely reflect relatively innocent adolescent exploratory behavior or more aggressive criminal conduct?
- o is there an "average" juvenile sex offender, or a wide range of offender and offense types?
- o to what extent are there similarities or differences across sites in the types of referred offenders and offenses?

System Response to JSOs

- o to what extent are court-referred JSOs formally prosecuted and adjudicated for their sexual offenses? Conversely, what is the extent of JSO case attrition during legal processing; at what points in the system does that attrition occur; and what are the reasons for it?
- o for those JSOs who are adjudicated delinquent, what is the nature of the dispositions made by the juvenile court? Do the sites use formal evaluations - and in particular offense-specific assessments - to inform dispositional decision making? Further, to what extent do the courts mandate participation in treatment generally and offense-specific treatment in particular?
- o to what extent is there variation across sites on these system response issues?

JSO Recidivism

- o what is the extent and nature of recidivism among JSOs who are referred to juvenile court and among those who are adjudicated delinquent for sex offenses? Are JSOs likely to re-offend sexually?
- o to what extent are there similarities and differences across sites in JSO recidivism?
- o are there differences in the recidivism rates of adjudicated and non-adjudicated juvenile sex offenders?
- o do JSO recidivism rates increase with longer follow-up periods?



- o does involvement in offense-specific treatment for adjudicated sex offenders influence recidivism? and,
- o what youth characteristics and offense-related variables are associated with the several types of recidivism (i.e non-sexual, sexual and violent?)

Methods.

To address these questions, NCCD collected data on a sample of court-referred juvenile sex offenders in three urban jurisdictions: Baltimore City, Maryland; Lucas County (Toledo), Ohio and San Francisco, California. The sites were selected for convenience reasons (there are NCCD staff in Baltimore and San Francisco, and the organization has done extensive work in Lucas County) and because the sites select a mix in terms of the nature of their response to juvenile sex offenders (Lucas County and San Francisco have implemented models based on the assumptions in the National Task Force Report, while Baltimore's response is much more "traditional").

Samples were selected from among youth referred for sex offenses to the respective juvenile courts during the early 1990's. The specific time frames for sample selection and selection methods varied somewhat by site. The San Francisco JSO sample (n=91) consisted of court referrals from January 1990 through September 1992. All youth who were charged with sex offenses in San Francisco and who were residents of that city were selected. The Baltimore sample (n=213) consisted of youth who were referred to the court in fiscal 92, who were charged with committing a sex offense in the city and who were residents of the city. A split sample was used in Lucas County. There, the "referral" cohort consisted of all Lucas County residents who were referred to the juvenile court for sex offenses in January through September



1992 (n=62). The "adjudicated" JSO cohort consisted of all youth in the referral cohort who were adjudicated and an additional 116 Lucas County adjudicated JSOs from calendar years 1990 and 1991.

Data collection occurred at different points (based on site) in 1993. A standardized data collection instrument was used in each site to record information contained in the juvenile court (primarily probation department) files. Data were collected in each site by NCCD contract staff who were trained and supervised daily by NCCD researchers, and who were provided with an extensive data collection code book. In each site, approximately half of all completed data collection instruments were double-coded to insure consistency. All forms were reviewed by NCCD staff to catch any obvious coding errors or inconsistencies.

Juvenile recidivism data were collected from court records in each site. Adult arrest information was obtained through state-level criminal justice agency and/or court arrest records.

The Site Contexts.

There were several contextual differences among the sites in the early 1990's. First, Baltimore and San Francisco are exclusively urban jurisdictions with total populations of approximately three-quarters of a million people, while Lucas County (pop. 460,000) consists of one medium-sized urban jurisdiction (Toledo) and several smaller suburban communities.

Second, the volume and trends in the juvenile courts' JSO referral population



were widely divergent. Although Baltimore and San Francisco are similar in size, Baltimore had almost 10 times as many JSO referrals in 1992 as San Francisco (328 vs. 36). And Lucas County referrals (n=70) were almost double that found in San Francisco. Between 1990 and 1992, Baltimore and Lucas County experienced substantial increases in JSO referrals (45% and 32%, respectively). During that same period, referrals in San Francisco declined by 23%.

Third (as will be detailed in Chapter II), the sites differed dramatically in the characteristics of the referred offenders and their offenses. For example, Baltimore's JSOs were almost exclusively African-American (88%), while the San Francisco youth were primarily African-American (60%) and Hispanic (26%), and the Lucas County juveniles were predominantly white (52%). There were also cross-site differences in the nature of the presenting sex offenses. Approximately 60% of the offenses in Baltimore and San Francisco involved penetration and a similar percentage involved the use of force. In Lucas County however, just 40% of the cases involved penetration and only 25% involved force.

Finally, the sites also varied in their basic system response to juvenile sex offenders. Lucas County and San Francisco had developed a specialized response to JSOs that essentially represented a "model" based on the central assumptions contained in the National Task Force Report. The two communities had organized around the issue of juvenile sexual offending and had implemented specialized policies and procedures designed to more effectively deal with the JSO population. The key characteristics that distinguished Lucas County and San Francisco were:



- o the long-standing (five years or more) of offense-specific out-patient treatment programs that were routinely used for adjudicated JSOs;
- o development and utilization of a fairly wide range of specialized treatment resources;
- o routine use of offense-specific evaluations prior to disposition;
- o the use of well-trained, specialized staff in Probation who provided intake and supervision services to most JSOs (San Francisco) or who did specialized assessment and treatment (Lucas County);
- o the procurement of training on JSOs for staff in several different juvenile justice, child welfare and mental health agencies;
- o the establishment of inter-agency committees that allowed for routine communication regarding individual cases and a mechanism for addressing larger system issues vis-a-vis juvenile sex offenders; and,
- o fairly high levels of inter-agency cooperation and coordination, especially between the police and child welfare, the police and probation, and probation workers and treatment providers

Baltimore on the other hand, had seen earlier organizing attempts fizzle and, while it had taken some steps to address JSOs, these tended to be sporadic and limited to specific system components. The prosecutor's office for example had dedicated one attorney to the handling of all (and only) juvenile sex offender cases. And the juvenile services agency had contracted for specialized out-patient and institutional treatment programs. Yet, in spite of wide-spread concern about JSOs, there was little sense (at that time) of an organized, proactive, systematic effort to change traditional ways of handling them.



Chapter II
**CHARACTERISTICS OF COURT-REFERRED JUVENILE SEX OFFENDERS
AND THEIR OFFENSES**

This chapter describes the characteristics of the youth referred for sex offenses to the three juvenile courts. The intent is to provide a multi-site profile of referred juvenile sex offenders in terms of their demographic and offense history characteristics, as well as the nature of the referral sex offenses. Key questions include:

- o to what extent are there similarities or differences across sites in the types of referred offenders and offenses?
- o is there a "typical" or "average" juvenile sex offender?
- o how serious - in terms of the use of force, nature of the sexual behavior, repeated victimization and/or victim-offender age differential - are the offenses committed by juvenile sex offenders?

Demographic Characteristics.

As shown in Table 2.1, the youth in all three sites have similar demographic characteristics, with the exception of race. The vast majority of referred JSOs are male (over 87%) with a mean age of between 13.7 and 14.0 years. The single largest proportion of youth in each site lived with their mother only (ranging from 29% to 40%) and relatively few youth lived with both natural parents (11%-23%). However, the sites were quite different racially. The majority of Lucas County JSOs were white (52%), while African-American youth constituted the majority of the Baltimore and San Francisco cohorts (88% and 60% respectively). San Francisco also had a significant proportion of referred youth who were Hispanic (26%).



Table 2.1
Demographic Characteristics

YOUTH CHARACTERISTICS	Baltimore (n=213)	Lucas County (n=62)	San Francisco (n=91)
Gender			
Male	95.8	87.1	94.5
Female	4.2	12.9	5.5
Age			
12 and younger	28.2	16.1	20.9
13 and older	71.8	83.9	79.1
Mean	13.7	13.7	14.0
Range	7-19	10-18	7-18
Missing Data			(1)
Race/Ethnicity			
White	10.8	51.6	1.1
African-American	87.8	43.5	60.0
Hispanic	1.0	3.2	25.6
Other	.5	1.6	13.3
Missing			(1)
Lived With			
Both Parents	10.7	21.3	23.0
Mother Only	40.7	32.8	40.2
Father Only	0.0	4.9	2.3
Parent + Partner	26.7	23.0	12.6
Other	22.0	18.0	21.8
Missing	(63)	(1)	(4)



Offense History.

The data on prior juvenile justice system involvement (see Table 2.2) show that:

- 1) there are few differences between the sites on most offense history measures; and,
- 2) within each site, the extent of prior involvement of JSOs varies considerably.

There are similarities across the sites. For example, in each site:

- o about half the youth (44%-53%) had never been referred to the court prior to their sex offense referral;
- o less than 10% of the youth had had a prior referral for a sex offense;
- o most JSOs (68%-85%) had never been on probation and relatively few youth (5%-13%) had previously had an out-of-home placement.

There were some cross-site differences. San Francisco had a somewhat larger proportion of youth who had been repeatedly (three or more times) court-involved (33%) than either Baltimore or Lucas County (both 23%). Perhaps reflective of this longer history, San Francisco youth also were more likely to have previously been on probation. Lucas County JSOs were more likely to have first become involved with the court at an older age. There, more than one-third of the youth had their first involvement after the age of 15 compared to 17% of the Baltimore youth and 19% of the San Francisco juveniles.

These data also show - at least with respect to prior involvement - that each of the sites is dealing with a JSO population that is not homogenous. For example, while about half the youth in each site had no involvement prior to the sex offense referral, there also was a substantial percentage of youth (12%-22%) who were chronic offenders (five or more referrals).



Table 2.2
OFFENSE HISTORY CHARACTERISTICS

YOUTH CHARACTERISTICS	Baltimore (n=213)	Lucas County (n=62)	San Francisco (n=91)
Prior Referrals			
None	52.1	53.2	44.0
One-Two	24.4	24.2	23.1
Three-Four	11.7	8.1	11.0
Five or More	11.7	14.5	22.0
Prior Sex Offense Referral			
None	93.0	100.0	91.2
One or More	7.0	0.0	8.8
Age 1st Referral			
12 and younger	48.4	32.2	46.1
13-14	34.7	33.9	34.8
15-17	16.9	33.9	19.1
Missing			(2)
Prior Probation			
No	82.2	85.5	68.1
Yes	17.8	14.5	31.9
Prior Out of Home Placement			
No	93.0	95.2	86.8
Yes	7.0	4.8	13.2



Victim Characteristics.

Table 2.3 provides data on the characteristics of the victims of the juvenile sex offenders. These data show that while there were many similarities across the sites, there were also key differences in victim characteristics. The data further indicate that there is a wide range of victim characteristics within each site, just as there is a range of offender characteristics.

The common characteristics across sites include:

- o the majority of victims (55%-76%) were under the age of 12;
- o three-fourths (or more) of the victims were female and most had been victimized by a male offender;
- o the majority of cases (53%-78%) involved offenders who were two or more years older than their victims; and
- o the majority of victims (56%-86%) were either related to, are friends with, or otherwise know the youth who offended against them.

But on several measures, the victims of juvenile sex offenders varied considerably by site. For example:

- o in San Francisco, victims were much more likely to be 13 or older than in Baltimore (45% vs 24%), and were much less likely to be four or more years younger than their offenders (36%) than was the case in either Baltimore (54%) or Lucas County (53%); and,
- o in Lucas County, offenders and victims were less likely to be the same age (10%) than in either Baltimore or San Francisco (23% and 28% respectively). Further, strangers were more likely to be the perpetrators (33%) in Lucas County than in either Baltimore (10%) or San Francisco (13%).



Table 2.3
VICTIM CHARACTERISTICS AND OFFENDER-VICTIM RELATIONSHIP ¹

VICTIM CHARACTERISTICS	Baltimore (n=234)	Lucas (n=69)	San Francisco (n=104)
Victim Age			
12 and younger	75.6	64.7	55.4
13 and older	24.4	35.5	44.6
Mean	9.6	11.1	11.7
Range	2-31	4-45	2-43
Missing	(25)	(18)	(3)
Victim Gender			
Male	26.1	21.1	21.0
Female	73.9	78.9	79.0
Missing	(16)	(12)	(10)
Off/Victim Age Relationship			
Offender 4+ Yrs Older	53.7	52.9	36.4
Offender 2-3 Yrs Older	18.4	25.5	17.0
Offender/Victim Same Age ²	23.2	9.8	28.4
Offender 2+ Yrs Younger	4.7	.8	18.2
Missing	(23)	(18)	(3)
Off/Victim Gender Relationship			
Off Male/Victim Male	22.2	16.4	21.0
Off Male/Victim Female	69.2	74.5	74.1
Off Male/Victim Both	4.0	3.6	0.0
Off Female/Victim Female	2.5	3.6	4.9
Off Female/Victim Male	2.0	1.8	0.0
Missing	(15)	(14)	(10)
Off/Victim Social Relationship			
Sibling/Relative	23.3	28.8	21.2
Friend/Acquaintance	62.5	27.3	56.7
Stranger	9.7	33.3	12.5
Other	4.4	10.6	8.7
Missing	(7)	(3)	

1. Table n's reflect the number of victims alleged in the referral offenses for the youth in each site.

2. Plus or minus 1 year.



Examining the data within each site reveals that in all sites there was a wide range of types of victimization, i.e. there was no one "type" of victim or offender-victim relationship. With respect to age for example, although the majority of victims in each site were 12 or younger, each site also had a substantial percentage of cases (24%-45%) in which the victim was 13 or older. Similarly, in each site most victims were females but about one-fifth were males. Finally, cases in each site showed a wide distribution on the offender/victim age relationship continuum.

Characteristics of the Referral Offenses.

To examine the issue of the seriousness of the offenses for which JSOs are referred to juvenile court, the study used a series of variables descriptive of the offense (e.g., degree of force used), rather than relying on offense labels such as "rape" or "child molestation". The data (presented in Table 2.4) show that:

- o there was a wide range of sexual behaviors that constituted the offenses in each site, ranging from non-contact offenses such as self-exposure to penile penetration of the vagina or anus. However, each site had a substantial proportion of offenses that can be considered serious because they involved some form of penetration (penile, object penetration or fellatio/cunnilingus). The percentage of cases involving these types of behavior ranged from a low of 40% in Lucas County to a high of 61% in San Francisco and Baltimore.
- o there was also considerable variation within each site in the degree of force used. But in Baltimore and San Francisco the majority of offenses (57% and 61% respectively) involved violence in the form of explicit threats, or battery, or the use of a weapon.
- o in most cases in each site, the victim had been subject to sexual assault (by this offender) on just one occasion. However, each site also had a significant percentage of cases (ranging from 20% in Baltimore to 36% in



Table 2.4
CHARACTERISTICS OF THE REFERRAL OFFENSES ¹

OFFENSE CHARACTERISTICS	Baltimore (n=234)	Lucas (n=69)	San Francisco (n=104)
Sexual Behavior			
Penile Penetration (Vaginal/Anal)	36.6	20.6	41.3
Object Penetration (Vaginal/Anal)	7.3	5.9	7.7
Fellatio/Cunnilingus	16.8	13.2	12.5
Other Genital Contact	13.8	20.6	32.7
Non-Genital Contact	6.9	4.4	1.0
Self-exposure	6.5	17.6	1.9
Other	7.8	17.6	2.9
Missing	(2)	(1)	
Degree of Force Used			
None Known	22.1	48.5	9.6
Bribe/Manipulation	7.5	22.0	22.1
Vague Threats	10.6	2.9	3.8
Took Advantage of Victim Condition	2.5	1.5	3.8
Explicit Threats	2.0	2.9	9.6
Battery/Restraint	52.8	20.6	41.3
Used Weapon	2.5	1.5	9.6
Missing	(35)	(1)	
Incident Location			
Off or Victim's Home	36.4	62.7	40.4
Street/Outside	25.3	19.4	29.8
School	22.2	9.0	12.5
Other	16.0	9.0	17.3
Missing	(9)	(2)	
Number Times Victimized ²			
Once	80.1	64.1	76.0
Two or More	19.9	35.9	24.0
Missing	(23)	(5)	
Multiple Offenders Involved			
No	63.3	77.0	56.7
Yes	36.7	23.0	43.3
		(8)	
Victim Injury			
No	98.0	81.5	82.7
Yes	2.0	18.5	17.3
Missing	(19)	(4)	

1. Table n's reflect the number of victims alleged in the referral offenses for the youth in each site.

2. Refers to the number of times the victim involved in the referral offense was abused by the referred offender.



1
2
3



4
5



Lucas County) in which the juvenile offender had repeatedly abused the victim involved in the referral offense.

- o multiple juveniles were frequently involved in the sex offense. The proportion of cases involving multiple offenders ranged from 23% in Lucas County to 43% in San Francisco.
- o in Lucas County and San Francisco almost one-fifth of the cases resulted in physical injury to the victim.
- o there were significant differences in offense characteristics between Lucas County and the other sites on several measures. The Lucas County cases were much less likely to involve penetration, less likely to involve the use of force, and more likely to have taken place in either the offender's or the victim's home. Lucas County cases were also significantly more likely to involve repeated victimization than those in Baltimore.

Offense Behavior and Victim Age.

To better understand the nature of juvenile sexual offending, NCCD examined selected offense characteristics while controlling for the age of the victim. For cases in which penetration occurred ¹, force was used ², there was repeated victimization, or the offender was a sibling or otherwise related to the victim, the analysis compared the percentage of all child victim cases (12 and younger) and all adolescent/adult cases (13 and older) that were subject to the respective types of offense behavior. These analyses are presented in Figures 2.1 through 2.4 on the following pages.

1. Includes the sexual behavior sub-categories of "penile penetration", "object penetration" and "fellatio/cunnilingus".

2. Includes the degree of force sub-categories of "explicit threats", "battery/restraint" and "weapon used".



Figure 2.1
Offense Characteristics By Age of Victim:
Penetration Occurred

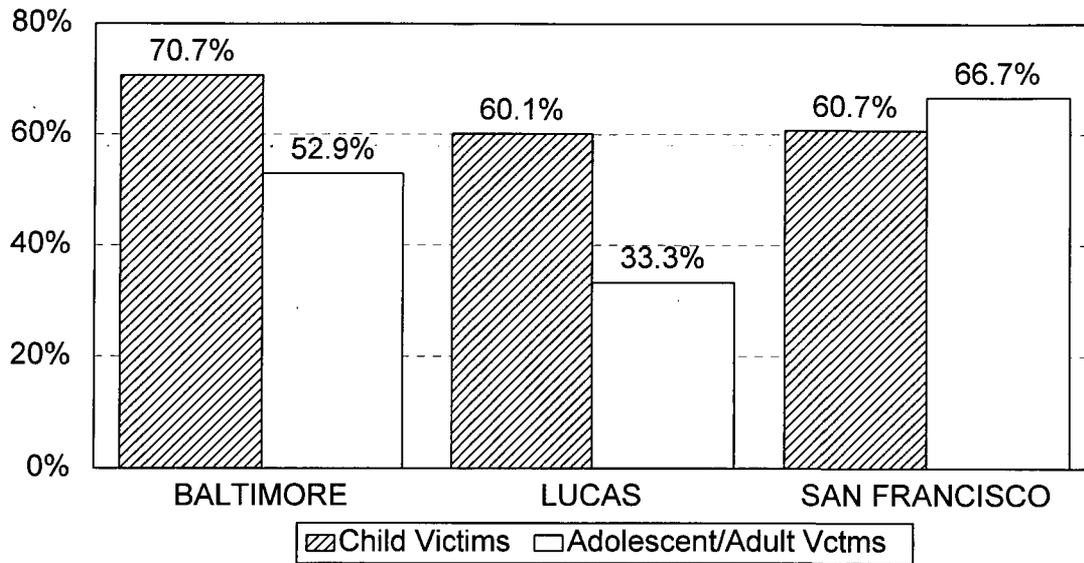


Figure 2.2
Offense Characteristics By Age of Victim:
Force Used

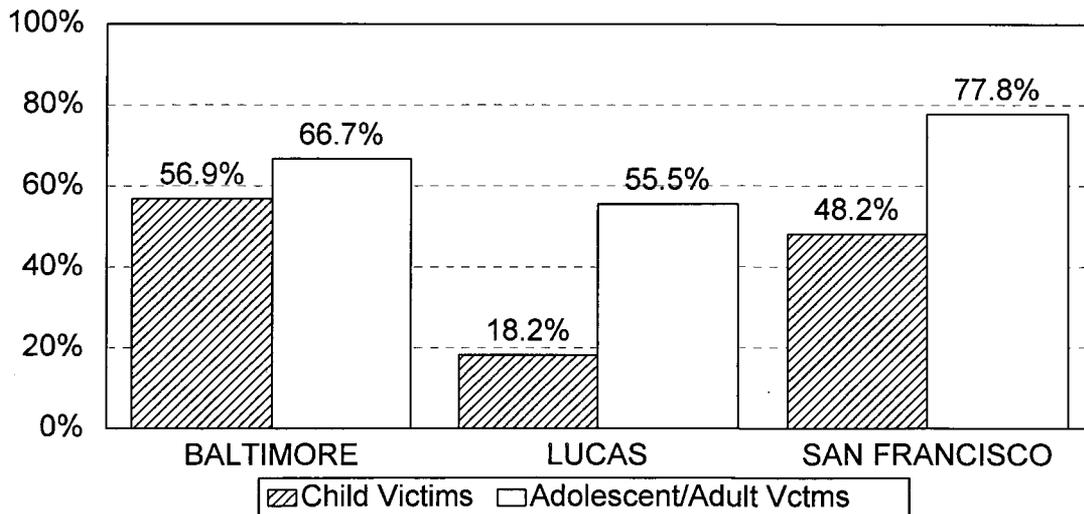




Figure 2.3
Offense Characteristics By Age of Victim:
Involved Repeated Victimization

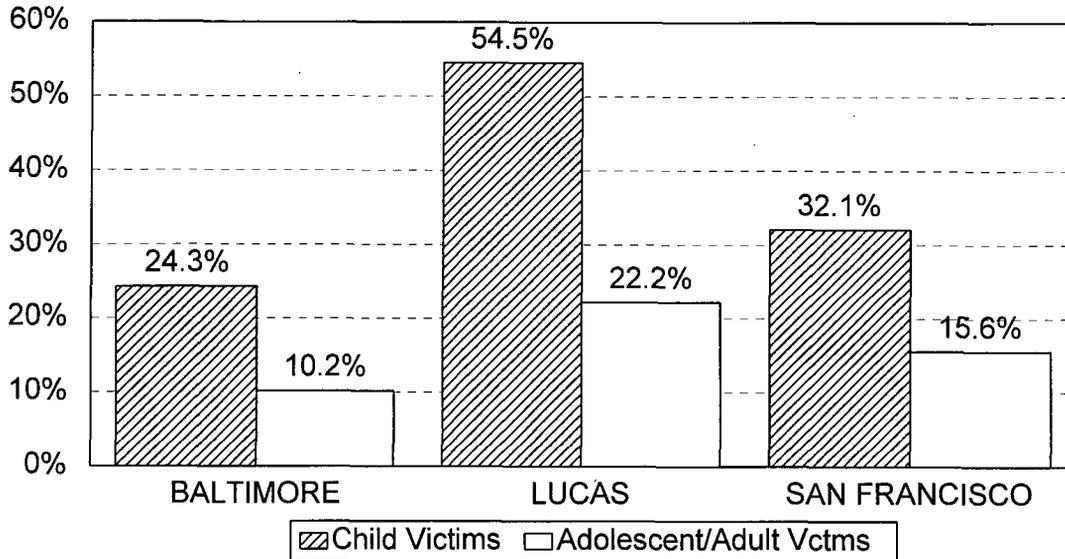
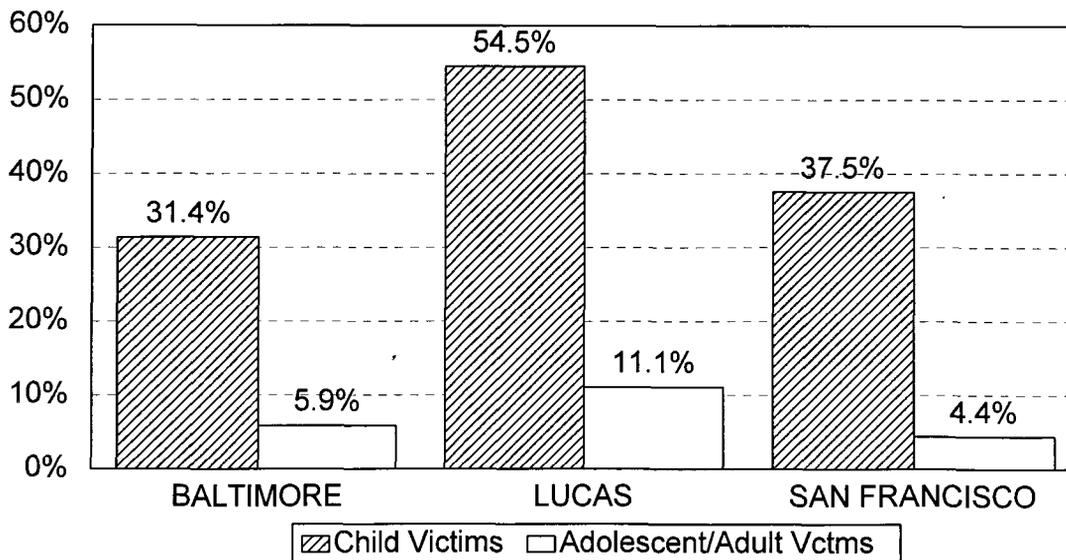


Figure 2.4
Offense Characteristics By Age of Victim:
Offender Was Sibling/Related





The data show that:

- o in Baltimore and Lucas County, penetration was more likely to occur with child victims than with adolescent/adult victims (71% vs. 53% in Baltimore and 60% vs. 33% in Lucas County), and it was just as likely to occur with child and adolescent/adult victims in San Francisco (61% vs. 67%)
- o force was less likely to be used with child victims than with adolescent/adult victims in Lucas (18% vs. 56%) and in San Francisco (48% vs 78%), but was just as likely to be used for both victim age categories in Baltimore (57% vs. 67%)
- o child victims were more likely to be repeatedly victimized in all three sites (although the difference was statistically significant only in Lucas County)
- o child victims were significantly more likely to be abused by a relative or sibling in all three sites.

The results of the child-adolescent/adult victim comparisons make intuitive sense in several ways. For example, one would expect that there would be less need to use force to gain compliance from a child than from an adolescent or an adult; that children would be more susceptible to repeated victimization; and that children would be more likely than adolescents or adults to be abused by their siblings or relatives. Somewhat surprising however, is the finding that penetration is just as likely to occur with child victims.

This analysis also brings to light some very disturbing findings about the nature of juvenile sexual offending against children. First, in all three sites some form of penetration occurred in over 60% of the child victim cases. Second, in Baltimore and San Francisco, force was used to gain compliance in about half the child victim cases. Third, there was repeated victimization for one-fourth of the Baltimore child victims,



one third of the San Francisco child victims and over half the Lucas County child victims.

Summary and Implications.

The data on the characteristics of juvenile sex offenders showed that first, there were in fact a number of offender, victim and offense characteristics that were similar across the three jurisdictions. For example, the vast majority of court-referred JSOs were male teenagers who had minimal prior court involvement and had never previously been referred for a sex offense. Their victims were predominantly female, under the age of 12, typically at least two years younger than the offender, either were related to or were an acquaintance of the juvenile, and had been sexually victimized by him just once.

Second however, the data suggest that it is inappropriate to refer to a "typical" juvenile sex offender. We saw that the court referred JSOs in each site reflected a wide range of characteristics in terms of age (about one-fifth were under 12), prior court involvement (22%-33% had three or more prior referrals) and victim-offender gender relationship (approximately one fifth of the cases involved male perpetrators and male victims). Moreover, the youth in each site were referred for a wide range of sexual offending behavior (from penile penetration to self-exposure) and for offenses that reflected a variety of methods to gain compliance (from the use of weapons to no known force). In short, in any given site, juvenile sex offenders are not an homogenous offender sub-population.

Third, the data indicate that the characteristics of court-referred juvenile sex



offenders varied from site to site. For whatever reasons (e.g., demographics, reporting and arrest practices, available resources, differences in offending behavior), there were important cross-site differences in the JSO populations in this study. These included racial differences (i.e., the majority of Lucas County youth were white while the majority of Baltimore and San Francisco youth were minorities), differences in prior involvement (e.g., San Francisco youth were more likely to have previously been on Probation), and differences in the nature of the offenses (e.g., San Francisco youth were much less likely to be four or more years older than their victims than was the case in the other two sites, and Lucas County cases were much less likely to involve penetration or the use of force).

Finally, the data show very clearly that - based on the nature of the referral offense - a substantial percentage of JSOs need to be treated as serious and/or violent offenders. Across sites, 40%-60% of the offenses involved penetration; 25%-60% involved the use of force; 36%-54% involved a four year age differential between the offender and the victim; and 20%-36% of the cases involved repeated victimization. The high rates of penetration and/or use of force and/or repeat victimization found among child victims further underscores the severity of many JSO offenses.

There are several implications of these findings for the juvenile justice system response. First, because there are clearly cases involving differing degrees of seriousness, there is a need for both formal and informal court case processing mechanisms and explicitly stated criteria for determining eligibility for diversion or



prosecution. The data reviewed here do not indicate the need for formal handling of all juvenile sex offender cases.

A second implication of the variety found among juvenile sex offenders - with respect to offense seriousness and prior system involvement - is the need for a wide range of sanctions and supervision/custody options. Standardized responses based on an offense type (i.e., sex offense) are inappropriate given the documented diversity of this sub-population.

Third, although this study of JSO characteristics did not address key issues such as psychological traits or social skills, it is apparent that there is also a need for a range of educational and/or treatment responses to juvenile sex offenders. Differences in age (i.e., pre-pubescent vs. adolescent), system sophistication (i.e., chronic offenders vs. first-time offenders), use of force (i.e., manipulation vs. violence), and sexual offending chronicity (i.e., "first-timers" vs. repeat sex offenders or multiple victimizations) all suggest that a one-size-fits-all treatment approach is not tenable.

Finally, as for other types of serious offenders, courts and correctional agencies need to explore ways of developing meaningful, accountability-oriented responses for that sub-set of JSOs who are serious and violent offenders. While some serious or violent JSOs may need intensive treatment, or close supervision or custody, or both, all should be required to take restorative steps (e.g., restitution for medical or psychological treatment, mediation, community service) to their victims or the larger community. Accountability to the victim and the community for this offense should be an equal priority with accountability to the state and efforts to control future risk.



Chapter III
THE JUVENILE COURT'S RESPONSE TO JUVENILE SEX OFFENDERS

This chapter examines the nature of the juvenile court's response to referred juvenile sex offenders in the three jurisdictions. It focuses on the key decision points in case processing (i.e., intake, prosecution, adjudication, disposition) and JSO case outcomes at each point. One primary interest is in determining whether and to what extent the sites operationalize the core assumptions in current thinking (cf. The National Task Force Report on Juvenile Sexual Offending) regarding an effective court response to JSOs. Several specific questions are addressed. First, to what extent are court-referred JSOs formally prosecuted and adjudicated for their sexual offenses? It is believed that effective intervention with juvenile sex offenders requires formal adjudication in order to hold offenders accountable, protect the public, validate the victim and insure offender participation in treatment. Diversion from prosecution is strongly discouraged, as is plea-bargaining that results in dismissal of the sex offense or reduction to a non-sex offense.

A second, and related set of questions is: what is the extent of JSO case attrition during legal processing; at what points in the system does that attrition occur; and what are the reasons for it?

Third, for those JSOs who are adjudicated delinquent, what is the nature of the dispositions made by the juvenile court? To what extent do the sites use formal evaluations - and in particular offense-specific assessments - to inform dispositional decision making? Further, to what extent do the courts mandate participation in



referral cohorts that "survived" as youth moved through the intake/prosecution/adjudicatory process. The smaller boxes on the right hand side show the percentage of cases subject to attrition at the various stages of legal processing. The boxes at the bottom of the figures show the placement and treatment orders for those adjudicated for the sex offense. All percentages reflect the proportion of the entire referral cohort affected by the various decisions. The data show that:

- o in each site at least three-fourths of the referrals to juvenile court were forwarded by intake staff to the prosecutor for formal petitioning; ¹
- o over half the referrals in each site were petitioned by the prosecutor, but there was significant variation: San Francisco JSOs were much less likely to be petitioned (53%) than youth in either Baltimore (73%) or Lucas County (84%);
- o total attrition from the point of referral to adjudication was considerable in each site, but especially in Baltimore and San Francisco, where fewer than 40% of all referred JSOs were ultimately adjudicated for the sex offense; ²
- o in Lucas County and San Francisco approximately one-fourth of all referred JSOs were adjudicated and placed out of the home, while the corresponding figure for Baltimore was 13%; and,
- o in Baltimore and San Francisco, less than 30% of the JSO referrals were adjudicated and referred for treatment, while the corresponding figure for Lucas County was 70%. ²

1. In Lucas County there is no intake unit. All cases are directly referred to the prosecutor, who then determines which cases will be formally filed in court.

2. All Lucas County data on petitioning, adjudication and treatment rates need to be treated cautiously since the extent of initial prosecutorial screening is unknown. Such screening is likely, but it isn't measurable since: a) a case is not officially counted as a "court referral" until the prosecutor accepts it; b) since the prosecutor controls the intake function, there is opportunity to screen out weak cases before they become "referrals" and c) the prosecutor doesn't keep records on those cases that are rejected. To the extent that prosecutorial screening does occur, it serves to reduce the reported number of referrals and consequently artificially inflates the percentage of official referrals that were adjudicated and referred for treatment. This problem (assuming the prosecutor does screen) makes comparisons with the other sites tenuous.



Figure 3.1 Juvenile Sex Offender Referrals Overview of Court System Processing

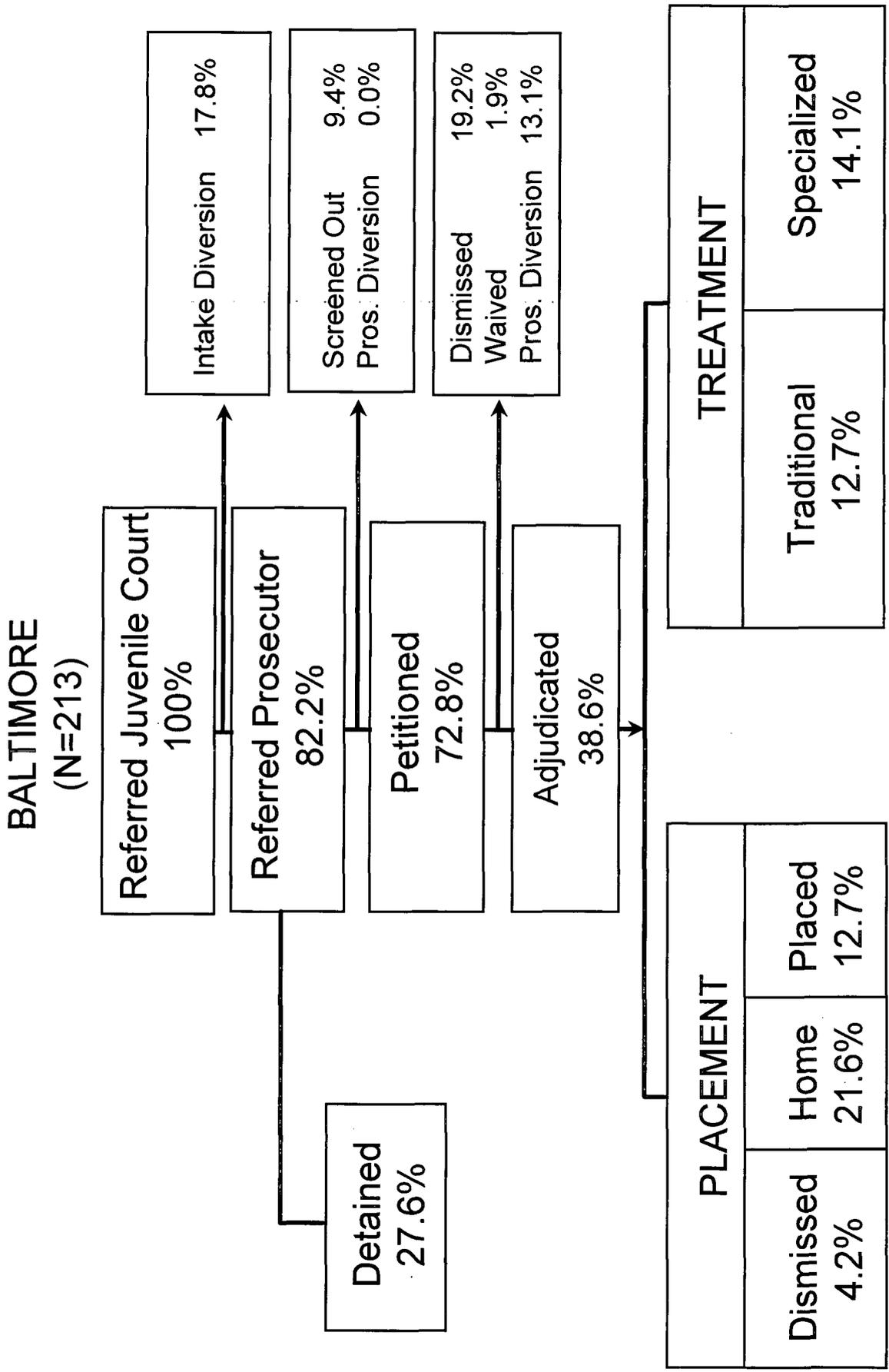




Figure 3.2 Juvenile Sex Offender Referrals Overview of Court System Processing

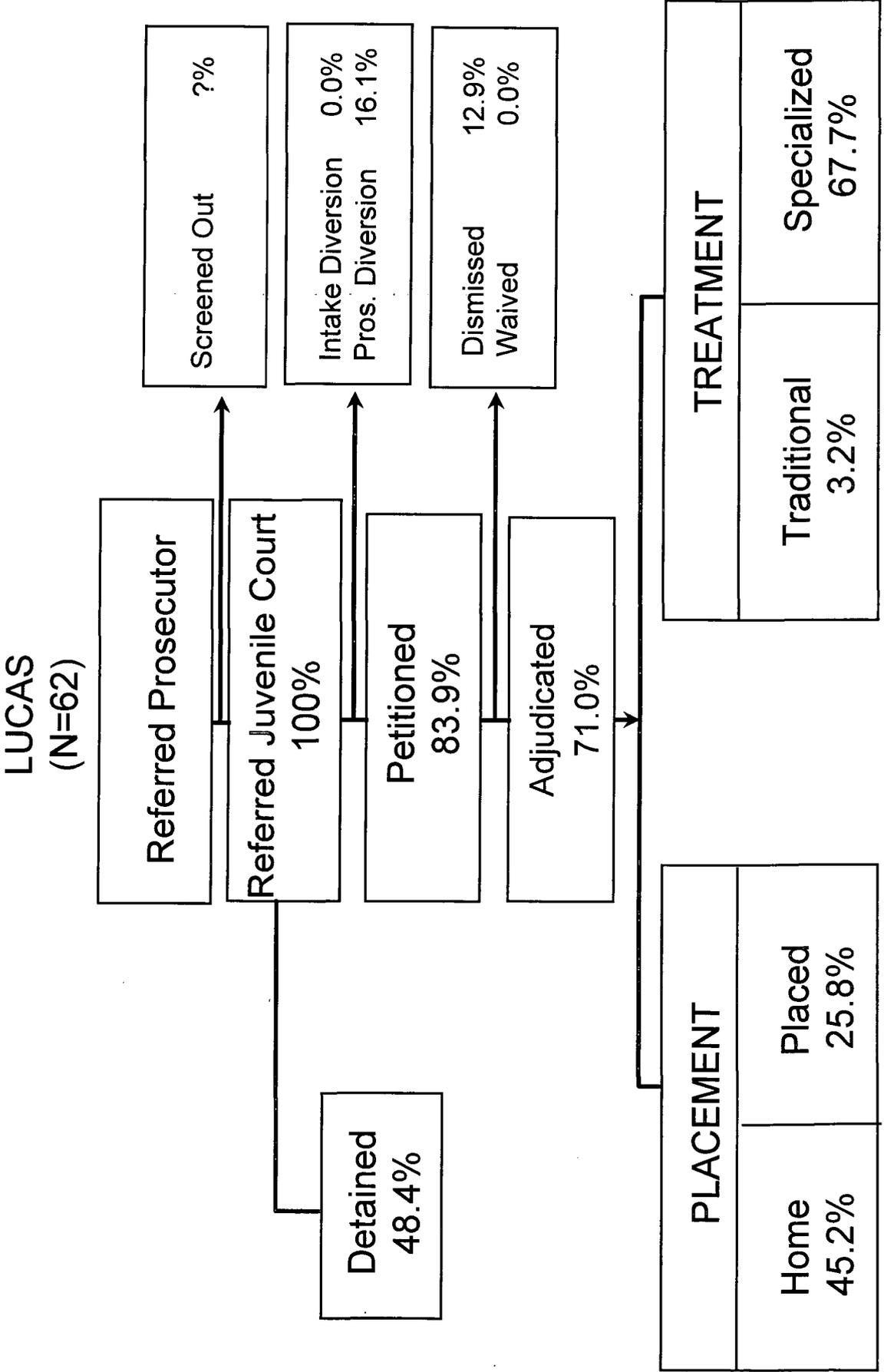
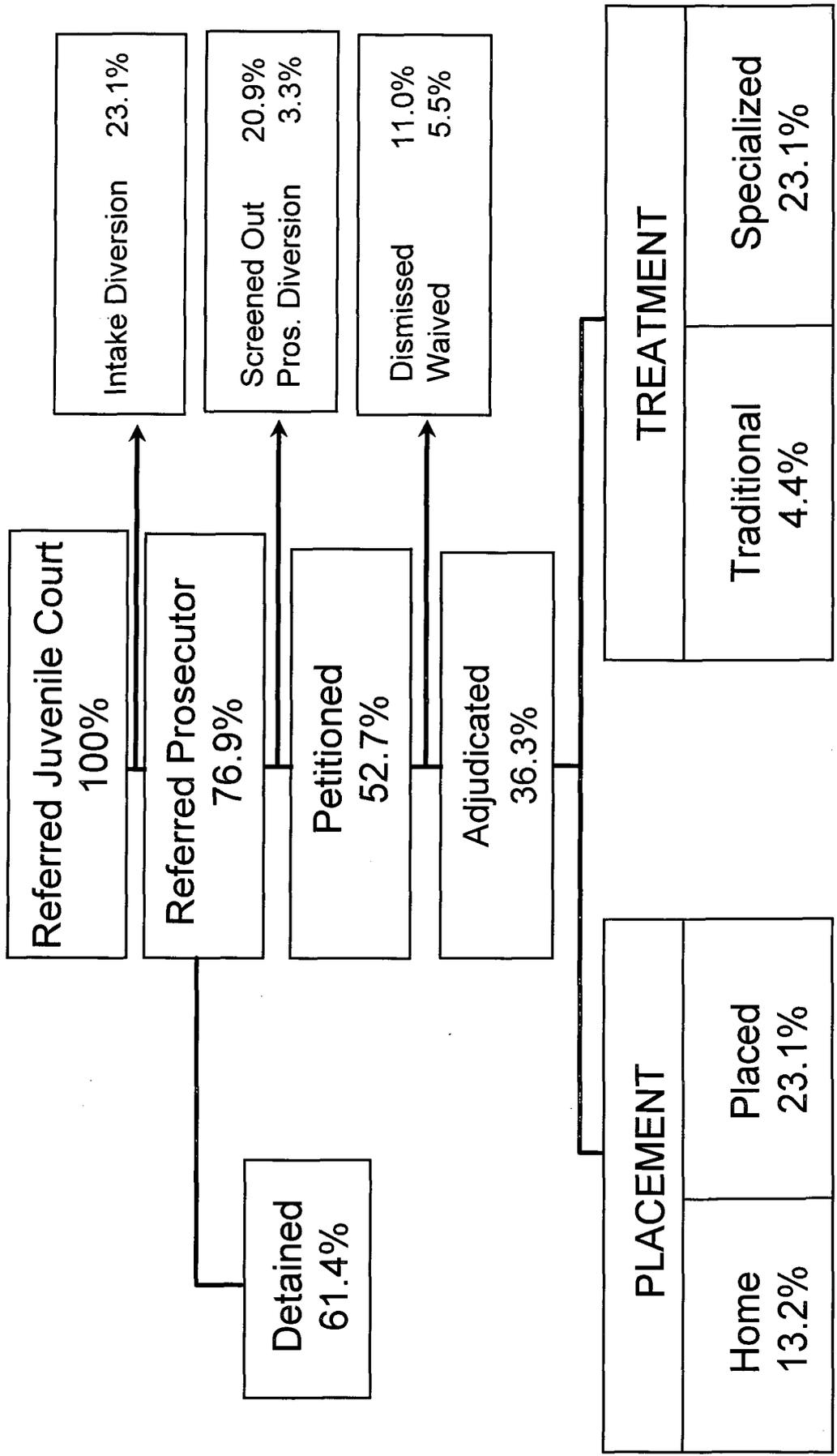




Figure 3.3 Juvenile Sex Offender Referrals Overview of Court System Processing

SAN FRANCISCO
(N=91)





Detention.

The extent to which juvenile sex offenders were detained at the point of referral can be considered one measure of the seriousness with which the various systems view sexual offending. Although a definitive answer would require comparing JSO detention rates with those for other serious offenses, the data (not shown in tabular form) seem to indicate that the detention rates in each site were high, and that they varied widely. The percentage of referred JSOs that was detained ranges from over one-fourth (28%) in Baltimore, to just under half (48%) in Lucas County, and to a high of 61% in San Francisco. The detention rates in Lucas County and San Francisco were significantly higher than those found in Baltimore and are likely a reflection of the concentrated attention paid to JSOs in those two sites. More specifically, staff in these two sites view detention as a mechanism and an opportunity for obtaining full and timely JSO assessments.

An analysis of the relationship between JSO characteristics and the decision to detain showed that certain offender and offense characteristics were associated with higher detention rates in all three sites:

- o those youth who had three or more prior referrals (for any type offense) were more likely to be detained than those with no priors; and,
- o cases involving physical injury to the victim were much more likely to be detained than those in which no injury occurred.

On all other measures, the characteristics associated with detention placement varied by site. This suggests that, to a certain extent, there are site-specific definitions



of "seriousness" with respect to juvenile sex offenders. For example, in Lucas County, offenders with victims who were siblings or relatives were significantly more likely to be detained (69% vs. 23%) than those whose victims were strangers. But the reverse was true in San Francisco, where 85% of the stranger cases were detained compared to 21% of the sibling/related cases. In addition, Baltimore and Lucas County were much more likely to detain cases involving penetration (37% vs. 12% and 68% vs. 36% respectively), but this was not the case in San Francisco, where penetration and non-penetration cases were equally likely to be detained (60% vs. 67%). Finally, cases involving the use of force were significantly more likely to be detained in Baltimore (35% vs. 21%), somewhat (but not significantly) more likely to be detained in San Francisco (68% vs. 54%), but in Lucas County they were just as likely to be detained as those cases in which force wasn't used (31% vs. 38%).

Intake Recommendations.

The first potential source of attrition in JSO case processing is at the intake stage. Intake staff in Baltimore and San Francisco (as in many other jurisdictions) screen all cases to determine whether they should be forwarded for formal prosecution or handled informally by intake staff. (Lucas County does not have an intake unit.) In Baltimore, JSO intake cases were spread among all intake staff, none of whom had formal training in JSO issues. And there were no JSO-specific intervention services available for diverted youth. In San Francisco however, all JSO referrals were handled by two intake staff who have had extensive specialized JSO training. These



staff had access to an offense-specific treatment program for diverted youth who are under the age of 12.

To what extent did intake in the two sites recommend prosecution or, conversely, diversion for JSOs? Data addressing this question are presented in Table 3.1 below.

Table 3.1
INTAKE RECOMMENDATIONS FOR JUVENILE SEX OFFENDERS

Intake Recommendation	Baltimore (n=165)	San Francisco (n=90)
Dismiss Outright	1.2	4.4
Counsel and Close	10.9	13.3
Hold Open/Informal Probation	13.9	4.4
Other Diversion	0.0	3.3
Formal Petition	72.1	74.4

In both sites, intake staff diverted approximately one-fourth of all JSOs and recommended prosecution for three-fourths. This diversion rate is similar to that found by Thomas (34%; 1992) in a study of 8,000 juvenile sex offender cases.

The types of cases that were diverted are very different in the two sites. In Baltimore, it was the nature of the offense that primarily determined whether a case would be diverted. The vast majority of diverted cases were misdemeanors (typically 4th degree sex offenses that involve inappropriate/unwanted touching, grabbing or



fondling with a peer). In San Francisco, it was the age of the youth that was the primary determinant of diversion. Almost all the diverted cases were under the age of 13, regardless of the nature of the charge.

In both sites the majority of diverted cases were either counseled and closed or placed on informal probation. In Baltimore, diverted youth tended to be referred to traditional intervention programs that involve informal counseling, recreation, etc., or to traditional therapists. In contrast, the majority of diverted youth in San Francisco were referred to an offense-specific treatment group designed specifically for young offenders.

Prosecutor Decisions.

The decision to file a formal petition ultimately rests with the prosecutor in all three sites. They may decide to override an intake recommendation for diversion and file a petition. They also may decide to not file a petition on cases recommended for formalization. This typically would occur because of a lack of evidence or victim reluctance to prosecute, in which instances the case would be screened out. But it could also be a result of the prosecutor's decision to divert the case at their level, prior to filing a petition. Consequently, prosecutor decisions at the pre-petition stage can be another source of attrition for JSO cases.

Data on prosecutorial petitioning decisions are presented in Table 3.2. These data show that there were significant differences across the sites in the proportion of JSO referrals that were formally petitioned. Specifically, the petition rate in San



Francisco (53% of all referred JSOs) was much lower than that found in Baltimore (73%) and Lucas County (84%). As shown in the table, a primary reason for this discrepancy is the more extensive screening out of cases that took place in San Francisco. One in five (21%) JSO referrals were rejected by the San Francisco prosecutor compared to one in ten cases (9%) in Baltimore. The difference between these two sites is likely the result of the use of more stringent screening criteria in San Francisco and, conversely, the Baltimore prosecutor's stated willingness to pursue prosecution even with "marginal" cases.

In Lucas County, 16% of the cases did not have a formal complaint filed. These cases were not screened out because they were considered weak, but instead were diverted by the prosecutor because they were viewed as less serious. All but one of these diverted cases involved non-contact offenses such as self-exposure or obscene phone calls.

Table 3.2
PROSECUTOR DECISIONS ON THE SEX OFFENSE CHARGE

Prosecutor Decision	Baltimore (n=213)	Lucas County (n=62)	San Francisco (n=91)
Agreed Intake Diversion	17.8	na	23.1
Diverted by Prosecutor (Pre-petition)	0.0	16.4	3.3
Sex Offense Screened Out	9.4	na	20.9
Filed Petition on Sex Offense	72.9	83.6	52.7



An analysis of the relationship between offender/offense characteristics and petition filing was undertaken for Baltimore and San Francisco to determine whether there were certain common factors associated with the decision to petition a case. (Lucas County was not included because so few cases were not petitioned and they all had similar characteristics i.e., misdemeanor, non-contact offenses.) The results (not shown in tabular form) showed that there were just two characteristics that were commonly associated with the filing of a petition. In both sites:

- o youth with a prior sex offense referral were significantly more likely to be petitioned than those who did not have such a prior referral; and,
- o cases in which there was physical evidence were more likely to be petitioned than those in which no physical evidence existed.

In San Francisco, there were several additional factors that were clearly associated with petitioning, but none of them were significant in Baltimore. Those San Francisco JSOs who were more likely to be petitioned were those who were 13 and older, those whose victims were 13 and older, those with three or more prior referrals and cases involving victim injury. (There were no significant additional petition-related variables in Baltimore.)

The most striking difference between the sites was in relation to the petitioning of offenders under the age of 13. In San Francisco, adolescent offenders were almost six times as likely as child offenders to be petitioned (63% vs. 11%). In Baltimore, both age groups had an equal likelihood of a petition being filed (76%). These differences between child and adolescent offenders in San Francisco and between



San Francisco and Baltimore held up even when controlling for the age of the victim, the type of sexual behavior (penetration vs. other) and the degree of force used. The lack of attempted prosecution of child offenders in San Francisco may be related to the availability of the offense-specific group for young, diverted offenders. Absent this resource in Baltimore, the only alternative to accessing JSO treatment is through adjudication.

Adjudication.

This section examines the legal outcomes of petitioned cases heard in juvenile court. Of primary interest is the extent to which there was further case attrition during the adjudicatory process and the extent to which sex offense charges were reduced - and in particular amended to non-sex offenses - through plea bargaining or court findings. With respect to the latter issue, it is believed that plea bargaining is detrimental to offender accountability and treatment because it facilitates minimization of the offense by the offender and, if plea bargained to a non-sex offense, may lead to a failure of the system to identify the sex offender as such.

The data on the results of the adjudication process are presented in Table 3.3 on the following page. The data show that:

- o in all sites, the majority of petitioned sex offense cases resulted in an adjudication, but there was significant variation by site. Baltimore's adjudication rate (53%) was significantly lower than both Lucas County's (85%) and San Francisco's (69%);¹

1. Note that these adjudication rates are calculated in relation to petitioned cases. When calculated against referrals, the adjudication rates are substantially lower i.e., 39% in Baltimore, 71% in Lucas County and 36% in San Francisco. See Figures 3.1, 3.2 and 3.3.



Table 3.3
LEGAL OUTCOMES FOR PETITIONED JSO CASES

CASE OUTCOME	Baltimore (n=155)	Lucas County (n=52)	San Francisco (n=48)
Waived to Adult Court	2.6	0.0	10.4
Prosecutor Diversion (Post-Petition)	18.1	0.0	0.0
All Charges Dismissed	22.6	15.4	8.3
Sex Dismissed, Adjudicated on Separate Non-Sex Charge	<u>3.9</u>	<u>0.0</u>	<u>12.5</u>
Sub-total, Not Adjudicated On Sex Case	47.2	15.4	31.2
Adjudicated, Non-Sex Charge Amended From Sex Offense	7.1	7.7	12.5
Adjudicated, Lesser Sex Offense	24.5	28.8	27.1
Adjudicated, Charged Sex Offense	<u>21.3</u>	<u>48.1</u>	<u>29.2</u>
Sub-total, Adjudicated On Sex Case	52.9	84.6	68.8



- o there was considerable additional attrition at this stage of case processing, especially in Baltimore, where almost half (47%) of the petitioned cases did not result in an adjudication, and San Francisco, where almost one-third of the petitioned cases did not result in an adjudication;
- o the reasons for non-adjudication on the sex offense varied by site. In Baltimore the main sources of attrition were dismissal (23% of petitions) and post-petition prosecutorial diversion (18%). In
- o In Lucas County, the sole source of attrition at this stage was dismissals (15%). In San Francisco, there were few outright dismissals (8%). Instead youth were not adjudicated because they were waived to the adult system (10%) or the sex charge was dropped and the youth was adjudicated on a separate non-sex offense (13%).
- o petitioned cases in all sites frequently (approximately one-fourth of the cases) resulted in an adjudication for a lesser sex offense;
- o plea bargaining or charge reduction resulting in adjudication for non-sex offenses was relatively rare in Baltimore and Lucas County, but was more common in San Francisco. Examination of the relevant outcome categories ("Sex dismissed, adjudicated on separate non-sex charge" and "Adjudicated on non-sex charge amended from sex offense") shows that in Baltimore 11% of the sex cases resulted in adjudication for a non-sex offense; in Lucas County just 8% of the cases had that outcome; but in San Francisco 1 in 4 petitioned cases were adjudicated on a non-sex charge.

The findings with respect to dismissals ("All dismissed" and "Sex dismissed") are similar to those found in the Thomas (1992) study using national data. In that study 26% of all petitioned JSO cases were dismissed. Here the rates were 26% (Baltimore), 15% (Lucas) and 21% (San Francisco).



Juvenile Court Dispositions ¹

Pre-Disposition Assessments.

To what extent were JSO dispositions informed by formal social history and clinical assessments, especially those - as recommended by the National Task Force - that were conducted by staff with expertise in evaluating juvenile sex offenders?

As shown in Table 3.4, over 90% of the offenders in all three sites had a social history completed prior to disposition. The majority of social histories were completed by "regular" probation officers. However, in San Francisco, almost 40% of the socials were done by the officers who are juvenile sex offender specialists.

Table 3.4
PRE-DISPOSITION ASSESSMENTS FOR ADJUDICATED JSOs

ASSESSMENT TYPE	Baltimore (n=82)	Lucas County (n=162)	San Francisco (n=33)
Social History			
None	6.1	1.2	0.0
Done by Regular PO	93.9	85.2	60.6
Done by JSO Specialist	0.0	13.6	39.4
Clinical Evaluation			
None	37.8	0.0	21.2
Done by Regular Clinician	43.9	1.2	18.2
Done by JSO Specialist	18.3	98.8	60.6

1. In this section on dispositions, the Lucas County sample has been expanded. It includes adjudicated youth from the 1992 referral cohort and 116 additional JSOs who were adjudicated in CY 90 and 91.



In each site over 60% of the JSOs also had a pre-disposition clinical evaluation. In San Francisco, 4 in 5 youth, and in Lucas County virtually all JSOs (99%), received such assessments. However, in Lucas County and San Francisco the evaluations were significantly more likely to be offense-specific and completed by clinicians with extensive training in JSO issues and assessment techniques. And in both these sites, the assessment included the use of formal (although non-validated) risk assessment instruments.

JSO Dispositions: Placement Orders

Previous studies on juvenile sex offender dispositions consistently have shown that the majority of JSOs are placed on probation. However, the proportion of youth given probation or placed out of the home varies substantially across studies. For example two studies indicate that approximately 20%-25% of adjudicated JSOs are placed (Mathews 1989; Wheeler 1986), while two others show a placement rate of approximately 40%-45% (Seeherman and Brooks 1987; Thomas 1992).

Similar variation was found in the present study. As shown in Table 3.5 (and Figure 3.4), the majority of youth (just under 60%) in Baltimore and Lucas County were placed at home under probation supervision. In San Francisco however, the corresponding figure was about one-third (36%) of the cases. JSOs were significantly more likely to be placed out of the home in San Francisco than in the other two sites. It appears that San Francisco youth were also more likely (although the difference is not statistically significant) to be placed into a correctional facility. Thirty percent of



that site's JSOs received correctional placement compared to 15% and 10% of the Baltimore and Lucas County youth, respectively.

These cross-site differences aside, it appears that the placement rate for JSOs in all three sites is high i.e., one-third to two-thirds of all adjudicated cases. The extent to which the JSO placement rates are higher than those for other types of offenders is an empirical question that was beyond the scope of this study.

Nonetheless, the data strongly suggest that the courts in all three jurisdictions do not take juvenile sexual offending lightly.

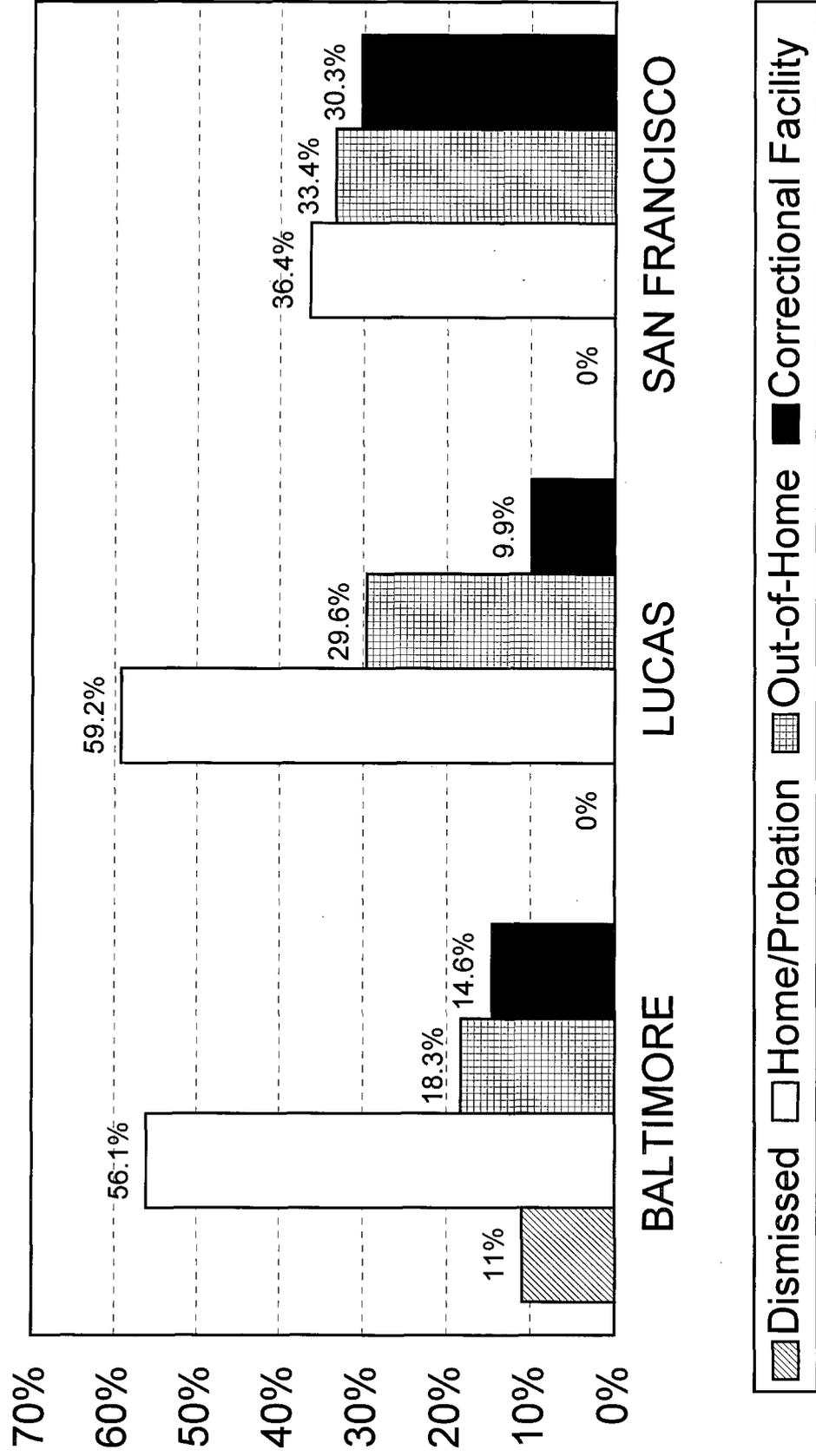
Table 3.5
JUVENILE SEX OFFENDER DISPOSITIONS: PLACEMENT ORDERS

DISPOSITION: PLACEMENT TYPE	Baltimore (n=82)	Lucas County (n=162)	San Francisco (n=33)
Dismissed *	11.0	0.0	0.0
Home	56.1	59.2	36.4
Foster Care	12.2	17.3	9.1
Group Home	1.2	3.1	18.2
Residential Treatment	4.9	9.2	6.1
Non-Secure Correctional Facility	1.2	0.0	12.1
Secure Correctional Facility	13.4	9.9	18.2

* In Baltimore, a case can be dismissed after a finding of guilt, if the youth is not deemed to be in need of services.



Figure 3.4
 Juvenile Court Dispositions: Placements





Were there certain types of juvenile sex offenders that were more likely to be placed out of the home than others? NCCD's analysis identified just three characteristics that were significantly associated with JSO placement in all three sites:

- o the offender and the victim lived together;
- o the offender had a history of assaultive behavior preceding the sex offense; and,
- o the offender's peer group consisted primarily of other delinquent youth.

Several other factors influenced the placement decision in both Baltimore and San Francisco, but not in Lucas County. These included a history of three or more previous offenses, a prior out-of-home placement, major mental health problems, significant school behavior problems and severe family disorganization or stress. Note that most of these placement-related variables are those that are associated with high-risk status and would be expected to be associated with placement decisions for any (and all) types of delinquent youth. (The exception is victim and offender living together.)

Interestingly, none of the variables associated with the nature of the sex offense itself (e.g. penetration, age differential) had any consistent bearing on placement decision in all three sites. For example when the victim was a child, the offender was more likely to be placed out of the home in Lucas County, but less likely to be placed in San Francisco and no more or less likely to be placed in Baltimore.

These findings suggest that JSO placement decisions - especially in Baltimore and San Francisco - may be driven less by the nature of the sex offense than by the



commission of a serious (and highly sensitive) offense, coupled with a history of delinquency and the presence of other factors that signal instability and risk of continued delinquent involvement. On the other hand, the four factors significantly linked with placement in Lucas County (victim under 13, offender/victim related, offender/victim lived together, history of assaultiveness) indicates a more focused concern with the sex offense, especially the relationship between the victim and the perpetrator. This in turn suggests that the philosophies and criteria used in sentencing juvenile sex offenders varies across jurisdictions.

JSO Dispositions: Referral for Treatment

In all three sites, the vast majority of adjudicated JSOs were referred for treatment for the sex offense as a result of court orders or probation conditions. The percentage of youth with such referrals ranged from 70% in Baltimore to 97% and 98% in San Francisco and Lucas County respectively (See Table 3.6). These data make clear the strong emphasis on providing treatment interventions for juvenile sex offenders in these three jurisdictions. They also underscore the gravity with which JSOs are viewed by the courts.

The primary difference between the sites was in the use of offense-specific treatment. Baltimore had limited specialized resources for JSO's (essentially, one out-patient group, one secure care program and out-of-state residential placements). Lucas County and San Francisco had access to a much wider range of offense-specific treatment options. As a result, Baltimore youth were significantly less likely to



be referred for what is considered the optimum treatment approach for sex offenders. Slightly more than one third (37%) of Baltimore JSOs were referred for specialized treatment, while almost two-thirds (64%) of the San Francisco youth and 92% of the Lucas County JSOs received specialized intervention.

Table 3.6
JSO TREATMENT REFERRALS

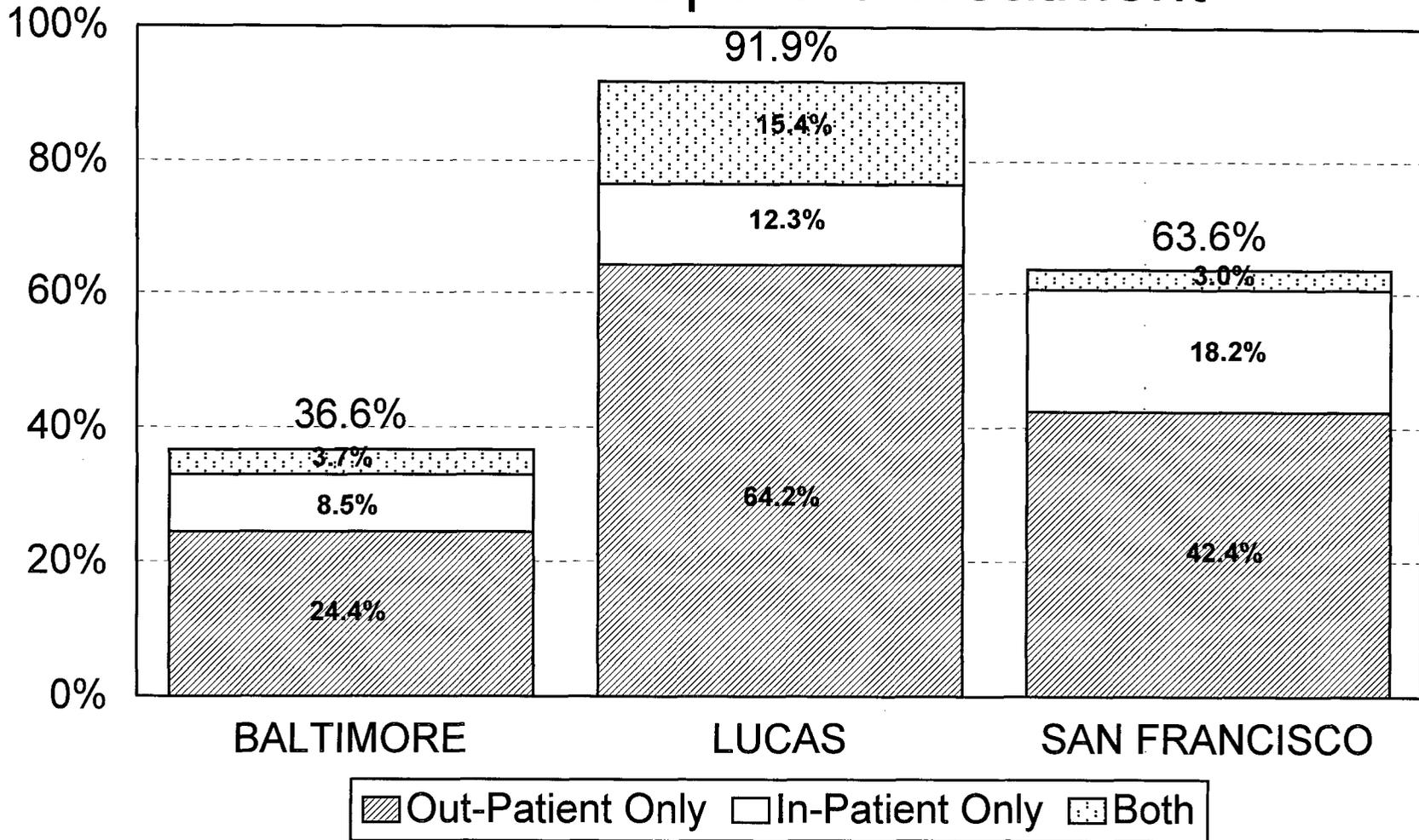
TREATMENT TYPE	Baltimore (n=82)	Lucas County (n=162)	San Francisco (n=33)
Not Referred for Treatment	30.5	1.8	3.0
Referred Traditional Treatment	32.9	6.2	33.3
Referred Specialized Treatment	36.6	92.0	63.6

Of the youth who were referred for specialized sex offender treatment, two-thirds were referred to out-patient programs only. In Baltimore and San Francisco approximately one-fourth of the youth (23% and 29% respectively) were referred just to in-patient programs. The comparable figure for Lucas County was 13%. In each site some youth were referred to both out-patient and in-patient services, either because of failure in out-patient programs (with subsequent referral to in-patient) or, more typically, because they were required to participate in an out-patient aftercare program once released from a facility. Figure 3.5 depicts the proportion of youth in each site that received specialized sex offender services in the various settings.



Figure 3.5

Adjudicated JSO Referrals For Offense-Specific Treatment





There was some variation across sites in the length of time spent by JSOs in specialized treatment. San Francisco youth spent an average of 16 months in out-patient programs, while Baltimore youth spent an average of 8 months, and Lucas County JSOs spent an average of 6 months. There were also differences in the average amount of time spent in in-patient programming. San Francisco youth averaged 7 months, Lucas County youth 10 months and Baltimore youth 13 months. (Data not shown in tabular form.)

JSO Dispositions: Court-Ordered Conditions of Supervision

In Lucas County and San Francisco, the courts frequently imposed "offense-specific" conditions of supervision (e.g., no victim contact) as part of JSO dispositions. These conditions are designed to restrict opportunities for further sexual offending and/or to provide restitution directly to the victim or symbolically to the community. As shown in Table 3.7, the Lucas County and San Francisco courts imposed such conditions in approximately three-fourths of adjudicated JSO cases. The imposition of offense-specific conditions was significantly less frequent in Baltimore, where it occurred in about one in ten cases.



Table 3.7
COURT-ORDERED OFFENSE-SPECIFIC CONDITIONS*

TYPE OF CONDITION	Baltimore (n=82)	Lucas County (n=162)	San Francisco (n=33)
No Offense-Specific Conditions	90.2	17.5	27.3
Offense-Specific Conditions	9.8	82.5	72.7
Type Conditions*			
No Victim Contact	8.5	61.1	72.7
No Contact Young Children	2.4	37.0	33.3
Victim Restitution	0.0	10.5	30.0
Place/Activity Restrictions	1.2	24.1	21.2
Community Service	2.4	9.9	69.7

* Since multiple conditions may be imposed for any one youth, the "type condition" percentage totals will exceed the percentage of cases in which conditions were imposed.

Summary and Discussion.

This chapter focused on the juvenile courts' response to juvenile sex offenders, with particular attention paid to the extent and sources of attrition that occurred during legal processing, the nature of the dispositions given to adjudicated sex offenders, the characteristics of youth associated with various decisions and the extent of variation across sites on each of these issues. There were several key findings.

First, the findings suggest that the goal of ensuring adjudication for JSOs - considered central to accountability and effective treatment - is not easily attained, even in sites where there have been concentrated system efforts to address JSO issues. In each of the study sites there were several sources of attrition in the legal process that served to substantially reduce the percentage of cases that was



adjudicated for a sex offense and consequently was eligible for mandated treatment.

- o In Baltimore, just 39% of the 213 JSOs in the referral sample were eventually adjudicated for the sex offense.
- o In San Francisco, adjudication for the sex offense happened for just over one-third (36%) of the 91 referrals.
- o Lucas County appeared to be more successful in adjudicating JSOs (71% adjudicated), but this rate must be treated cautiously because it does not capture cases that may have been screened out by the prosecutor.

The primary reasons for case attrition were diversion at the intake stage (Baltimore and San Francisco), prosecutor screening (San Francisco), prosecutor diversion (Baltimore and Lucas) and court dismissals (all three sites).

Do these attrition rates represent some sort of failure by the sites to aggressively pursue adjudication for JSOs? We don't think so. The cases diverted at intake in San Francisco were almost all offenders under the age of 12 who were referred for offense-specific treatment. Diverted cases in Baltimore were predominantly misdemeanor offenders charged with grabbing and inappropriate touching. Prosecutor diversion in Lucas County involved almost exclusively hands-off offenders, and the decision to divert was made in consultation with sex offender specialists in Probation. Prosecutor diversion in Baltimore was controlled by that system's sole (at the time) juvenile sex offender specialist. All of these diversion decisions appear to us to make sense. (And, as will be shown in the next chapter, diverted youth are no more or less likely than adjudicated JSOs to recidivate with a



sex offense or any other kind of offense.)

Additional sources of attrition were prosecutor screening and court dismissals. Both these outcomes are linked to the difficulty of prosecuting sex offense cases. Lack of physical evidence, lack of witnesses and victim reluctance to testify (among other factors) are all obstacles to effective prosecution. These are the very factors cited by the prosecutors in the three sites as the reasons they screen weak cases out or, if they don't, result in court dismissal due to legal insufficiency. While the prosecutors might adopt one or more of the new techniques developed to enhance sex offender prosecution, weak cases, and the attrition associated with them, will continue to be a fact of legal life.

The second major finding is related to the first. Primarily because of the extensive attrition (in Baltimore and San Francisco), only a small percentage of the referred JSO populations ended up being referred for treatment. In Baltimore and San Francisco only about one-fourth (27% in each) of the court-referred JSOs were in fact adjudicated and referred for treatment. Clearly, if the "adjudication" goal isn't met, the "treatment" goal won't be either.

Third, it is clear that adjudicated juvenile sex offenders are taken very seriously by the three courts. Public safety concerns are paramount as evidenced by the high percentage of adjudicated youth who were placed out of the home in all three jurisdictions (33% in Baltimore, 41% in Lucas County, 63% in San Francisco). But an equally strong emphasis was placed on treatment. Over 70% of the adjudicated JSOs were referred to either out-patient programs, in-patient treatment, or both. In Lucas



County and San Francisco, over 95% were referred for treatment.

Fourth, there is substantial variation across sites in the criteria used to guide decisions at the several stages of JSO case processing. For example, there were just two variables (prior record, victim injury) found in all sites to be associated with the decision to detain. On all other measures, the characteristics associated with detention placement varied from site to site. Similarly, there were only three variables (offender/victim living together, assaultive history, delinquent peers) that were significantly associated in all three sites with the decision to place adjudicated JSOs out of the home. Several other variables associated with placement were found to apply in Baltimore and San Francisco, but none of these significantly influenced decisions in Lucas County. Such variation is likely the result of a number of factors, including differences in offender populations, community tolerance, the system's stance in relation to certain types of sexual offenders/offenses, as well as the philosophies of individual decision makers.

Fifth, the findings show that there were some major differences in the system's response to juvenile sex offenders across sites. For example:

- o in Lucas County and San Francisco, JSOs were significantly more likely to be detained than they were in Baltimore;
- o the prosecutors in Baltimore and Lucas County made more extensive use of prosecutorial diversion than was the case in San Francisco;
- o prosecutor screening was more pronounced in San Francisco than in Baltimore; and,
- o adjudicated JSOs in San Francisco were significantly more likely to be placed out of the home than they were in the other two sites.



There were additional cross-site differences between Baltimore, on the one hand, and Lucas County and San Francisco on the other. The latter two sites have aggressively pursued implementation of many of the key recommendations made by the National Task Force. As a result:

- o pre-dispositional clinical assessments in Lucas County and San Francisco were significantly more likely to be offense-specific and conducted by specialists;
- o adjudicated youth in those two sites were more likely to be referred for treatment and significantly more likely to be referred to specialized treatment; and
- o San Francisco and Lucas County JSOs were also significantly more likely to be given specific conditions of supervision that are directly related to sexual offending.



Chapter 4 JUVENILE SEX OFFENDER RECIDIVISM

This chapter presents study findings on the extent and nature of juvenile sex offender recidivism in the three sites. Previous studies of JSO recidivism have used either clinical samples (e.g., Smith and Monastersky 1986; Weiks and Lehker 1988) or incarcerated youth (e.g. Rubenstein et. al. 1993; Steiger and Dixon 1991) or both (Schram et. al. 1991). Only two studies (Doshay 1943; Acheson and Williams 1954) have used court referral samples. All previous studies (to our knowledge) have been confined to a single county, state or institution. Each study has used somewhat different measures of recidivism and follow-up periods, thereby making cross-site comparisons difficult. The present study then, has the advantage of examining JSO outcomes in multiple (urban) sites using standardized outcome measures and a standardized follow-up period for measuring recidivism.

In spite of using different sample populations and widely divergent follow-up periods, previous juvenile sex offender recidivism studies have been remarkably consistent in their findings:

- o First, JSOs are far more likely to recidivate with non-sexual offenses than they are for sex offenses. For example, Schram et. al. followed 197 incarcerated and non-incarcerated JSOs - who recieved offense-specific treatment - for 5 years and found that while 51% of the sample recidivated within that time period for any offense, just 12% recidivated with a sexual offense.
- o Second, the rate of sexual re-offending is consistently low across most studies. Among the studies using a shorter-term tracking period (12-28 months), recidivism ranged from a low of 3% to 7% (Kahn and Chambers 1991; Schram and Rowe 1987; Weiks and Lehker 1988), to a



high of 14% in Smith and Monastersky. In those studies that used longer tracking periods (6-8 years), recidivism rates vary from 2-3% (Doshay 1943) to 12% (Steiger and Dixon 1991; Schram et. al. 1991) to a high of 37% (Rubenstein 1993). The latter study (with a sample of just 19 incarcerated offenders) is the only one to show recidivism rates above 14%.

In the present study, the primary research questions are:

- o what is the extent of non-sexual, sexual and violent recidivism among: 1) the entire court-referred population of JSOs in the three sites; and, 2) that subset of the referred youth who were adjudicated for the sex offense?
- o are there similarities and differences across sites in JSO recidivism?
- o are there differences in the recidivism rates of adjudicated and non-adjudicated juvenile sex offenders?
- o do JSO recidivism rates increase with longer follow-up periods?
- o does involvement in offense-specific treatment for adjudicated sex offenders influence recidivism? and,
- o what youth characteristics and offense-related variables are associated with the several types of recidivism (i.e non-sexual, sexual and violent?)

Note that there is no desire or attempt to compare the effectiveness of the sites in reducing recidivism. There are simply too many uncontrolled contextual factors in each site (e.g., police arrest practices) to allow for direct comparison. Consequently, the study does not address the question of whether adoption of the National Task Force "model" assumptions has an impact on juvenile sex offender recidivism. The site comparisons made below are simply done to examine the extent to which there are cross-site patterns in JSO recidivism.



Recidivism Definition. Recidivism is defined here as any arrest and court referral subsequent to the legal disposition of the instant sex offense referral (i.e., the one that resulted in each youth's inclusion in the study). "Disposition" is not limited to mean disposition of an adjudicated case. It also includes the point at which a final decision was made about the processing of non-adjudicated cases (i.e., those diverted and dismissed). Because the primary measure of recidivism is rearrest, "recidivism" here means "official recidivism." The study did not attempt to determine the extent to which the JSOs may have committed subsequent offenses for which they were not arrested.

Follow-up Periods. Recidivism for the two groups of interest (the referral cohort and the adjudicated cohort) was measured using two follow-up periods. Each group's recidivism was first examined using a standardized 18 month follow-up. For this measure, all youth in all sites were followed from the time of the legal decision regarding their case to the 18th month following that decision. Recidivism was also measured for an "extended" tracking period that was not standardized by site or by youth. Instead, the extended follow-up reflects the total mean number of months each group of youth was tracked. This tracking period began at the time the legal decision was made in each youth's case and ended at the time of data collection in each site. Any JSO who turned 18 during the follow-up period was also tracked into the adult system. The exact recidivism follow-up periods for both the referral sample and the adjudicated sample are presented below:



RECIDIVISM FOLLOW-UP DURATION BY JSO SAMPLE AND SITE						
JSO SAMPLE	Baltimore		Lucas County		San Francisco	
	Standard	Extended	Standard	Extended	Standard	Extended
Referral	18 mos	27 mos	18 mos	25 mos	18 mos	29 mos
Adjudicated	18 mos	25 mos	18 mos	35 mos	18 mos	30 mos

Definition of Outcome Measures.

As used here, "sex offenses" and "non-sex offenses" are mutually exclusive categories based on statutory labels and definitions. Examples of sex offenses are (in Maryland) 1st and 2nd degree rape, assault with intent to rape; 1st, 2nd, 3rd and 4th degree sex offenses; child sexual abuse, voyeurism, public indecency; (in Ohio) rape, felonious sexual penetration, sexual battery, gross sexual imposition; sexual imposition, voyeurism and public indecency; (in California) rape, sodomy, assault with intent to commit a sex offense, rape with an object, child sexual abuse, lewd and lascivious behavior with a person under 14, sexual battery, annoy/molest a child, voyeurism and public indecency.

Non-sex offenses are all offenses that do not carry a sex offense label, such as robbery, assault, drug possession and distribution, shoplifting, etc. Because prostitution was not included as a sex offense in this study, any arrest for that offense would have been counted as a non sex offense. In addition, since recidivism tracking did not include review of police reports, it is possible that some offenses with strong sexual components - but charged as non-sex offenses - went undetected by data collectors and were counted as non-sex offenses.

The "violent" offense category includes both sexual and non-sexual felony offenses against persons. Consequently, violent recidivism is not mutually exclusive with either the sex offense or the non-sex offense categories. Violent offenses include felony-level sex offenses (e.g, rape, child sexual abuse, assault with intent to rape, 1st, 2nd and 3rd degree sex offenses (Maryland), lewd and lascivious, etc.) and other felonies against persons (e.g., murder, armed/aggravated robbery, aggravated/felonious assault, assault with intent to rob or kill, extortion, etc.) Felony-level weapons charges were also counted as violent offenses.



Recidivism Among Court-Referred JSOs.

Table 4.1 and Figure 4.1 on the following pages show the referral cohorts' rearrest outcomes for both tracking periods and the three offense types. The data show that, at 18 months:

- o in all sites the percentage of JSOs rearrested for sex offenses was low, ranging from 3% in Baltimore and Lucas County to a high of just 6% in San Francisco;
- o across all sites, just 16 of the 366 court-referred juvenile sex offenders (4%) had committed a new sex offense (data not shown in table)
- o in all sites, the percentage of JSOs rearrested for non-sex offenses (ranging from 21% in Lucas County to 44% in Baltimore) was at least five times larger than the percentage rearrested for sex offenses;
- o in Baltimore and San Francisco a substantially larger percentage of youth was arrested for violent offenses than for sex offenses, but this pattern did not hold in Lucas County.

When the JSOs were tracked for an additional 7 to 11 months - depending on the site - it was discovered that:

- o in Lucas County and San Francisco, the proportion of JSOs arrested for a new sex offense did not increase beyond that found at 18 months. In Baltimore, after an additional 9 months of tracking the increase was less than 1% (2 youth). In contrast, there were increases in the percentage of youth arrested for non-sex offenses in all sites. The percentage of youth rearrested for non-sex offenses ranged from about one-third (31%) in Lucas County to half (51%) in Baltimore. Additionally, there were increases in rearrests for violent offenses in Baltimore and San Francisco. One in five Baltimore youth (20%) and almost one in three of the San Francisco JSOs (31%) had recidivated with a violent offense;
- o in each site, JSOs were at least 8 times more likely to recidivate with a non-sex offense than with a sex offense. And, in Baltimore and San Francisco, the court-referred juvenile sex offenders were about 5 times more likely to commit a violent offense (including felony sex) than a sex offense.



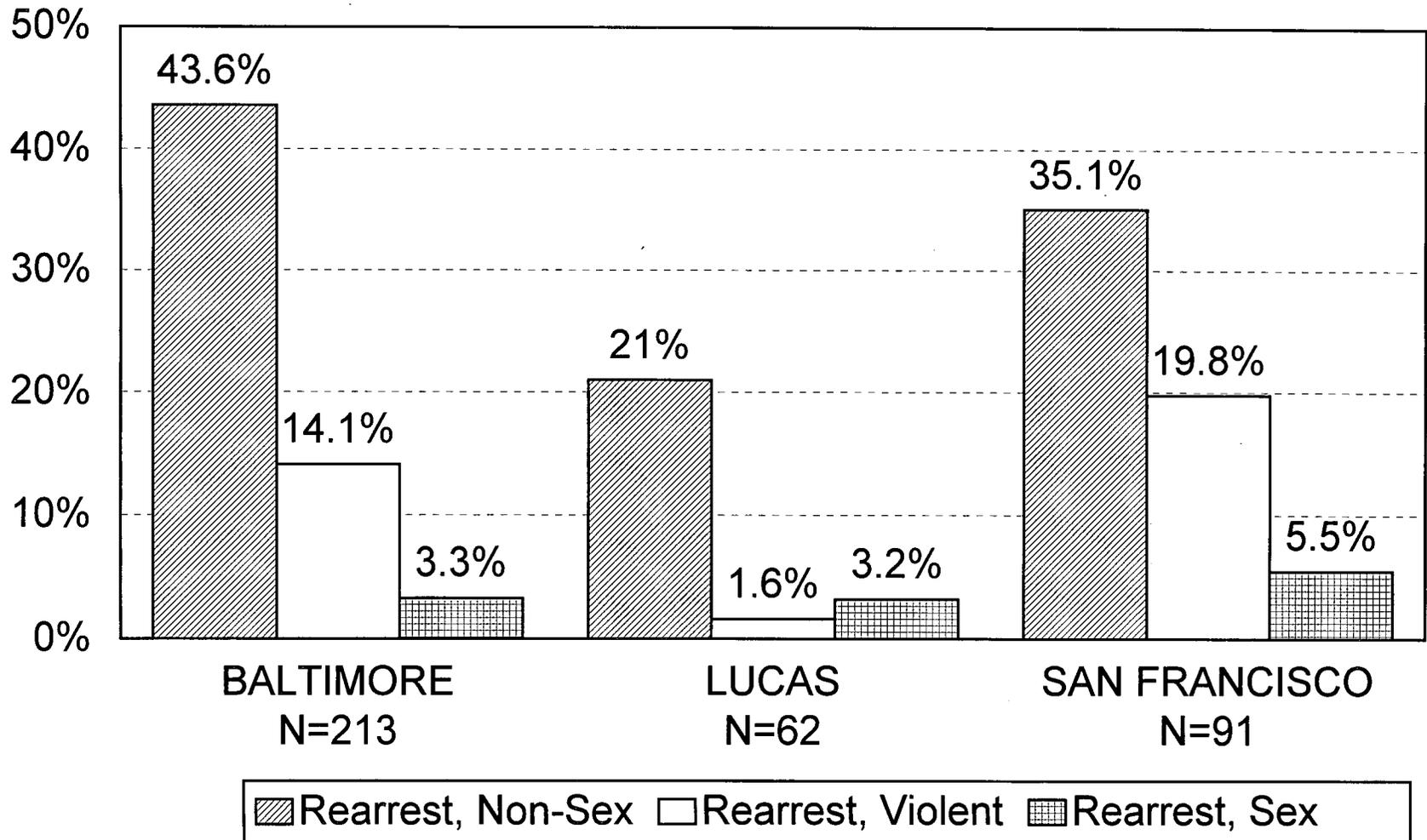
Table 4.1
**RECIDIVISM AMONG COURT-REFERRED JUVENILE SEX OFFENDERS,
 BY OFFENSE TYPE AND FOLLOW-UP PERIOD**

NATURE OF SUBSEQUENT ARRESTS	BALTIMORE (n=213)		LUCAS COUNTY (n=62)		SAN FRANCISCO (n=91)	
	18 Mos.	Extended	18 Mos.	Extended	18 Mos.	Extended
% Arrested Non-Sex Offense	43.6	50.7	21.0	30.7	35.1	42.9
% Arrested Sex Offense	3.3	4.2	3.2	3.2	5.5	5.5
% Arrested Violent Offense	14.1	19.7	1.6	1.6	19.8	30.8



Figure 4.1

18-Month Recidivism Among Court-Referred JSOs



(Re-Arrest)



To explore whether adjudication had any potential impact on subsequent offending by juvenile sex offenders, we compared the recidivism rates of three groups of youth, classified by the legal outcome of the original sex offense referral. The three groups were:

- o those adjudicated for the sex offense;
- o those who were diverted either at intake or by the prosecutor; and,
- o those whose sex cases were either screened out or dismissed.

The results of this analysis are shown in an extremely busy Table 4.2. This analysis should be treated as exploratory since no effort was made to control for differences in the characteristics of the youth who recieved the alternative dispositions. It is likely for example, that diverted youth were very different from both those who were adjudicated and those whose cases were screened out or dismissed. On the other hand, it is also likely that there were not substantial differences between adjudicated and screened out/dismisssed cases. (Presumably, the primary difference between these two groups was the legal sufficiency of the case, rather than the youths' characteristics or the nature of their offenses.)



Table 4.2
RECIDIVISM BY LEGAL OUTCOME OF THE ORIGINAL SEX OFFENSE REFERRAL
 (Extended Follow-Up)

Type Subsequent Offense/ Original Legal Outcome	Baltimore		Lucas County		San Francisco	
	n	% Rearrested	n	% Rearrested	n	% Rearrested
Subsequent Non-Sex Off.	213	50.7	62	30.7	91	42.9
- Adjudicated, Sex Off.	82	45.1	44	38.7	33	39.3
- Diverted	66	48.5	10	20.0	24	29.2
- Screened/Dismissed	65	58.5	8	0.0	34	55.6
Subsequent Sex Off.	213	4.2	62	3.2	91	5.5
- Adjudicated, Sex Off.	82	9.8	44	4.5	33	6.1
- Diverted	66	0.0	10	0.0	24	8.3
- Screened/Dismissed	65	1.5	8	0.0	34	2.9
Subsequent Violent Off.	213	19.7	62	1.6	91	30.8
- Adjudicated, Sex Off.	82	19.5	44	2.3	33	36.4
- Diverted	66	15.2	10	0.0	24	20.8
- Screened/Dismissed	65	24.6	8	0.0	34	32.4



The data in Table 4.2 suggest that with respect to subsequent non-sexual offending:

- o there were no clear patterns in the comparative recidivism rates of adjudicated JSOs and those whose cases were screened out or dismissed. Adjudicated JSOs in Baltimore and San Francisco were somewhat (but not significantly) less likely to recidivate with non-sex offenses (45% and 39% respectively) than were the youth whose cases were screened out or dismissed (59% and 56% respectively). In Lucas County, adjudicated JSOs were more likely to recidivate with a non-sex offense than were the screened out/dismissed youth (39% vs 0%). But the low n's in the latter category makes this a very unstable finding.
- o there were also no definitive findings in the comparison of adjudicated and diverted JSOs. In Lucas County and San Francisco, adjudicated JSOs were slightly (but not significantly) more likely to recidivate with a non-sex offense than were diverted youth - which might be expected - but in Baltimore the recidivism rates for these two groups were identical.

The findings with respect to subsequent sexual offending are colored by the overall low base rate. However, the data indicate that there were no substantive or significant differences in the sexual recidivism rate of those JSOs who were diverted, or whose cases were screened out/dismissed, and those who were adjudicated on the sex offense. The single largest difference occurred in Baltimore where 10% of the adjudicated JSOs had a new sex offense, while none of the diverted JSOs did.

Adjudication for a juvenile sex offense appears to have no effect on subsequent violent offending. The data show that there were no significant differences in violent recidivism between the three groups in any of the sites. In other words, adjudicated JSOs, diverted JSOs, and those whose cases were screened out or dismissed all had similar violent recidivism rates. The single largest difference was in San Francisco,



where 21% of the diverted youth and 36% of the adjudicated youth had subsequent violent offenses.

In summary, while there may be benefits to adjudication beyond its impact on recidivism (e.g., holding the offender accountable), there is no clear and consistent evidence that adjudication per se serves to reduce recidivism of any type among court-referred juvenile sex offenders.

Recidivism Among Adjudicated JSOs.

This section focuses on the extent and nature of recidivism occurring in the subset of the JSO population that was adjudicated for the sex offense.¹ The data presentation format and the issues to be addressed are identical to those found in the preceeding section.

Table 4.3 and Figures 4.2 (18 month outcomes) and 4.3 (extended tracking outcomes) on the following pages show the referral cohorts rearrest outcomes for both tracking periods and the three offense types.

1. In this section, the Lucas County sample consists of the youth in the 1992 referral cohort that were adjudicated, plus the 116 youth who had been adjudicated for sex offenses in CY 90 and 91.



Table 4.3
**RECIDIVISM AMONG ADJUDICATED JUVENILE SEX OFFENDERS,
 BY OFFENSE TYPE AND FOLLOW-UP PERIOD**

NATURE OF SUBSEQUENT ARRESTS	BALTIMORE (n=82)		LUCAS COUNTY (n=160)		SAN FRANCISCO (n=33)	
	18 Mos.	Extended	18 Mos.	Extended	18 Mos.	Extended
% Arrested Non-Sex Offense	35.4	45.1	26.9	42.5	30.3	39.3
% Arrested Sex Offense	8.5	9.8	3.1	5.6	6.1	6.1
% Arrested Violent Offense	14.6	19.5	5.6	15.0	24.2	36.3



The data in Table 4.3 show that, at 18 months:

- o in all sites the percentage of adjudicated JSOs rearrested for sex offenses was less than 10%, ranging from 3% in Lucas County to 6% in San Francisco, and to 10% in Baltimore;
- o across all sites, just 14 of the 275 adjudicated juvenile sex offenders (5%) had committed a new sex offense (data not shown in table);
- o in all sites, the percentage of adjudicated JSOs rearrested for non-sex offenses (ranging from 27% in Lucas County to 35% in Baltimore) was at least four times larger than the percentage rearrested for sex offenses;
- o in each site a larger percentage of youth was arrested for violent offenses than for sex offenses, but the difference was substantial only in San Francisco;

When the adjudicated youth were tracked for an additional 7 to 17 months - depending on the site - the data show that:

- o in Baltimore (after 25 months) and Lucas County (after 35 months), the proportion of adjudicated JSOs arrested for a new sex offense barely increased beyond that found at 18 months. In San Francisco (after 30 months), there was no increase in sexual recidivism.
- o at the extended follow-up across all sites, just 19 of the 275 adjudicated sex offenders (7%) had committed a subsequent sex offense;
- o the percentage of youth rearrested for non-sex offenses ranged from about 40% in Lucas County and San Francisco to 45% in Baltimore. These percentages all reflect considerable increases over the non-sexual recidivism data at 18 months. Additionally, there were increases in rearrests for violent offenses in Baltimore (from 15% to 20%), in Lucas County (from 6% to 15%), and in San Francisco (from 24% to 36%). This means that one in five Baltimore youth, one in seven Lucas County juveniles and more than one-third of the San Francisco JSOs had recidivated with a violent offense;



Figure 4.2
18-Month Recidivism Among Adjudicated JSOs

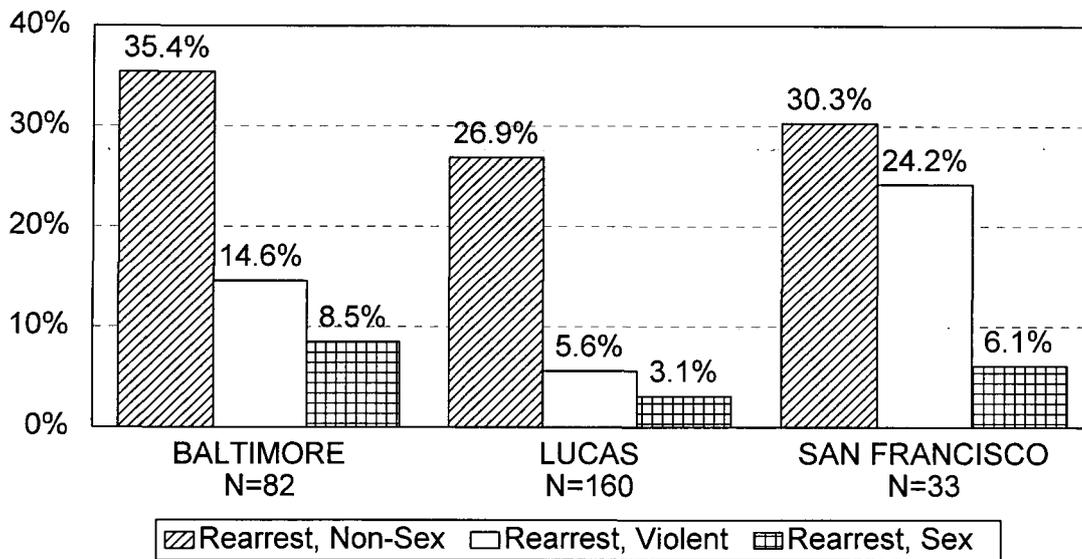
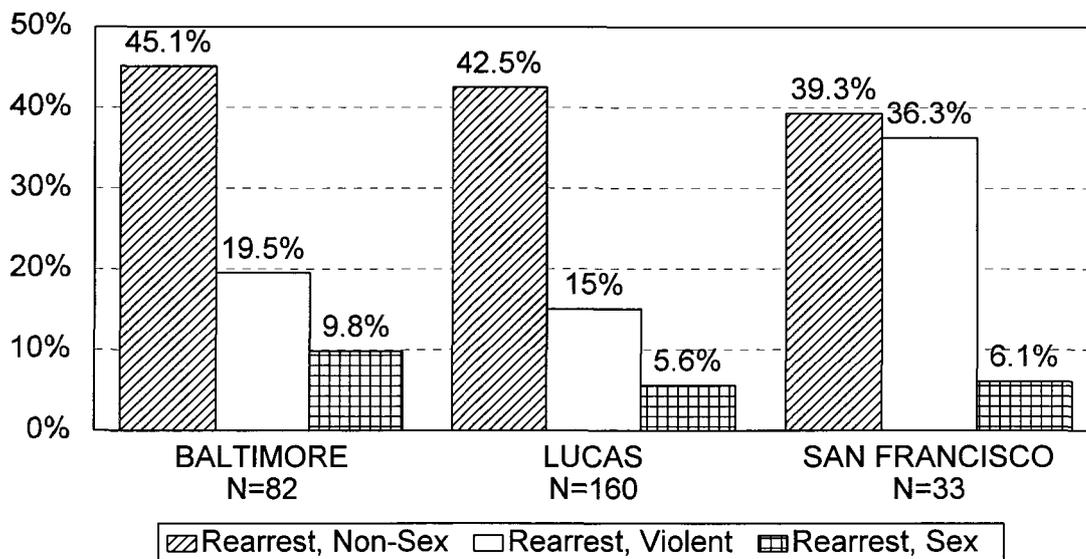


Figure 4.3
Recidivism Among Adjudicated JSOs at Extended Follow-Up





100

101



102



- o in each site, adjudicated JSOs were at least five times as likely to recidivate with a non-sex offense as with a sex offense; and,
- o although the differences are not statistically significant, there is a clear pattern across the sites in that adjudicated juvenile sex offenders appear more likely to commit a violent offense (including felony sex) than they were to commit a sex offense.

Treatment Status and Recidivism. The study also analyzed the relationship between involvement in offense-specific treatment and subsequent recidivism. For each site, comparisons were made between the recidivism of adjudicated JSOs who did not get specialized treatment and: 1) all adjudicated youth who did get offense-specific interventions; 2) those who were successfully terminated from offense-specific treatment; and, 3) those who were negatively terminated from offense-specific treatment. This analysis used the outcomes of "Any Recidivism" (i.e., any subsequent offense, regardless of type) and "Violent Recidivism" (using the same definition as in previous analyses).

This analysis (see Figures 4.4 and 4.5) is exploratory in nature and is severely limited by the number of adjudicated JSOs in Lucas County and San Francisco that did not receive specialized interventions. (It is also limited by the low number of youth in Baltimore and San Francisco who did get it.)

Keeping these caveats in mind, the data indicate that:

- o with respect to any recidivism, there were no significant or substantial differences in any site between those youth who received specialized treatment and those who did not. In Baltimore, exactly half the treated cases had a subsequent offense compared to 56% of the JSOs who didn't receive specialized treatment. In Lucas County, the small number of youth who didn't get specialized treatment were

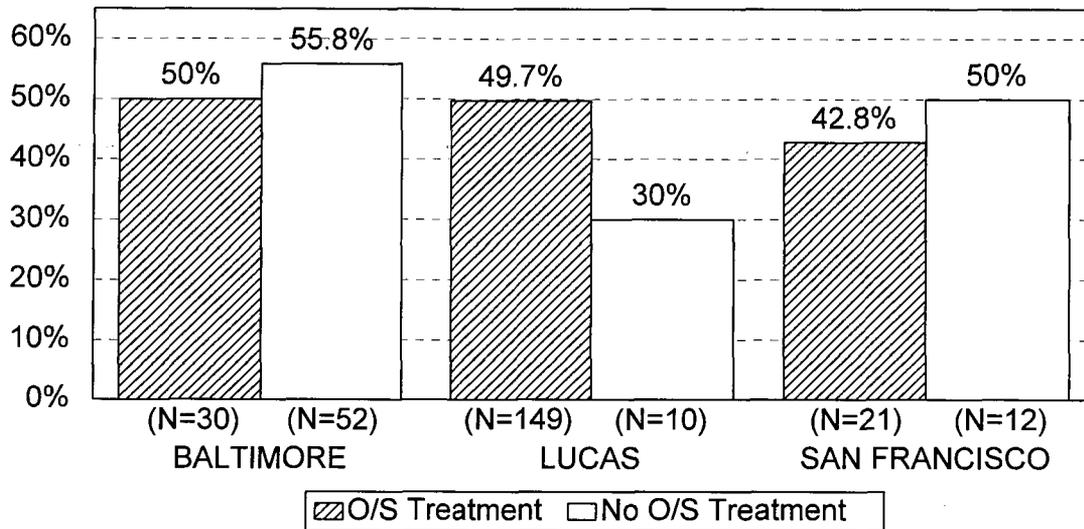


somewhat less likely to recidivate than those who did (30% vs. 50%). And the San Francisco results look very much like Baltimore's: 43% of the treated group and 50% of the untreated group recidivated.

- o the results on violent recidivism also show no significant differences between the treated and untreated groups. Only in Lucas County was there any appreciable difference in violent recidivism and the results suggest that non-treated youth (30% recidivism) did better than the treated population (50%). But again the size of the untreated sample makes this finding extremely suspect.
- o in Baltimore, the JSOs who successfully completed treatment had significantly lower recidivism rates (any recidivism) than the JSOs who were negatively terminated. A similar pattern was found for the other sites, but there the differences between the two groups were not significant. There were also no significant differences in any sites between successful and negative terminations on the violent recidivism outcome measure.

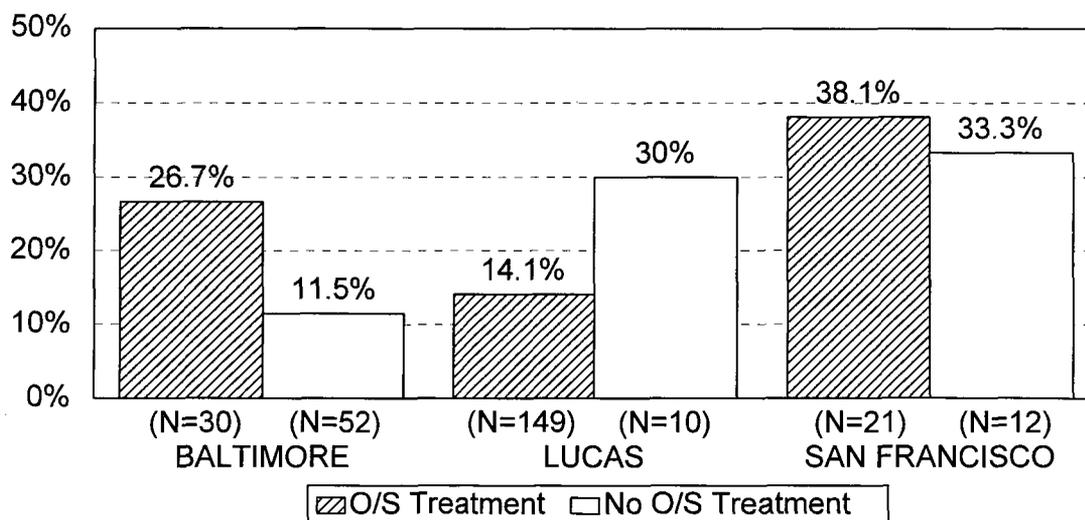


Figure 4.4
Total Recidivism Among Adjudicated JSOs
By Treatment Status



(Entire Follow-Up)

Figure 4.5
Violent Recidivism Among Adjudicated JSOs
By Treatment Status



(Entire Follow-Up)



Risk Factors for Adjudicated Sex Offenders.

Risk assessment is a major concern for those dealing with juvenile sex offenders. There is a need to determine an individual JSO's likelihood of committing a subsequent sexual offense in order to make decisions about appropriate levels of custody or supervision, as well as necessary treatment interventions. Although numerous risk assessment instruments have been developed and validated for general delinquency populations, there is a consensus that these tools are not valid for assessing the likelihood of sexual recidivism. As a result, practitioners in the field either rely on subjective risk assessment or on structured tools that have been developed based on experience with clinical populations of juvenile sex offenders. One such instrument, developed by Ross and Loss (1988), is widely used (including by Lucas County and San Francisco). This tool contains 21 factors that are designed to assess a youth's overall risk, the seriousness of his/her offending, amenability to treatment, and treatment prognosis. Most of the variables focus on issues surrounding the sexual offense, including the degree of force used, the victim-offender relationship, the frequency, duration and progression of sexual offending and the youth's acceptance of responsibility and motivation to change. But the tool also incorporates risk factors that are routinely found on instruments developed for the general delinquent population. These include family functioning, school behavior, peer relationships, assaultiveness and substance abuse.

However, structured JSO risk assessments such as the Ross and Loss tool have not been validated, so there is uncertainty as to whether they accomplish their



intended purpose. In an attempt to shed some empirical light on risk factors for juvenile sex offenders, NCCD analyzed the relationship (using correlation coefficients) between 25 variables and three different JSO outcome measures. The variables included offender demographic and social functioning characteristics, and offense history measures, as well as several factors specifically related to the sexual offending (e.g. victim characteristics, degree of force used and the frequency of sexual offending).

Because of the recidivism patterns found in the JSO outcome analysis, each of the variables was examined for its relationship to three different outcomes - any subsequent offenses (regardless of offense type); subsequent sexual offenses; and, subsequent violent offenses.

The sample used in this analysis consisted of the adjudicated juvenile sex offenders from all three study sites (n=286).

The primary questions of interest are:

- o what are the JSO characteristics associated with each type of recidivism?
- o to what extent are variables that are directly related to the nature and extent of sexual offending "predictive" of subsequent sex offenses?
- o to what extent are the variables associated with one outcome (e.g., any arrest) also associated with the others (e.g., sex arrest)?

Table 4.4 shows the results of this analysis. The variables that were significantly correlated with the respective outcomes are marked with an "x", representing significance at the .10 level. Variables with "xx" were significant at the



Table 4.4
RISK FACTORS FOR ADJUDICATED JSOS, BY TYPE OF RECIDIVISM
 (Combined Samples, n=286, Extended Follow-Up)

OFFENDER AND OFFENSE CHARACTERISTICS	RECIDIVISM TYPE AND CORRELATION		
	Any Arrest	Sex Arrest	Violent Arrest
Offender Age			
Victim Age			
Off 2+ Yrs Younger Than Victim	**		***
Penetration Occurred			
Force Used			
Victim Injured			
Multiple Occasions (this victim)	*		
Denies Sex Offense			
3+ Prior Referrals	***		***
Prior Sex Referral			
2+ Known Victims		*	
Major Drug/Alcohol Problem	**		***
Major Mental Health Problem	*	**	***
History of Assaultiveness			
Major Truancy Problem	***		**
Major School Behavior Problem	***	**	***
In Special Education	***	***	
Peers Mostly Delinquent	***		***
Major Family Dysfunction			
Lack of Parental Control	**		
Victim, Physical Abuse	**	*	*
Victim, Sexual Abuse	*		



.05 level and "xxx" indicates significance at .01 (i.e., the strongest relationship with recidivism).

Findings. Eleven variables were found to be associated with recidivism for any new offense. Eight of those eleven are the variables that routinely appear on empirically-based risk assessment instruments developed for the general delinquency population. The other three are unique (offender 2+ years younger than victim, offender abused this victim on multiple occasions, and offender was victim of physical abuse). This finding suggests that in general, the risk factors for juvenile sex offenders (when the outcome of interest is repeated delinquent behavior) are the same as for the general delinquent population.

Most of the variables associated with violent recidivism among adjudicated juvenile sex offenders are the same as those connected with any recidivism. Three variables correlated with any recidivism were not correlated with violent recidivism (multiple victimizations, in special education and lack of parental control). There were no variables uniquely associated with subsequent arrest for a violent offense. That there is such a high degree of correspondence between the variables associated with "any" and "violent" recidivism may be a function of the fairly high proportion of JSOs in the sample who recidivated with a violent offense.

There were just five variables associated with sexual re-offending among JSOs. Those youth who had two or more sexual victims, mental health or school behavior problems, were in special ed, and/or had been victims of physical abuse were most likely to commit subsequent sex offenses. These findings need to be treated with



caution due to the fairly small size of the sample and because of the low sexual recidivism base rate (7%). Either a larger sample or a higher base rate might produce different findings. Given this caveat, the findings raise two important points.

First, three of the five risk factors for sexual recidivism by JSOs (mental health, school behavior, physical abuse) are also risk factors for "any" and "violent" recidivism. A fourth (special ed.) is also a correlate of "any" recidivism. Yet, these variables are only a sub-set of the wider array of variables associated with the other types of recidivism. This finding tends to support those who maintain that "traditional" risk factors do not work well for juvenile sex offenders when the outcome of interest is subsequent sex offending.

Second, only one of the variables specifically connected to sexual offending (2+ known victims) bore a relationship to sexual recidivism. Neither a prior sex offense referral, nor any characteristics associated with the sex offense itself (e.g., penetration, force, victim injury, repeat abuse of the same victim), nor offender denial, nor having been a victim of sexual abuse were associated with sexual recidivism. Yet these factors are integral to structured juvenile sex offender risk tools such as the Ross and Loss model. Since such tools are widely used in placement and treatment decisions for JSOs, it would appear imperative that they undergo the validation process and/or that alternative, empirically-based risk assessments be developed for the field.



Summary and Discussion. This study found - as previous JSO recidivism research has - that juvenile sex offenders were far more likely to recidivate with non-sexual offenses than with sex offenses, and that they did so at a relatively high rate (i.e., 30% or more of adjudicated JSOs in all sites had new non-sex offenses at 18 months and 40% or more in all sites had this type of recidivism at the extended follow-up).

The recidivism data, whether using the referral cohorts or adjudicated JSOs, strongly indicate that official sexual recidivism is low and that the passage of time (albeit fairly limited) does not result in the discovery of many additional sexual recidivists. These findings stand in stark contrast to the common wisdom in the field that juvenile sex offenders are chronic recidivists. They also challenge the often-cited contention that the average juvenile sex offender will affect 380 victims in his lifetime (Abel 1982). Moreover, the low level of sexual recidivism found in this study is supported by - and supports - most other studies on recidivism among JSOs.

An alternative way of viewing the low sexual recidivism of the JSOs included in this study is that the treatment programs were extremely successful. There is no way of addressing this possibility definitively in this study, because sexual recidivism was too low to allow for a comparison of recidivism rates among treated and non-treated JSOs. We simply can't tell whether the programs have the effect of reducing sexual recidivism. We have seen, on a tentative basis, that the youth in each site who were referred for specialized treatment had similar recidivism rates (for any recidivism and violent recidivism) as those who were not referred for specialized treatment. We also



know from one previous study that examined JSO recidivism rates before and after implementation of a specialized program that the pre-program recidivism rates were just as low as the post program recidivism rates (Weiks and Lehker, 1988). Our working assumption, absent evidence to the contrary, is that sexual recidivism would have been low with or without the availability of specialized programming.

The belief that JSOs are chronic sexual recidivists is based primarily on the retrospective self-reports of adult sex offenders (who were in treatment, on probation or incarcerated) about the on-set, nature and chronicity of their sexual offending.

Studies indicate that about half of these adult sex offenders reported that the on-set of deviant arousal occurred during adolescence (Abel et. al. 1985; Groth 1982) and that they have had an extraordinary number of victims (mean=366; Abel, et. al. 1985).

There's no doubt these guys were serious, chronic sexual offenders. The problem is that the current juvenile sex offender movement wrongly interprets the data to mean that this is what juvenile sex offenders, if left untreated, will also do. This fallacious assumption is based on the retrospective application of the careers of deep-end, chronic sex offenders on to front-end, primarily non-chronic sexual offenders, and assumes no desistance in the offending behavior. It attributes the worst possible outcome to any and all who have ever committed a sex offense. This is like saying that most adult offenders committed delinquent acts and therefore most delinquents will go on to become adult offenders (which doesn't happen) or, more baldly, that all murderers drank milk as children, so all children who drink milk will go on to murder somebody (which, based on the most recent data, also doesn't happen). There are



absolutely no data to support the belief that most, or even a large percentage, of juveniles who committ sex offenses will re-offend sexually at all, let alone do so chronically. And the available data that are based (appropriately) on prospective studies of referred or adjudicated JSOs, virtually all indicate that it only a small fraction of JSOs who recidivate sexually.

The results of this and other JSO recidivism studies lead to the belief that the recently emerging juvenile sex offender systems and programs, by basing their efforts largely on the assumption of chronic sexual offending, throw an inordinately wide, and frequently mis-cast net by trying to "treat" and control all juveniles who have committed sex offenses. There is no argument with concerns about holding JSOs accountable for what they have done. Many have committed serious offenses and should recieve their just desserts. There is also no argument with the ultimate concern of risk control. Some of these JSOs will likely go on to commit an extraordinary number of sexual offenses and damage innumerable lives. The only issue is which, and how many, JSOs should be considered "high risk". The real task is to effectively identify that small percentage of JSOs who are most likely to continue sexual offending and give them intensive controls and specialized treatment. (The issue of risk assessment is addressed below.) Some portion of the remaining JSO population can likely be treated as "normal" delinquents, supplemented by education in sexual and victim awareness issues. Others still may need to be treated as part of violent offender programs (see following).

The study findings also suggest, although not as conclusively, that



juvenile sex offenders are more likely to recidivate with violent crimes (including felony sex offenses) than they are with sex offenses specifically. It may be that violent recidivism among JSOs should be of greater concern to courts, correctional agencies and treatment providers than a narrow focus on sexual recidivism. In fact, given the serious and/or violent nature of many of the offenses that these JSOs originally committed, it may make more sense to identify and treat some portion of referred/adjudicated JSOs as a sub-set of the violent offender population, rather than as a distinct group that requires its own "offense-specific" interventions.

There is a clear need for additional research on the similarities and differences in the characteristics and offending patterns of juvenile sex offenders and violent juvenile offenders. Important initial efforts have been undertaken (e.g., Fagan and 1988), but these need to be expanded. A critical issue is whether - and to what extent - JSOs and violent offenders are distinct populations with their own characteristics and offending patterns, or if they tend to be the same kind of youth who are simply labelled differently at different points in time, depending on the particular type of offense for which they've been referred. The answer to this question has important implications for the identification, supervision and treatment of both violent juvenile offenders and juvenile sex offenders.

Preliminary analyses of the impact on recidivism of involvement in specialized sex offender treatment indicated that there were no significant differences in outcomes between those who did and did not receive such treatment. However, the sample sizes are simply too small to draw meaningful conclusions on this topic. Because



offense-specific treatment has become the treatment of choice for juvenile sex offenders, there is a clear need to conduct full-scale research on its effectiveness. While evaluations employing random assignment would be desirable, they are highly unlikely. Courts and correctional agencies would be unwilling to assign such sensitive cases to a "no treatment" condition. One alternative would be to assign cases to "offense-specific" and "traditional" therapeutic interventions, but this might also meet with resistance given the current understanding of offense-specific treatment as the optimal approach. Additional alternatives would involve pre-post evaluations in sites that had recently implemented specialized JSO treatment (cf. Weikes and Lehker 1988), or matching jurisdictions that did and did not provide specialized JSO treatment.

Analysis of the offender/offense characteristics associated with various forms of recidivism among JSOs revealed that the correlates of general recidivism were very similar to those found for violent recidivism, and that these JSO-specific risk factors are almost identical to those identified in other risk-related studies of the general delinquency population. This means that in terms of recidivism generally, juvenile sex offenders are just like other delinquents (i.e., the same risk factors are at issue) and therefore can be assessed and classified - at least for supervision/custody purposes - using the same criteria and tools. However, this same analysis showed that there is a different set of correlates for sexual re-offending. This indicates that traditional risk tools are not appropriate for assessing risk of sexual recidivism. Further, the risk factors for sexual recidivism identified in this study call into question the validity of the



clinically-derived "risk assessment" protocols widely used with juvenile sex offenders. Since these tools frequently influence critical decisions about case management (e.g., placement decisions) for JSOs, there is a need to validate these instruments or develop alternative, empirically-based models. One approach would be to replicate and expand the multi-site data collection and analysis of offender characteristics and outcomes undertaken in this study. Expansion of the effort would be required in the sense that: 1) substantially larger sample sizes should be used; and, 2) the research would have to "take the next step" and translate the findings on the correlates of sexual recidivism into a validated risk assessment instrument. An alternative, more difficult, but potentially rewarding approach would be to use self-report data on JSO recidivism instead of official records. This approach would have the benefit of capturing data on those who had re-offended sexually, but who had not been arrested. It would also carry with it the costs of tracking down the sample members, developing methods for eliciting uncensored self-reporting, and insuring complete confidentiality for the offenders.



6
171



REFERENCES

- Abel, G., M. Mittleman and J. Becker (1985). "Sexual Offenders; Results of Assessment and Recommendations for Treatment". In M. Ben-Aron, S. Hucker and C. Webster (eds.) Clinical Criminology. Toronto: M and M Graphics.
- Atcheson, J. and D. Williams (1954). "A Study of Juvenile Sex Offenders". American Journal of Psychiatry 111: 366-370.
- Avalon Associates (1986). "The Oregon Report on Juvenile Sexual Offenders: Executive Summary." Salem, OR: Children's Services Division, Department of Human Resources.
- Beitchman, J. et. al. (1992). "A Review of the Long-Term Effects of Child Sexual Abuse" in J. Briere (ed.) Child Abuse Trauma: Theory and Treatment of Lasting Effects. Newbury Park, CA: Sage.
- Bengis, S. (1986). "A Comprehensive Service Delivery System With a Continuum of Care for Adolescent Sex Offenders" (Monograph). Syracuse, NY: Safer Society Press.
- Bonner, B. and S. Thigpen (1992). "Survey of Juvenile Sex Offenders." in 1991 Progress Report and Recommendations to the Governor and the Oklahoma Legislature. Oklahoma City, OK: Interdisciplinary Council on the Prevention of Juvenile Sex Offenses.
- Briere, J. (1992). Child Abuse Trauma: Theory and Treatment of Lasting Effects. Newbury Park, CA: Sage.
- Brown, E., T. Flanagan and M. McLeod (eds.) (1984). Sourcebook of Criminal Justice Statistics 1983. Washington, D.C.: Bureau of Justice Statistics.
- Chapman, J., B. Smith and N. Brennan (1987). "Child Sexual Abuse: An Analysis of Case Processing." Washington, D.C.: National Institute of Justice, U.S. Department of Justice.
- Doshay, L. J. (1943). The Boy Sex Offender and His Later Career. Montclair, NJ: Patterson Smith.
- Fagan 1988
- Farrell, K. and B. O'Brien (1989). "Report to the Michigan Legislature; Sexual Offenses by Youth in Michigan - Data, Implications and Policy Recommendations". Berkely, MI: Safer Society Resources of Michigan.



National Victims Center (1992). "Rape in America: A Report to the Nation." Arlington, VA: Author.

Nebraska Adolescent Perpetrator Network (1992). "A Report to the State of Nebraska: Dealing With Adolescent Sex Offenders." Lincoln, NE: Author.

Office of Juvenile Justice and Delinquency Prevention (1989). "The Juvenile Court's Response to Violent Crime". Juvenile Justice Bulletin. January.

Ohio Youth Services Network (1989). "Sexual Offenses by Adolescents in Ohio." Columbus, OH: Author.

Peters, J., L. Meyer and N. Carroll (1976). "The Philadelphia Assault Victim Study" (Monograph). Philadelphia, PA: Center for Rape Concern.

Rasmussen, L. and A. Dibble (1989). "The Utah Report on Juvenile Sex Offenders." Price, UT: The Utah Task Force of the Utah Network on Juveniles Offending Sexually.

Rogers, C. and T. Terry (1984). "Clinical Intervention with Boy Victims of Sexual Abuse". In I. Stuart and R. Greer (eds.) Victims of Sexual Aggression; Men, Women and Children. New York; Nostrand Reinhold.

Ross, J. and P. Loss (1988). "Risk assessment/Interviewing Protocol for Adolescent Sex Offenders." New London, CN: Authors.

Rubenstein, M., C. Yeager, C. Goodstein and D. Lewis (1993). "Sexually Assaultive Male Juveniles: A Follow-Up." American Journal of Psychiatry 150(2):262-265.

Ryan, G. and S. Lane (1991). Juvenile Sexual Offending; Causes, Consequences and Correction. Lexington, MA: Heath.

Ryan, G. (1988). "The Juvenile Sex Offender: A Question of Diagnosis." Paper presented at the National Symposium on Child Victimization. Anaheim, CA. (April).

Schram, D. and W. Rowe (1987). Juvenile Sexual Offender Treatment Evaluation: Final Research Report. Olympia, WA: Governor's Juvenile Justice Advisory Committee.

Schram, D. C. Milloy and W. Rowe (1991). "Juvenile Sex Offenders: A Follow-Up Study of Reoffense Behavior." Olympia, WA: Washington State Institute For Public Policy.

Seeherman, A. and L. Brooks (1987). "Juvenile Sex Offender in Massachusetts." Cambridge, MA: Middlesex County District Attorney's Office.



Smith, B. and S. Goretsky (1992). "The Prosecution of Child Sexual Abuse Cases, Parts 1 and 2" American Bar Association Juvenile and Child Welfare Law Reporter 11(5):78-80 and 11(6):94-96.

Smith, B. and S. Elstein (1993). "The Prosecution of Child Maltreatment Cases; Research Grantees Status Report." Paper presented at the annual meeting of NCCAN research grantees, Washington, D.C. (March).

_____ and C. Monastersky (1986) "Assessing Juvenile Sex Offenders' Risk For Re-offending". Criminal Justice and Behavior 13:115-140.

Snyder, H. (1992). "Arrests of Youth 1990: OJJDP Update on Statistics". Washington, D. C.: U.S. Department of Justice.

Snyder, H., M. Sickmund, E. Nimick, T. Finnegan, D. Sullivan, R. Poole and N. Tierney (1992). OJJDP Juvenile Court Statistics 1989. Pittsburgh, PA: National Center for Juvenile Justice.

Steiger, J. and C. Dizon (1991). "Division of Juvenile Rehabilitation Sex Offender Treatment Program: Development, Design and Evaluation Issues." Olympia, WA: Juvenile Offender Research Unit, Children's Administration Management Services Division, Washington Department of Social and Health Services.

Thomas, D. (1992). "A Special Report on Juvenile Sex Offenders. (Draft Monograph). Pittsburgh, PA: National Center for Juvenile Justice.

Federal Bureau of Investigation (1992). Crime in the United States. Washington, D.C.: U.S. Department of Justice.

U.S. Department of Justice (1990). Criminal Victimization. Washington, D.C.: Author.

Wasserman, J and S. Kappel (1985). "Adolescent Sex Offenders in Vermont." Burlington, VT: Vermont Department of Health Sexual Assault Prevention Program.

Weeks and Lehker (1988). "Specialized Treatment of Adolescent Sex Offenders in a Juvenile Court Setting." Juvenile and Family Court Journal :29-35.

Widom, C. (1992). "The Cycle of Violence". Research in Brief. Washington, D.C.: U.S. Department of Justice.

Wiebush, R. (1988). "The Montgomery County Juvenile Sex Offender Program: A Program Assessment". Rockville, MD: Montgomery County Department of Addiction, Victim and Mental Health Services.

Willis, C. and R. Wells (1988). "The Police and Child Abuse: An Analysis of Police Decisions to Report Illegal Behavior." Criminology 26(4):695-715.

