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REPORT TO THE MICHIGAN LEGISLATURE



SEXUAL OFFENSES BY YOUTH  
IN MICHIGAN

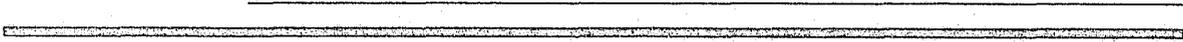
DATA

IMPLICATIONS

AND

POLICY RECOMMENDATIONS

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SEXUAL OFFENSES BY YOUTH  
IN MICHIGAN:  
  
DATA,  
IMPLICATIONS,  
AND POLICY RECOMMENDATIONS

January, 1988

NCJRS

MAY 26 1988

ACQUISITIONS



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Tom Watkins, Director

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## EXECUTIVE SUMMARY

### 1986 DATA: PROFILE OF JUVENILE SEX OFFENDERS IN MICHIGAN\*

- There were 681 identified juvenile sex offenders in the state.
- 96% were males.
- The median age of these offenders was 14.
- The median age of their victims was 7.
- Acts of penetration were the most common sex offenses, accounting for 56% of the total.
- 93% of the offenders were acquaintances, friends, babysitters, or relatives of the victims.

### RECOMMENDATIONS TO THE MICHIGAN LEGISLATURE

#### **Services**

- The Michigan Legislature should legislate policies developing a continuum of care service-delivery system for adolescent sexual abusers, including outpatient, day-care, residential, and secure residential treatment.

#### **Planning**

- The Michigan Legislature should sponsor a Multi-Agency Task Force on Adolescent Sexual Abusers to identify service providers and trainers in the state, coordinate policy, develop protocol, establish training for early intervention, and develop new services where existing providers are unwilling or unable to provide adequate services to juvenile sex offenders.

\* Throughout this report, the terms "**Adolescent Sexual Abusers**," "**Juvenile Sex Offenders**," and "**Youth Who Sexually Abuse**" are used interchangeably.

# Michigan Adolescent Sexual Abuser Project

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## PURPOSE OF THE STUDY

The purpose of collecting and reporting this data on adolescents who sexually abuse in Michigan is to educate policy makers about the scope of this problem, in order for it to be systematically addressed. Our conviction and evidence is that with proper identification, intervention, and treatment, juvenile sex offenders can learn positive behaviors, thus preventing a new generation of adult sex offenders and sexual-assault victims.

In keeping with this purpose, this report includes Recommendations for Legislative Action. These recommendations are based on the new information about these youth: their offenses and treatment and the risk they pose to the community if allowed to go untreated. The recommendations listed below are consistent with the work produced by other task forces dealing with juvenile crime issues. Every effort has been made to complement and use existing structures rather than creating new ones.

## *History*

In 1974, the Michigan Legislature passed into law the nation's first criminal sexual conduct code which broadened definitions of rape and reformed court procedures by restricting the use of a victim's sexual history as evidence for the defense. In the 14 years since that time, the pervasiveness of a previously hidden problem has been made apparent by the increasing willingness of victims to report incidents of sexual assault. Official statistics, court data, general population surveys, and self-reports of sex offenders offer new and compelling evidence about the scope of sexual victimization.

An examination of the adult sex offender population in Michigan's prisons reflects the scope of the problem. There were 502 adjudicated adult sex offenders in prison in 1974, comprising just over 5% of the population. Today there are more than 2,400 sex offenders in Michigan prisons, and they account for 14% of the total prison population. A very conservative estimate is that Michigan taxpayers spend 46 million dollars to house adult sex offenders for one year. (1)

Research conducted on 411 nonincarcerated sex offenders by Dr. Gene Abel and Dr. Judith Becker offers an unprecedented rationale for early intervention with sex offenders. Half of the adult offenders in the study experienced deviant sexual arousal as adolescents. On the average, each of the 232 child molesters in the study had attempted nearly 240 molestations and had completed nearly 170 molestations on 75 different victims. Rapists self-reported that they had committed 7.5 assaults on the average. (2)

- (1) Gail R. Light, ed, "Michigan Department of Corrections 1985 Annual Report," pp. 24-32 and pp. 55-57 (Michigan Department of Corrections, 1986) Cost per prisoner from personal communication with Robert Brown, Jr., Director of the Michigan Department of Corrections, January 20, 1988. Computations by Safer Society Resources of Michigan.
- (2) G. G. Abel, M.S. Mittelman, and J.V. Becker, "Sexual Offenders: Results of Assessments and Recommendations for Treatment," in *Clinical Criminology*, eds. M. H. Ben-Aron, S. J. Hucker, and C. D. Webster (Toronto, M. M. Graphics, 1985) pp. 192-193.

# Michigan Adolescent Sexual Abuser Project

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The loss incurred by Michigan's citizens, families, and communities through sexual victimizations is incalculable. Indeed, many offenders have themselves been sexually abused. This is one of the tragic effects of sexual assault: the cycle of victimization.

As you read the following pages, you will see that there are nearly 700 identified adolescent sexual abusers in the Michigan juvenile system.\* The Michigan Adolescent Sexual Abuser Project surveyed Juvenile Courts, the Department of Social Services, and the State Police to determine the numbers of juvenile sex offenders in Michigan, the nature of their offenses, and the policy needs to prevent future sex offenses by this population.

**The scope of these offenses, reported here for the first time, can provide the impetus for Michigan to both plan for prevention of sex offenses committed by adolescents and to help youth currently in the system change their assaultive behaviors.**

**Without effective intervention with juvenile sex offenders, the numbers of victims will rise.**

\* The youth included in this study are sexual abusers who have been identified by the police, investigated and referred to Juvenile Court, and processed through the Court system. The researchers of this report have reason to believe that sexual offenses by adolescents are still considerably underreported.

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January , 1988

Dear Friends:

NATURE OF THE STUDY

In the fall of 1985, the Michigan Department of Mental Health contracted with the Michigan Adolescent Sexual Abuser Project to conduct a study of youth in Michigan who are known to have sexually abused others. The Project collected information on the nature of offenses, the victims of these offenses, and the capability Michigan possesses to intervene in order to prevent further sexual victimization.

This report was developed with the assistance of the Michigan Legislature, the House Mental Health Standing Committee, and the House Appropriations Subcommittee on Mental Health. Tom Watkins, Director of the Department of Mental Health, and Pat Babcock, former Director, both of whom are members of the Governor's Human Services Cabinet, provided consistent leadership and support for the study and this report.

In order to compile the report, surveys were undertaken of the following dedicated Michigan professionals:

- . Children's Protective Service Supervisors
- . Michigan State Police Post Community Service Officers
- . Court Juvenile Officers and Directors
- . Department of Social Services Community Service Workers

We owe a great deal of gratitude to these workers, who go unnamed in this report, and to the other professionals involved in the tedious and often painful reporting, investigating, casework, and policy making involved in juvenile sex offenses.

Throughout Michigan, there are hard-working professionals who have been providing services to adolescent sexual abusers for years while advocating for the expansion of specialized services. Unfortunately, such services have been under-staffed and under-funded; some parts of the state and some agencies are especially lacking in services to adolescent sexual abusers, with the result that some sexually aggressive youth do not receive specialized intervention. Currently no standards exist in Michigan for the identification, assessment, and treatment of sex offenders. Such standards need to be developed as part of an ongoing statewide effort to reduce sexual victimization through adolescent sexual abuser treatment.

The work that has produced this report has been guided and facilitated by the Statewide Advisory Board and the Policy Recommendations Work Group on

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Adolescent Sexual Abusers. They have provided a strong base of expertise and support from which to approach the very serious problem of sexual aggression by Michigan youth. Along with their organizations, they are named below. We are fortunate in Michigan for their persistent good work and for the accomplishment of the Project.

Sincerely,



JOE YOUNG, SR.  
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JY:bi

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# Preventing Sexual Assault Through Adolescent Sexual Abuser Treatment:

## A STATEWIDE ACTION PLAN

This action plan has been developed by private and public sector representatives who are committed to the goal of preventing sexual assault victimizations. After reviewing the Michigan data and much of the national literature regarding juvenile sex offenders, these representatives worked together to frame a statewide action plan. This plan has two components, Legislative Recommendations and Departmental Management Plan Recommendations.\*

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### LEGISLATIVE RECOMMENDATIONS

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#### I. SERVICES

The Michigan Legislature should legislate policies developing a "CONTINUUM OF CARE SERVICE-DELIVERY SYSTEM" for adolescent sexual abusers.

A. WE RECOMMEND THAT THE MICHIGAN LEGISLATURE MANDATE *Specialized Diagnostic Assessment* of Each Juvenile Sex Offender in Michigan.

- In order to determine the risk to the community and the type of treatment needed, each juvenile sex offender must have a pre-disposition diagnostic assessment that is sex-offender specific.

Assessments must include a prognosis for treatment and a recommendation for placement. Placement should be based on the level of risk the offender poses to the community both short and long-term.

- Each county must have access to both community-based and residential diagnostic centers which conduct sex-offense specific assessments.
- Funds must be available for transportation and (*where applicable*) housing costs for families of juvenile sex offenders to enable them to participate in the assessment. Family assessment is a key component of this diagnostic process.

\* The State Departments and Offices of Education, Mental Health, Public Health, Social Services, State Police, and Supreme Court have each received Management Plan Recommendations. A copy of the Management Plan Recommendations is available through Safer Society Resources of Michigan.

B. WE RECOMMEND THAT THE MICHIGAN LEGISLATURE REVIEW THE DEPARTMENTAL MANAGEMENT PLAN RECOMMENDATIONS AND MANDATE a ***Comprehensive Service-Delivery System with a Continuum of Care*** Which Includes the Following Services:

1. Community-Based Education/Treatment Programs
2. Community Outpatient Programs
3. Day Treatment Programs (*24-hour supervision*)
4. Group Homes and Child-Care Centers (*Community-Based*)
5. Locked Residential Treatment Facilities

This system of care is guided by these principles:

- Treatment orientation should be consistent throughout the system, while recognizing that different placements require shifts in techniques, objectives, or strategies.
- Every effort should be made to establish and maintain a youth's relationships with staff and peers as s/he moves along the continuum from residential to community treatment.
- Placement policies must allow the youth to move in either direction along the continuum; this movement to a more restrictive or less restrictive setting should occur by order of the court.

C. WE RECOMMEND THAT THE MICHIGAN LEGISLATURE MANDATE a System Which Includes ***Specific Programs to Treat Sexual Offenders with Major Emotional and/or Developmental Impairments***, i.e., Mentally Ill, Developmentally Delayed, and Emotionally Disturbed Youth.

## II. PLANNING

The Michigan Legislature should sponsor, assure funds for, and participate in an Adolescent Sexual Abuser Task Force and assign to it the following membership and responsibilities:

- **All State Departments and Offices Involved in Human Services and Law Enforcement Will Assign One or More Members to the Task Force, Including:**

Department of Corrections  
Education  
Mental Health  
Public Health  
Social Services  
State Police  
Office of Attorney General  
Governor  
Supreme Court

- **This Task Force will identify service providers** who presently operate any of the components of juvenile treatment who desire to provide services to juvenile sex offenders. In areas where services do not exist or providers are unwilling or unable to provide adequate services to sex offenders, new providers will have to be sought.
- **The Task Force will identify people who will serve as resource people, trainers, and evaluators for each region of the state.** Funds should be provided to contract for services with regional juvenile sex-offender resource people. **Each Department and Office must have at least one specially trained resource person designated to train and evaluate regional services.**
- **The Task Force will work with the Michigan Judicial Institute and the State Departments to initiate a statewide training program to train trainers** and develop a training curriculum, evaluation techniques, and standards of treatment of adolescent sex offenders.
- **The Task Force will work with the Michigan Legislature and the Departments and Offices to establish the Office for the Prevention and Treatment of Sexual Assault.** This office will:
  - coordinate the Service-Delivery System with a Continuum of Care for Adolescent Sexual Offenders,
  - facilitate and form networks for prevention workers and treatment providers,

- collect data and coordinate research,
- assist policy making for the prevention and treatment of sexual assault,
- encourage the formation of a citizen's network to advocate for prevention of sexual abuse,
- develop protocol for a continuum of intervention from time of report of sexual abuse through aftercare in the community.
- develop a state registry on juvenile sex offenses.

The following Cost Analysis reflects actual cost and savings figures of a juvenile sex-offender outpatient treatment program as verified by the Juvenile Court Administrator.

### **COST ANALYSIS:**

#### **Specialized Outpatient Treatment for Juvenile Sex Offenders\* One Michigan County — 1987**

**Services provided to county:**

- *Specialized Diagnostic Assessments* of all youth charged with sex offenses
- *Evaluative Assessments and Progress Reports* prepared and submitted to the Court
- *Weekly Group Therapy for Juvenile Sex Offenders* co-led by male and female therapists who specialize in sex-offender treatment
- Bi-monthly *Individual Therapy* Sessions
- *Family Therapy* as indicated

**Number of youth treated per year: 10**

**Outcomes of Treatment:**

- Of 10 Program graduates (1986), none has reoffended

**Total Cost of the Program: \$27,000**

\* \* \* \* \*

**Without the Program:**

- *These same 10 youth would cost the county and state a minimum of \$420,000*
- Four would have received a minimum of 12 months in residential care, while the other six would have received short-term residential care of at least six months per offender
- The outcomes of treatment may not have been as positive, especially if the residential care facilities did not offer sex-offense specific treatment.

\* \* \* \* \*

**Dollar Savings to the County and State in 1987: \$393,000**

\*For a brief description of guidelines for specialized treatment of juvenile sex offenders, see page 24.

# Michigan Adolescent Sexual Abuser Project

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## RESULTS OF THE STUDY ON SEXUAL OFFENSES BY YOUTH IN MICHIGAN

### RESEARCH METHODS

The methodology for the research was developed by the Michigan Adolescent Sexual Abuser Project and its Advisory Board. We chose to use data from three sources in order to get information on adolescent sexual abusers: Department of Social Services Children's Protective Services Supervisors, Court Juvenile Officers, and Department of Social Services Community Service Workers. The data provided by Court Juvenile Officers and Community Service Workers were combined to form a single data set, using a modified version of an instrument designed by the Vermont Department of Health for a similar survey effort in that state.

In addition to the above, Michigan State Police Post Community Service Officers were surveyed regarding their involvement with investigations of juvenile sex offenders and their attitudes towards sex-offense specific treatment for these youth.

Individually, these women and men contributed considerable time and concern toward the success of this Project. Collectively, they represent public human service agencies who have made commitments to the prevention of sexual assault through adolescent sex-offender treatment.

### *LIMITATIONS OF THE DATA*

The Project collected data exclusively on adolescents known to have sexually abused who were on the active caseload of a Department of Social Services Community Service Worker or a Court Juvenile Officer at the time of the survey. Since more intrusive offenses — those with more coercion and physical assaultiveness — have a greater likelihood of coming to the attention of the Department of Social Services and Juvenile Courts, data on these youth will be biased towards intrusiveness. The collecting of information on the most serious offense committed by each youth increases this bias.

Therefore, while we assume that there are more sexual offenses by adolescents than those reported in this study, we cannot apply the findings of this study to offenses committed by adolescents in the general population.

# Michigan Adolescent Sexual Abuser Project

## Surveys of Court Juvenile Officers and Department of Social Services Community Service Workers

Over seven-hundred questionnaires were returned by Court Juvenile Officers and Community Service Workers. After duplicates were eliminated, data on 681 juvenile sex offenders were available for analysis. The data represent adolescents on **active caseloads** of Court Juvenile Officers ( $n = 492$  offenders) and Community Service Workers ( $n = 189$  offenders) in the summer/fall of 1986.

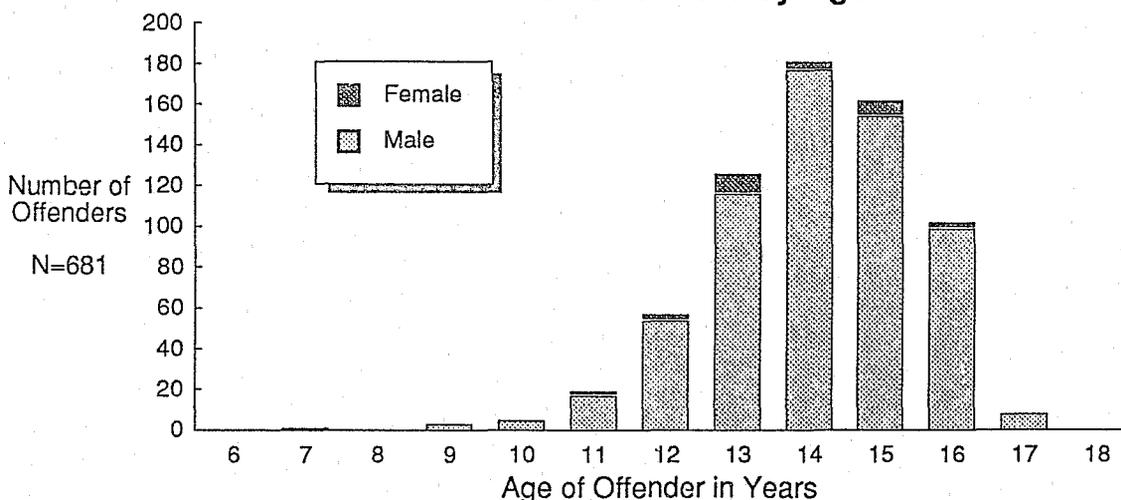
Offenders were placed in one of four categories depending on the offense committed. In order of decreasing intrusiveness, these categories are: penetration (*including attempts*), oral-genital contact, fondling, and non-contact (i.e., exhibitionism, voyeurism, and sexual exploitation.) If an offender committed offenses from more than one category, s/he was placed in the most serious category.

Data were collected on offenses against the main victim only, although in some cases workers found this difficult to determine because of the number and severity of victimizations by individual offenders against different victims.

### Age and Sex of Offenders

Over 95% of the offenders, 650 of 681, are males. The number of adolescent sex offenders increases rapidly between ages 9 and 14, and then declines quickly to age 17, when offenders are adults. The median age of both male and female offenders is 14. 4.5% (30) of the offenders are female.

Figure 1  
Total Number of Offenders by Age and Sex



**Policy Implications:** Early intervention to prevent sexual abuse committed by adolescents is crucial. The key group to work with is children in their early teens. Efforts should begin late in the grade school years and should be most intensive during the junior high period to identify and treat abusers and potential sexual abusers.

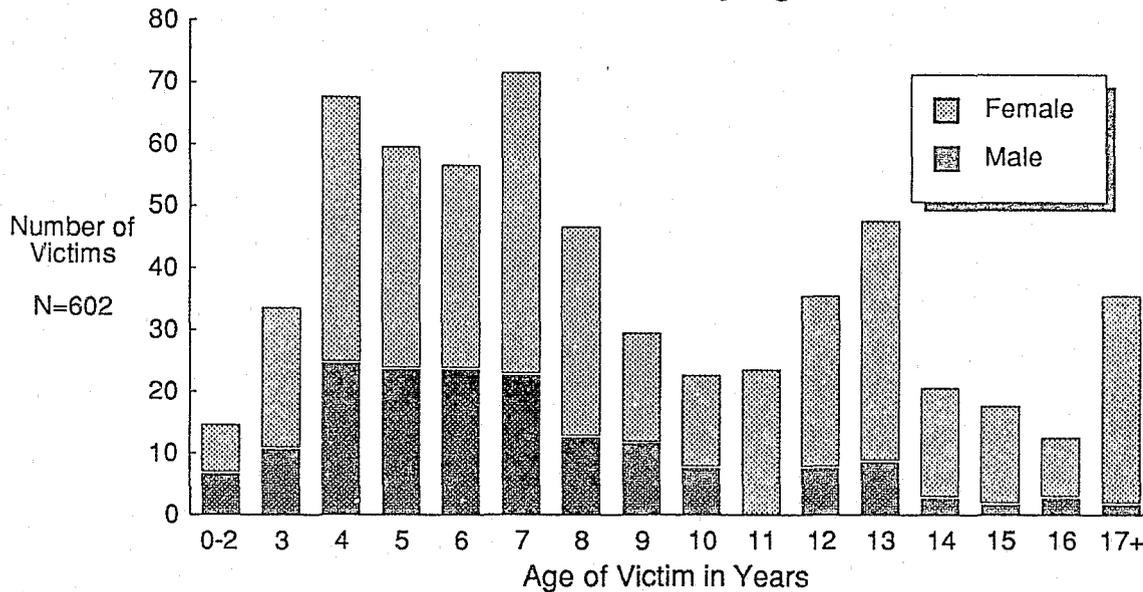
# Michigan Adolescent Sexual Abuser Project

## Age and Sex of Victims

Over two-thirds of the victims are 10 years and under, a few are in their twenties, and a very small number are 30 years or older. The median age of the victims is 7.

- 36% (149) of the victims age 10 and under are males.\*
- 86% (170) of victims over 10 are females.

**Figure 2**  
Number of Victims by Age and Sex



\*Unless otherwise noted, missing or unknown data are not included in percentages.

**Table 1**  
Gender of Victim by Gender of Offender

	Male Offender	Female Offender	Total
Male Victim	175	10	185
Female Victim	466	20	486
<b>Total</b>	<b>641</b>	<b>30</b>	<b>N = 671</b>

**Policy Implications:** Due to the very young age of many of the victims, statewide policies must support educational prevention programs that encourage participation of parents of pre-school as well as grade school and high school children. We must assure that programs offering specialized treatment for victims of sexual assault have resources to identify and work with males as well as females.

# Michigan Adolescent Sexual Abuser Project

## Age and Power Difference

Offenders are older than the victim in 85% (520) of the cases. In nearly 1 out of 2 cases (292), offenders are 7 years or more older than their victims.

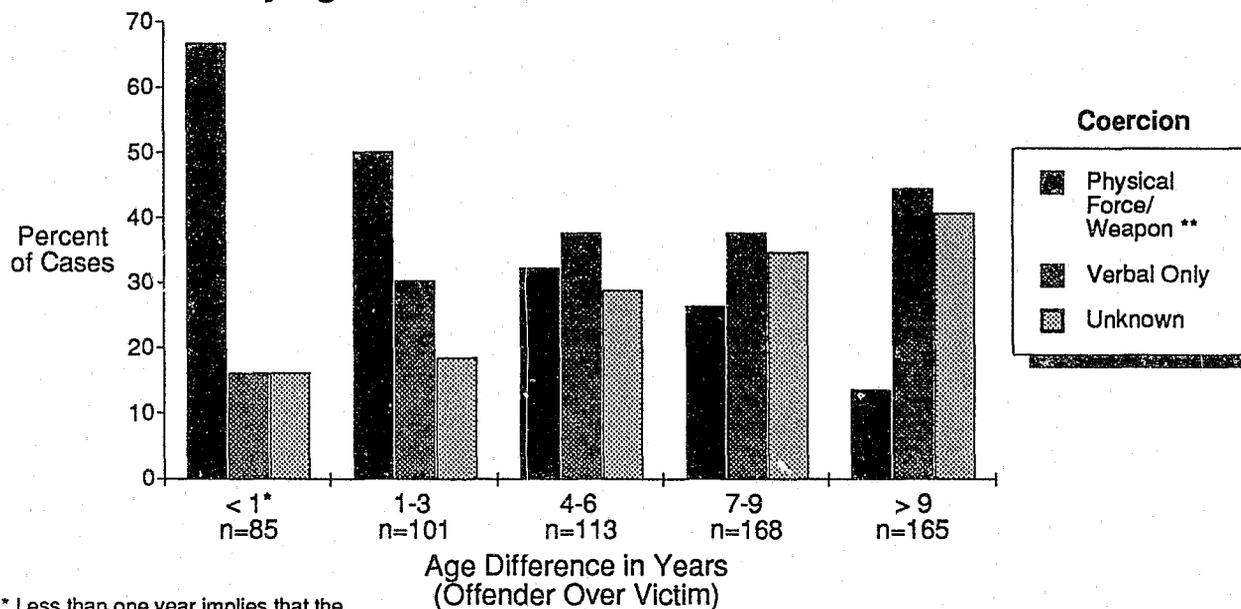
Table 2

Age Difference Between Offenders and Victims

	Offenders Younger Than Victims	Offenders Same Age As Victims	Offenders Older Than Victims			
			1-3 Years Older	4-6 Years Older	7-9 Years Older	10 + Years Older
Number of Cases	51	41	104	124	177	115
Percentage of Cases	8.3%	6.7%	17%	20.3%	28.9%	18.8%

Coercion used in the offenses ranges from verbal threat to the threat or use of weapon or force. Where there is no age difference or the offender is younger than the victim, the threat or use of weapon or force is present about 70% of the time. Offenders who assault younger victims are more likely to use verbal threats.

Figure 3  
Type of Coercion Used in Offense,  
by Age Difference Between Offender and Victim



\* Less than one year implies that the victim was the same age or older.

\*\* Threatened or used.

**Policy Implications:** Intervention and treatment strategies must recognize that juvenile sex offenders are able to coerce and control their victims during assaults.

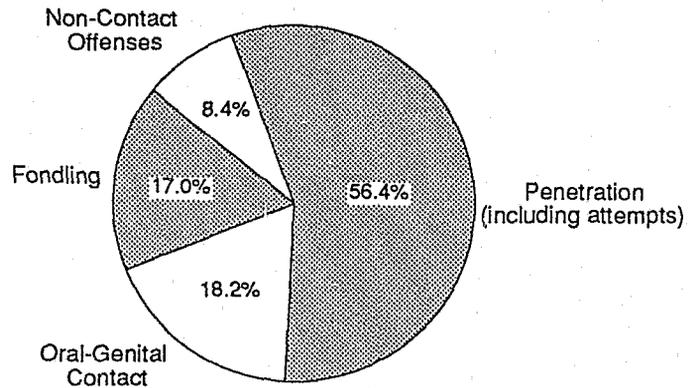
Statewide policies must help children and parents become aware of the strategies of sex offenders and of safe methods for avoiding and resisting them.

# Michigan Adolescent Sexual Abuser Project

## Offenses

By far the largest percentage of cases involve a report of Penetration. These account for over one-half (56.4%) of all cases. Oral-genital contact is present in one of six cases (18.2%) and Fondling occurs just slightly less often (17%). Non-contact offenses are reported in fewer than one report in ten (8.4%).

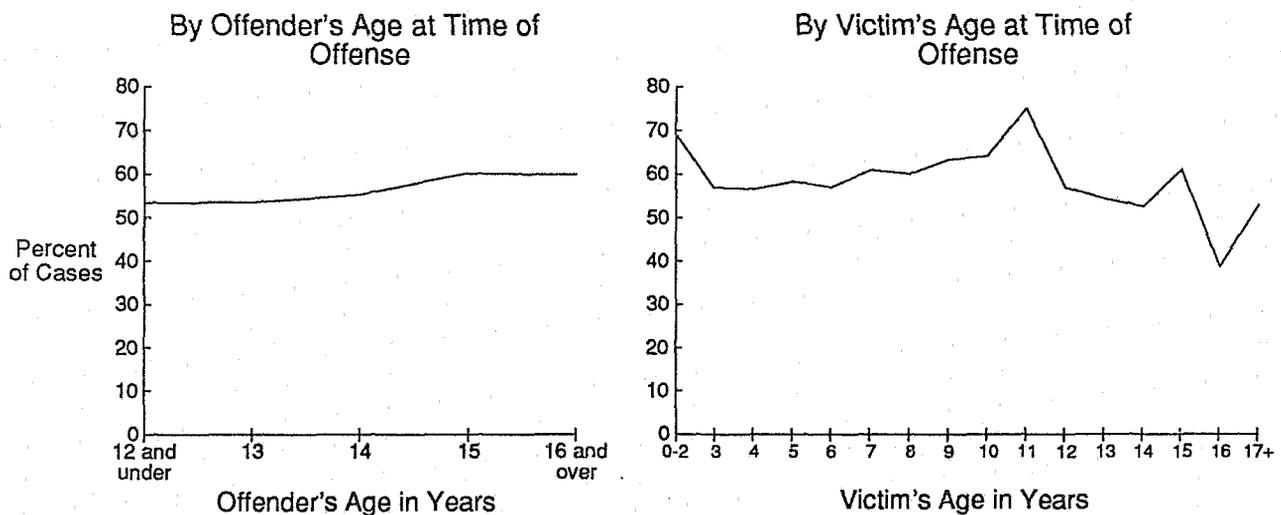
Figure 4  
Nature of the Offenses  
(N = 677)



The percentage of cases involving penetration varies little no matter what age the offender is at the time of the offense.

The percent of cases involving penetration does vary somewhat according to the victim's age. The proportion of this type of offense is fairly steady when the victim is between ages 3 and 10 but peaks with 11-year old victims. The percent of cases involving penetration then declines unevenly as victims become older.

Figure 5  
Proportion of Offenses Involving Penetration  
or Attempted Penetration: By Age

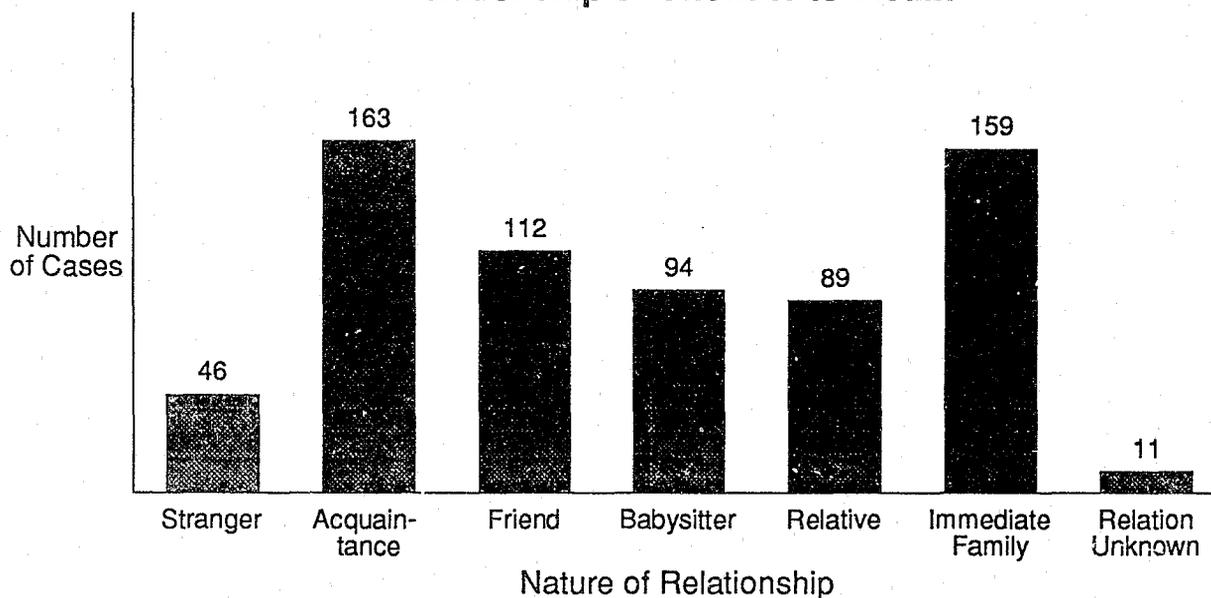


# Michigan Adolescent Sexual Abuser Project

## Relationship of Offender to Victim

Nearly 95% of offenses occur between individuals who know each other, the most frequent single relationship being "acquaintance." Offenses between relatives and immediate family members account for almost 40% of the total.

Figure 6  
Relationship of Offender to Victim



**Policy Implications:** Because of the different relationships represented by offenses, new protocols must establish the roles of agencies responsible for investigating juvenile sex-offender cases and assuring that known offenders do not have access to innocent and vulnerable persons within and outside their own families.

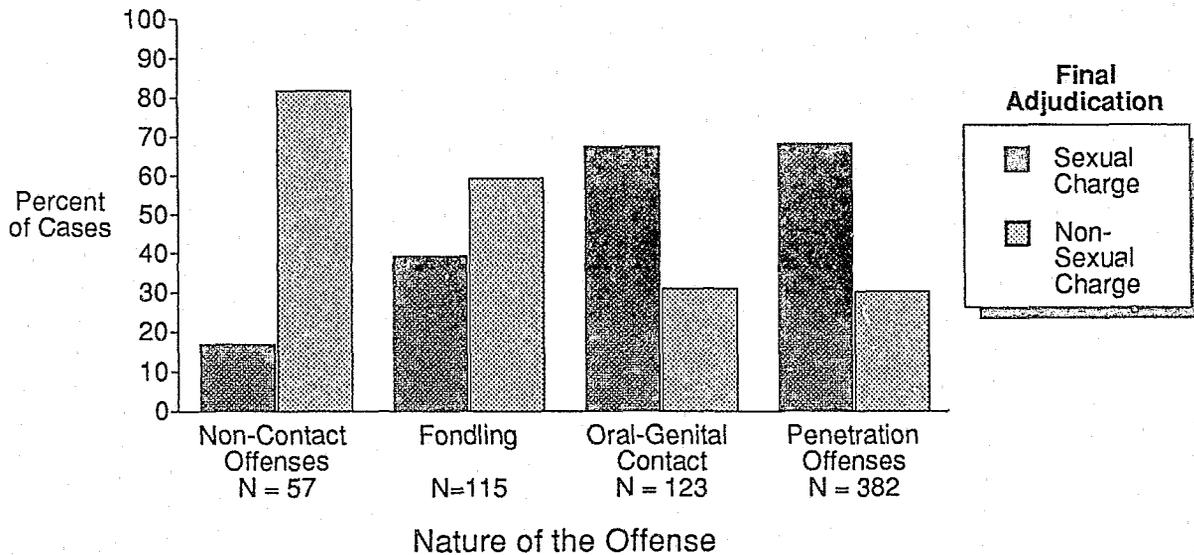
In order to prevent multiple occurrences of abuse, children, parents, and child-care professionals should be taught to recognize early signs that abuse is occurring.

# Michigan Adolescent Sexual Abuser Project

## Adjudications on Sex-Offense and Non Sex-Offense Charges

As the intrusiveness of the offense increases from non-contact offenses to oral-genital contact and penetration, the percent of cases adjudicated on sex-offense charges also increases. In reports of non-contact offenses, 20% of the cases are adjudicated as sex offenses, while 70% of cases involving oral-genital contact and penetration are adjudicated on sex-offense charges.

Figure 7  
Final Adjudication of Offender:  
By Nature of Offense



**Policy Implications:** Policies must support adjudications of juvenile sex offenders on sex-offense charges. Efforts must be directed at assuring that sex offenders adjudicated on non-sexual charges receive sex-offender assessment and treatment.

# Michigan Adolescent Sexual Abuser Project

## Survey of Children's Protective Services Supervisors

Surveys were filled out by Children's Protective Services Supervisors (N=86) concerning cases reported in 1985 of child sexual abuse perpetrated by a youthful sexual abuser. These Supervisors represent 80 County Department of Social Services Offices. A youthful sexual abuser was defined as a male or a female, 20 years of age or younger, alleged to have sexually abused a child.

Over 94% (566) of the victims assaulted by juvenile sex offenders in the survey of Court Juvenile Officers and Community Service Workers are children; the median age of victims is 7 (*see figure 2*). Children's Protective Service workers play a key role in determining how child victims will be protected from the perpetrators, what type of services victims and their families will receive, and whether or not the adolescent perpetrator will be investigated by police, prosecuted, and treated. They are, therefore, an important group of professionals to survey and train regarding intervention in juvenile sex offenses.

Case data are given as estimates because the current Protective Services information system does not identify the ages of perpetrators.

### Numbers of Reported and Substantiated Cases

Reports of sexual abuse of children to Protective Services are widespread in Michigan. The estimates of substantiated cases of abuse by youthful sexual abusers (731 cases) represent 20% of the total substantiated sexual abuse cases in 1985 (3518). Over 60% of all alleged cases of sexual abuse by a youth are substantiated by Protective Services.

Table 3

<b>Total Referrals</b> received alleging child sexual abuse by a youth, 1985: . . . . .	1,178
<b>Substantiations</b> of child sexual abuse by a youth, 1985: . . . . .	731

**Policy Implications:** Children's Protective Services staff have a major investment in cases involving adolescent sexual abusers. Training resources and interagency working relationships should involve Protective Services staff.

# Michigan Adolescent Sexual Abuser Project

## Reasons for Not Substantiating Cases

Protective Services Workers' most common reason for not substantiating sexual abuse by a youthful offender is that the "Youth is not the Primary Care Provider," which is mentioned as occurring frequently by 16% of the respondents. There is widespread disparity in the way different counties substantiate cases where the youthful abuser is not a primary care provider.

Table 4

Responses by Michigan Child Protective Services Supervisors to the question: How often were you **unable** to substantiate alleged sexual abuse by a youth for each of the following reasons?

	<u>Never</u>	<u>Seldom or Occasionally</u>	<u>Frequently</u>	<u>Total</u>
Youth is in Treatment.	71.6% 53	28.4% 21	0.0% 0	100% N=74
Youth is not Primary Care Provider.	53.9% 41	30.3% 23	15.8% 12	100% N=76
Family will not allow victim to participate in investigation.	54.7% 41	42.7% 32	2.7% 2	100.1% N=75
No appropriate intervention services available.	77.3% 58	17.3% 13	5.3% 4	99.9% N=75
Behavior interpreted as curiosity; not severe enough.	39.5% 30	56.6% 43	3.9% 3	100% N=76

**Policy Implications:** Given the large number of referrals (*table 3*) and the different ways counties substantiate them (*table 4*), it is imperative that clear protocol be developed to guide Children's Protective Services intervention in cases involving a youthful or adolescent offender.

# Michigan Adolescent Sexual Abuser Project

## Evaluation of Professional Expertise in Adolescent Abuser Cases

Over 68% (56) of the Children's Protective Services Supervisors think that their own staff are generally good to excellent in handling cases of sexual abuse by a youthful offender. Other professionals were most often found lacking in training or coordination.

Table 5

Responses by 86 Michigan Children's Protective Services Supervisors to the question: What is your (subjective) estimation of the level of expertise of each of the following professionals in working with child sexual abuse cases involving a youthful alleged abuser?

	<u>Missing/ Unknown</u>	<u>No Expertise</u>	<u>Fair</u>	<u>Good to Excellent</u>	<u>Total</u>
CPS Staff	4	2.4% 2	29.3% 24	68.3% 56	100%
Foster Care Staff	6	6.3% 5	42.5% 34	51.3% 41	100.1%
Police	3	8.4% 7	54.2% 45	37.3% 31	99.9%
Private Therapists	13	6.8% 5	41.1% 30	52.1% 38	100%
CMH Therapists	5	11.1% 9	46.9% 38	42.0% 34	100%
Shelter Staff	35	27.4% 14	49.0% 25	23.5% 12	99.9%
Delinquency Staff	17	7.2% 5	47.8% 33	44.9% 31	99.9%
Juv. Court Probation	13	21.9% 16	53.4% 39	24.7% 18	100%
Juv. Court Judges	11	18.7% 14	46.7% 35	34.7% 26	100.1%
Juv. Court Psych. Staff	61	24.0% 6	32.0% 8	44.0% 11	100%

**Policy Implications:** Michigan needs to develop a widely available training program on intervention in juvenile sex offenses for private and public therapists, law enforcement and court personnel, and Children's Protective Services and Foster Care staffs.

# Michigan Adolescent Sexual Abuser Project

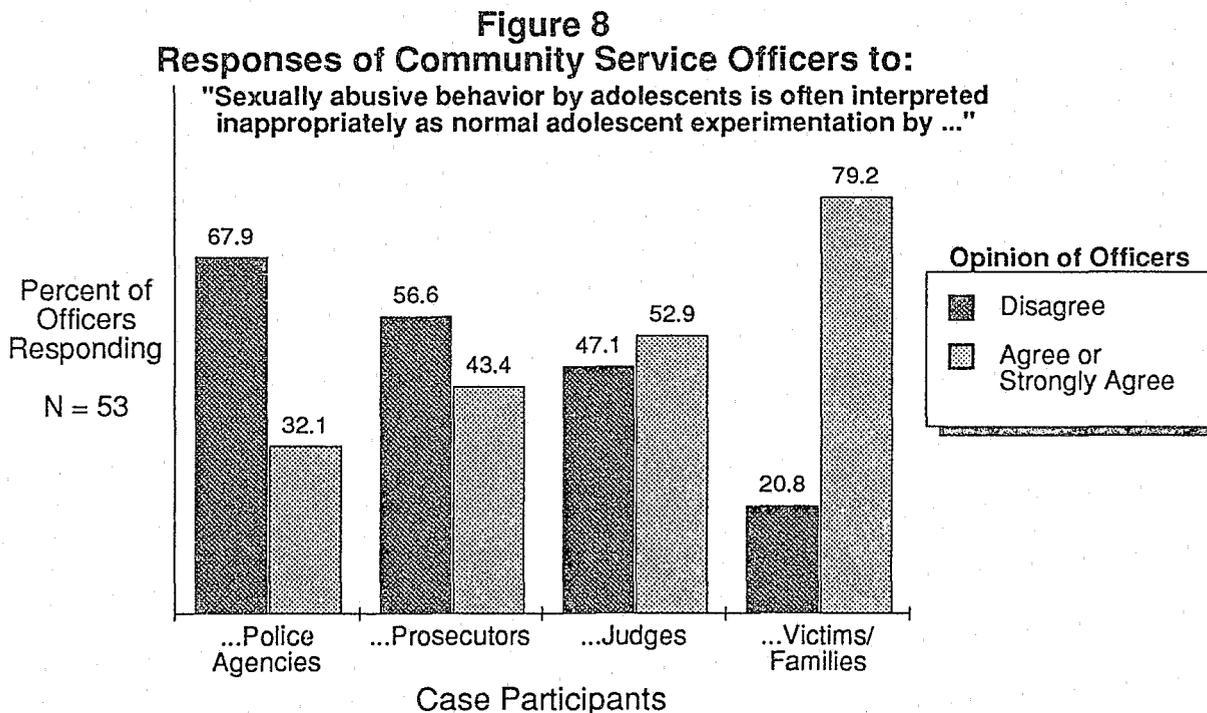
## Survey of Michigan State Police Post Community Service Officers

The 53 Post Community Service Officers were surveyed as they attended regional trainings conducted by the Juvenile Unit, Field Services Section, Operation Division of the Michigan State Police. This represents all the Community Service Officers serving at State Police Posts in 1986.

Post Community Service Officers receive special training in the field of child abuse and sexual assault investigations and often have the primary investigative responsibility in these cases.

### *Wrongful Interpretation of Offenses as "Adolescent Experimentation"*

State Police Community Service Officers have some doubts about the ability of other participants in cases to differentiate correctly between "abuse" and "normal experimentation" by adolescents. Approximately 30% of the Officers agree that Police Agencies "often inappropriately interpret" sexual abuse by adolescents as normal experimentation. 40% of the Community Service Officers believe that Prosecutors often make this inappropriate interpretation, while 50% agree that judges often inappropriately interpret sexual abuse by adolescents as normal experimentation. Over 75% of the Officers believe that Victims and Families of Victims often misinterpret sexual abuse as normal experimentation.

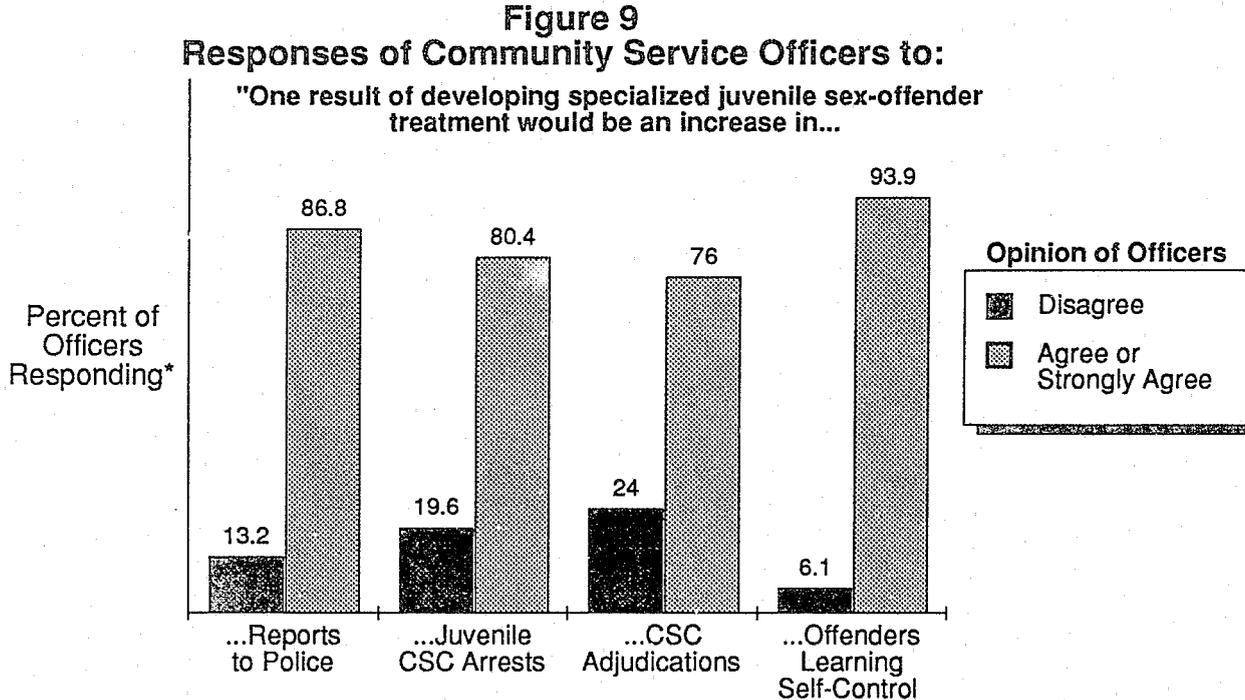


**Policy Implications:** Michigan needs to develop a widely available training program on juvenile sex offenses for law enforcement and court professionals.

# Michigan Adolescent Sexual Abuser Project

## Results of Developing Specialized Juvenile Sex-Offender Treatment

About 90% of the Community Service Officers agree that the results of developing specialized juvenile sex-offender treatment would involve increases in "Reports to the Police" of sexual abuse by juveniles. 80% agree that specialized treatment would result in "More Arrests of Juveniles on Criminal Sexual Conduct Charges" and "More Adjudications of Juveniles on Criminal Sexual Conduct Charges." Nearly 95% believe that specialized treatment will lead to offenders learning to control their offending behavior.



\* The number of officers responding ranges from 49 to 53.

**Policy Implications:** Those Officers most involved in handling juvenile sex-offense cases are convinced that specialized treatment will lead to juvenile offenders controlling their sexual offending. The Michigan Legislature should heed these experts and implement programs and policies to develop specialized treatment to reduce the number of sexual offenses committed by youth.

# Michigan Adolescent Sexual Abuser Project

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## Sex-Offense Specific Treatment For Juvenile Sex Offenders

Four assumptions guide the work of most sex-offender treatment specialists. (1) The Michigan Adolescent Sexual Abuser Project accepts these assumptions:

1. **The goal of sex-offender treatment is the prevention of further victimization.** Specialized sex-offender therapists consider that "the community is the client" of interventions with juvenile sex offenders. (2) It is the community who will be the beneficiary of successful treatment or the victim of diagnostic errors.

2. **Legal accountability is the best leverage in motivating change** and is, therefore, an integral part of the corrective process. According to Steve Bengis, Director of the New England Adolescent Research Institute, holding a youth legally accountable for sex offenses gives the youth several important messages:

- a) that his behavior is unacceptable and must be stopped (*this may be the first time in his life that anyone, professional or family member, has made such a clear statement to him*);
- b) that since his behavior is causing damage to another human being, it must be stopped immediately and that continuance of that behavior will have serious consequences to the offender, including his loss of freedom; and
- c) that while he may not view his victims as either human or as damaged by his actions, the court certainly does. Thus, the youth is given his first lesson in humanizing his victims, a very important part of his later treatment. (3)

3. **Evaluations of juvenile sex offenders must include a diagnostic assessment by a specialist.** Hennepin County, Minnesota, Juvenile Court Judge Allen Oleisky states his court's approach to assessments:

Treatment starts with assessment. We insist that there be an assessment by qualified experts, trained psychologists who work for the court. While many psychologists and psychiatrists might be excellent in the fields of mental retardation, paranoia, or schizophrenia, they may have limited knowledge in dealing with sex offenders. The traditional mental health provider may see two or three sex offenders a year and probably is not up to date on the literature, interviewing techniques, evaluation, and treatment methods. Therefore, when a defense lawyer presents a report from a psychologist saying there is nothing wrong with his juvenile client, that the sexual offense was a one-time occurrence that has been treated, and that there will be no further behavioral problems, we do not accept it. We insist that our own experienced psychologists do the assessments. (4)

- (1) Steven M. Bengis, "A Comprehensive Service-Delivery System with a Continuum of Care for Adolescent Sexual Offenders," (Orwell, Vermont, Safer Society Press, 1986) pp. 11-13.
- (2) Gail Ryan, "Update on the National Task Force," in "Interchange: Cooperative Newsletter of the Adolescent Perpetrator Network," ed. Gail Ryan, (Denver, C. Henry Kempe Center for the Prevention and Treatment of Child Abuse and Neglect, 1987) p. 15.
- (3) Bengis, p. 11. Italics added.
- (4) Honorable Allen Oleisky, in his Foreword to Fay Honey Knopp, "The Youthful Sex Offender: The Rationale and Goals of Early Intervention and Treatment," (Syracuse, Safer Society Press, 1985).

## Michigan Adolescent Sexual Abuser Project

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4. **The treatment of choice for adolescent sex offenders is guided peer-group therapy**, in most cases co-led by male and female therapists. Some of the advantages of group therapy for sex offenders are:

- adolescents learn best from other adolescents
- group members and therapists can confront issues of secrecy, shame, isolation, "blaming the victim", and other errors in thinking
- adolescents need the experience of a structured group that frees them from pressure to "act tough" in front of peers and enables them to express thoughts and feelings freely
- violation of confidentiality is unlikely in a group whose members are all sex offenders.

The National Task Force of the Adolescent Perpetrator Network has worked to define standards for intervention with juvenile sex offenders. Regarding treatment, the National Task Force states:

"An eclectic approach involving behavioral, cognitive, psychodynamic, skill building, and education should be used in a peer-group setting, with individual, family, and didactic modules available as indicated." (1)

Fay Honey Knopp, author and researcher on adolescent sexual offenders, summarizes treatment modalities used by staff at programs designed specifically for these youth:

Presently, program components include **family therapy**; various types of **education in human sexuality**, sometimes for the entire family; **victim awareness** exercises including empathy training, accountability and responsibility acceptance, and familiarity with cycles of victimization; **interpersonal social skills development**, which teaches communication, socialization, and group work; **anger management**, which deals with conflict resolution and negotiating skills; **grief work**, which helps work through personal victimization and trauma; **journal keeping**, which teaches how to record thought process and fantasies and encourages writing autobiographical materials; **survival skills**, which include stop-thought processes and day-to-day living skills; **sex-role expectations**, which educate about "macho" sex-role stereotyping; and **general education**, which includes a high-school diploma and vocational and occupational therapies. (2)

(1) Gail Ryan, "Update on the National Task Force," in "Interchange: Cooperative Newsletter of the Adolescent Perpetrator Network," ed. Gail Ryan, (Denver, C. Henry Kempe Center for the Prevention and Treatment of Child Abuse and Neglect, 1987) p. 17.

(2) Faye Honey Knopp, **Remedial intervention in Adolescent Sexual Offenses: Nine Program Descriptions** (Syracuse, Safer Society Press, 1982), p. 37.

# Michigan Adolescent Sexual Abuser Project

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## *What Will Happen To The Youth In Michigan Who Have Committed Sex Offenses?*

Over 60% of Michigan's adolescent sexual abusers included in our statewide study were reported to have received no specialized treatment services. In over two-thirds of the cases, probation officers were dissatisfied with treatment options available for the adolescent.

This dissatisfaction is reflective of the growing national consensus that successful intervention with adolescent sexual offenders requires specialized assessment and specialized treatment.

## *What Treatment Options Are Now Available in Michigan?*

Over 30 Michigan youth have been placed in specialized residential programs for sex offenders in other states, including Minnesota, Wisconsin, Oregon, and Texas. More frequently, youth have been treated in Michigan mental health and child-care centers which do not have staff and programs that specialize in sex-offender treatment.

Over the past three years, however, Michigan has experienced an increase in the number of juvenile sex-offender treatment programs. Table 6 lists the number of Michigan programs that offer sex-offense specific treatment for youth who sexually abuse. Each of these programs provides specialized assessment and peer-group therapy in addition to individual and family treatment.

Table 6  
Specialized Adolescent Sexual Abuser  
Treatment Services in Michigan  
January, 1988

Type of Program	Number in Michigan	Average Number Youth per Program	Average Years in Existence
Community-Based Education	1	5	3
Community Outpatient	15	11	1
Day Treatment	0		
Group Home/Residential	3	12	1.2
Secure Unit	1	20	.2

# Michigan Adolescent Sexual Abuser Project

## *Are These Specialized Treatment Programs Successful?*

Nationally, three such programs have conducted follow-up studies on adolescents who completed sex-offender treatment and have been out of treatment for at least one year:

Table 7

Type of Program	Number of Graduates	Number of Sex Offenses Reported
1. Community Outpatient	200	7 (1)
2. Residential Child Care	28	2 (2)
3. Secure Unit	29	2 (3)

### CONCLUSION

These outcome figures are preliminary indicators that early, specialized intervention can prevent victimizations. On the other hand, failure to treat the adolescent who commits sex offenses can lead to an expanding cycle of victimization.

- (1) Personal communication with Michael O'Brien, January 14, 1988. Michael is Director of the "P.H.A.S.E." program - Program for Healthy Adolescent Sexual Expression — a community-based outpatient program for lower-risk adolescent sexual offenders.
- (2) P. Lantz, "Hennepin County Home School Sexual Offender Program: Recidivism Information, April 1986," Minnetonka, MN. Hennepin has operated a residential treatment program for extremely serious adolescent sexual offenders since 1979.
- (3) Personal communication with Pablo Zamora, January 12, 1988. Pablo is Team Coordinator at the Closed Adolescent Treatment Program, a maximum-security residential facility for youths who have committed the most violent sexual assaults. In addition to the 2 sexual assaults, 4 additional violent offenses were reported, ranging from resisting arrest and home burglary to attempted murder. The offenders included in this outcome study had been living in the community a median of 4 years.

## ABOUT THE PROJECT

Since October of 1985, the Michigan Adolescent Sexual Abuser Project has been working under contract with the Michigan Department of Mental Health to examine and report on the problem of adolescents who commit sex offenses in Michigan.

The Project is working with the Michigan Legislature and State Departments and Offices to implement policies consistent with the goal of preventing sexual victimizations through intervention in adolescent sex offenses. The Project also serves as a statewide training resource.

In addition to the study of adolescent offenders, the Project has compiled a list of Michigan treatment providers who specialize in working with adolescent sexual abusers. Project staff are contacted regularly by professionals from around Michigan who are seeking referral information on sex-offense specific programs for adolescent and adult sex offenders.

In 1986, the Project initiated the **Michigan Adolescent Sexual Abuser Intervention Network**. Network membership has expanded rapidly to include representatives of public and private sectors, prevention and treatment programs, law enforcement, children and family services, and the courts. The Network meets regularly for ongoing support, training, and planning.

The Project was initiated through the efforts of Team for Justice, Inc., a Detroit-based agency which provides a variety of services to incarcerated youth and adults and to victims of child sexual abuse and their families. The Project now operates under the auspices of Safer Society Resources of Michigan, Inc. In addition to the contract with the Department of Mental Health, the Project receives financial support from private contributors and through fees for trainings, consultations, and other services.