



**COMPREHENSIVE PLAN
FOR
JUVENILE
SEX OFFENDERS
ELIMINARY REPORT**

133562

November 1990



The Utah Governor's Council on Juvenile Sex Offenders

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Co-Chair: Timothy C. Holm, M.S.W.

Research and Report Committee:

Bryon Matsuda, M.Ed.

Lucinda A. Rasmussen, L.C.S.W.

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For further information regarding this report, contact:

Utah State Juvenile Court
Bryon Matsuda, M.Ed.
149 East 100 South
Price, Utah 84501
(801) 637-5491

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Bryon Matsuda, M. Ed.
Lucinda A. Rasmussen, L.C.S.W.

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THE UTAH GOVERNOR'S COUNCIL ON JUVENILE SEX OFFENDERS

The Honorable Kelly C. Atkinson
Utah State Representative
6734 South 1645 West
West Jordan, Utah 84084

Sheriff David Bateman
Utah County Sheriff's Office
P.O. Box 330
Provo, Utah 84601

Kathy Cole-Shepherd
Adult Probation and Parole
Department of Corrections
275 East 2nd South
Salt Lake City, Utah 84111

The Honorable Paul T. Fordham
Utah State Senator
4547 South Balsam Avenue
Salt Lake City, Utah 84123

Dave Fowers, Director
Mill Creek Youth Center
790 West 12th Street
Ogden, Utah 84404

Jeff Galli, Director
Program Services
Utah Department of Corrections
6100 South 300 East, Salt Lake City, Utah 84107

Chief M. Junior Hammon
Roy City Police Department
5051 South 1900 West
Roy, Utah 84067

The Honorable Byron L. Harward
Utah State Representative
P.O. Box 441
Provo, Utah 84603

Kay M. Haws, Director
Youth in Custody Program
Utah State Office of Education
250 East 500 South
Salt Lake City, Utah 84115

Timothy C. Holm, Director
Division of Youth Corrections
Utah Department of Human Services
120 North 200 West, 4th Floor
Salt Lake City, Utah 84103

Gary Jensen, Program Specialist
Division of Mental Health
Utah Department of Human Services
120 North 200 West, 4th Floor
Salt Lake City, Utah 84103

Bryon Matsuda, Chief Probation Officer
Seventh District Juvenile Court
149 East 100 South
Price, Utah 84501

The Honorable Sharon P. McCully
Judge of the 3rd District Juvenile Court
3522 South 700 West
Salt Lake City, Utah 84119

John McNamara, Juvenile Court Administrator
Administrative Office of the Court
230 South 500 East, Suite 300
Salt Lake City, Utah 84102

Brian Namba, Esquire
Deputy County Attorney
Davis County Courthouse
Farmington, Utah 84025

Richard J. Oldroyd, Ph.D.
Research Director
Commission on Criminal and Juvenile Justice
101 State Capitol
Salt Lake City, Utah 84114

The Honorable Craig A. Peterson
Utah State Senator
380 West 920 North
Orem, Utah 84057

Lucinda Rasmussen, L.C.S.W.
Clinical Social Worker
Primary Children's Medical Center
201 East 5900 South, Suite 200
Murray, Utah 84107

John Sheaffer, Esquire
Attorney at Law
310 South Main Street
Salt Lake City, Utah 84114

Dale Stratford, Esquire
Attorney at Law
First Security Bank Building
Ogden, Utah 84401

Ron Stromberg, Director
Office of Social Services
Utah Department of Human Services
120 North 200 West, 3rd Floor
Salt Lake City, Utah 84103

Barbara Thompson, Director
Division of Family Services
Utah Department of Human Services
120 North 200 West, 4th Floor
Salt Lake City, Utah 84103

CHAPTER ONE

PURPOSE OF REPORT

Child sexual abuse is pervasive, affecting all socioeconomic levels and impacting all areas of our society. Utah, like other parts of the nation, has in recent years experienced a dramatic increase in reported incidents of child sexual abuse. Of particular concern is the rapid increase of sexual offenses committed by juveniles against younger children. The number of juveniles referred to the Juvenile Court for sexual offenses increased from 259 in 1983 to 477 in 1989, an increase of 84% (Juvenile Court, 1989). Current statistics kept by the Department of Human Services indicate 36% of all perpetrators of child sexual abuse in this state were adolescents, preadolescents, and younger children (1989).

On October 31, 1989, in response to this alarming increase in the numbers of juvenile sex offenders, Governor Norman Bangerter commissioned this council to investigate the problem of juvenile sexual offending. The specified tasks of the council were:

1. Review current information and research and identify long-term solutions to address the problems.
2. Develop a statewide comprehensive plan for prevention, early intervention and treatment of juvenile sex offenders.
3. Coordinate programs within the public and private sectors to meet the demands for services.
4. Develop procedures for handling the investigation, adjudication, and treatment of juvenile sex offenders for the public and private sectors to encourage consistent practices statewide.
5. Submit the statewide plan to the Governor for his review.

This Council has conducted a year of inquiry centered on the above tasks and now makes a preliminary report of its findings.

CHAPTER TWO

DEFINITIONS

Community Protection: safeguarding citizens against the immediate and long-term harmful effects of sexual abuse perpetration.

Continuum of Community Protection: the comprehensive plan of the justice system which addresses all of the following: prevention, identification and reporting, investigation, adjudication, assessment, supervision, clinical intervention and research.

Holistic View of Sexual Abuse: understanding the progressive relationship which links victims of sexual abuse, sexually reactive children, preadolescent and adolescent sex offenders, and adult sex offenders.

Juvenile Sex Offender: Any juvenile below the age of 18 who has committed a sexual offense as defined by the Utah Criminal Code Annotated. Sex offenses by juveniles may include a power differential between perpetrator and victim (perpetrator has greater age, size, or mental capacity); role differential (perpetrator assumes authority over child); predatory patterns (perpetrator sets up the victim); and elements of coercion (perpetrator uses games, tricks, bribes, threats, and/or force) (Rasmussen & Dibble / Utah Task Force of the Utah Network on Juveniles Offending Sexually, 1989).

Sexually Reactive Child: a child, age eight and under, who displays sexually inappropriate behavior towards another which is harmful or unlawful. This behavior is often in reaction to his/her own sexual victimization and/or exposure to explicit sexual stimuli. For court jurisdiction purposes, this child should be considered dependent.

Preadolescent Sex Offender: a child, age nine through twelve, who displays sexually inappropriate behavior towards another which is harmful or unlawful.

Adolescent Sex Offender: a child, age thirteen through seventeen who displays sexually inappropriate behavior towards another which is harmful or unlawful.

Victim/Perpetrator: A child who is reacting to his/her own sexual victimization and/or exposure to explicit sexual stimuli.

Delinquent Perpetrator: A child, who is a not a prior victim of sexual abuse, but because of social inadequacy, and personality and/or behavioral disorders responds inappropriately to normal developmental sexual arousal.

Family Perpetrator: a juvenile who displays harmful or unlawful sexually inappropriate behavior against a younger sibling and/ or other child living in his home.

Juvenile Sex Offender Treatment: a court disposition or sentence providing community protection which addresses two major components:

Supervision: physical control of the perpetrator.

Clinical Intervention: cessation of the sexual assault cycle of the perpetrator.

Sex Offender Dual Diagnosis Residential Treatment: an out of home living arrangement providing sex offender specific treatment for juveniles who are developmentally disabled, intellectually and/or physically handicapped.

Sex Offender Enriched Group Home: an out of home living arrangement for juvenile sex offenders, providing clinical intervention for multiple emotional and/or behavioral problems (e.g. sexual offending and substance abuse). Juveniles in these homes should receive sex offender specific therapy as a major part of their clinical treatment.

Sex Offender Specific Structured Family Home: an out of home living arrangement for juvenile sex offenders, providing intensive supervision coordinated with outpatient treatment. Parents in these homes should receive specialized training about juvenile sexual offending. The number of children in the home should be limited, thus maximizing the parents' ability to provide adequate supervision.

CHAPTER THREE

THE DANGER OF JUVENILE SEXUAL OFFENDING

Juveniles who commit sexual offenses are a danger to our community. Harm to their victims ranges from abnormal sexualization to emotional traumatization to death from sexually related homicide. Not only does the victim suffer harm, but also his/her family. The harmful effects of sexual victimization are often long-term, with many victims suffering negative effects throughout their lives.

In 1989, Utah juvenile justice agencies reported the following statistics:

1. Of all child sexual abuse victims, 43% were victimized by juvenile perpetrators (Department of Human Services).
SEE CHART 3-1

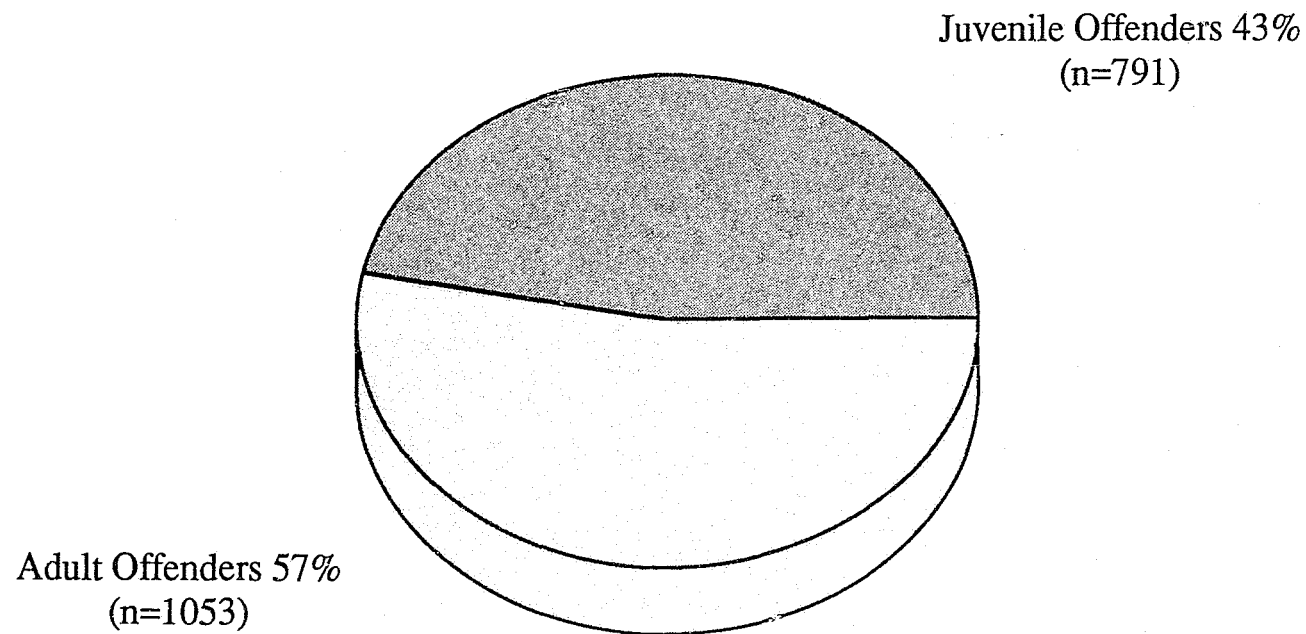
2. The Juvenile Court received a 23.5% increase in referred juvenile sex offenses over the previous year (Juvenile Court).
SEE CHART 3-2

3. Sex offenses committed by juveniles were of a serious nature. 74% of the referrals alleged a felony level offense (Ibid.).
SEE CHART 3-3

4. The median age of juvenile sex offenders was 13 years (Ibid.).

5. Of the child sexual abuse referrals received by the Department of Human Services, 56 of the substantiated perpetrators were sexually reactive children under the age of nine; 153 were preadolescent sex offenders (ages nine through twelve); and 326 were adolescent sex offenders (ages thirteen through seventeen) (Department of Human Services).
SEE CHART 3-4

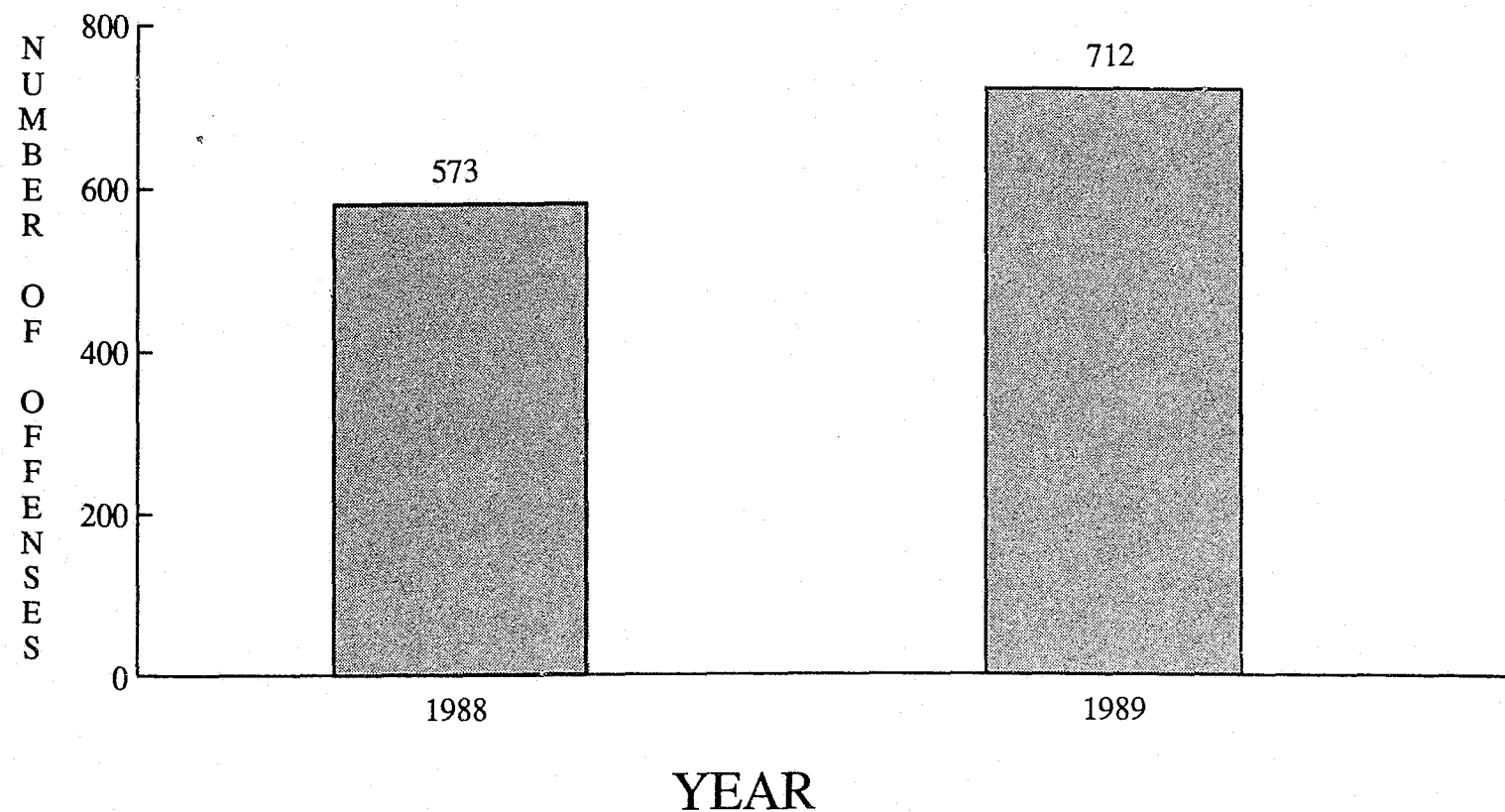
Sexual Abuse Victims by Perpetrator Groups during 1989



43% of all victims were offended by
juveniles

CHART 3.1

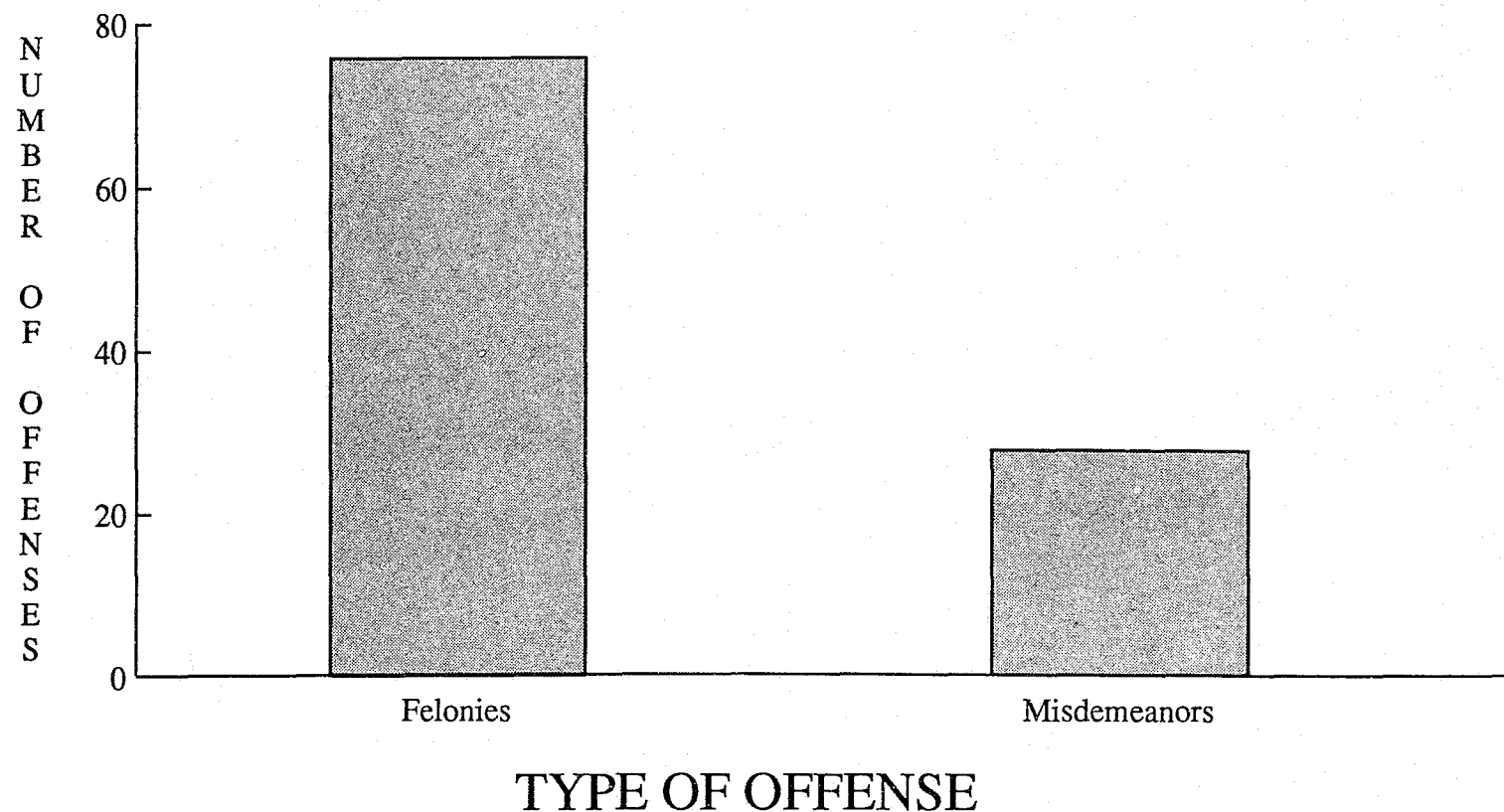
Number of Sex Offenses Referred to Juvenile Court



NOTE: there was a 23.5% increase between 1988 and 1989

CHART 3.2

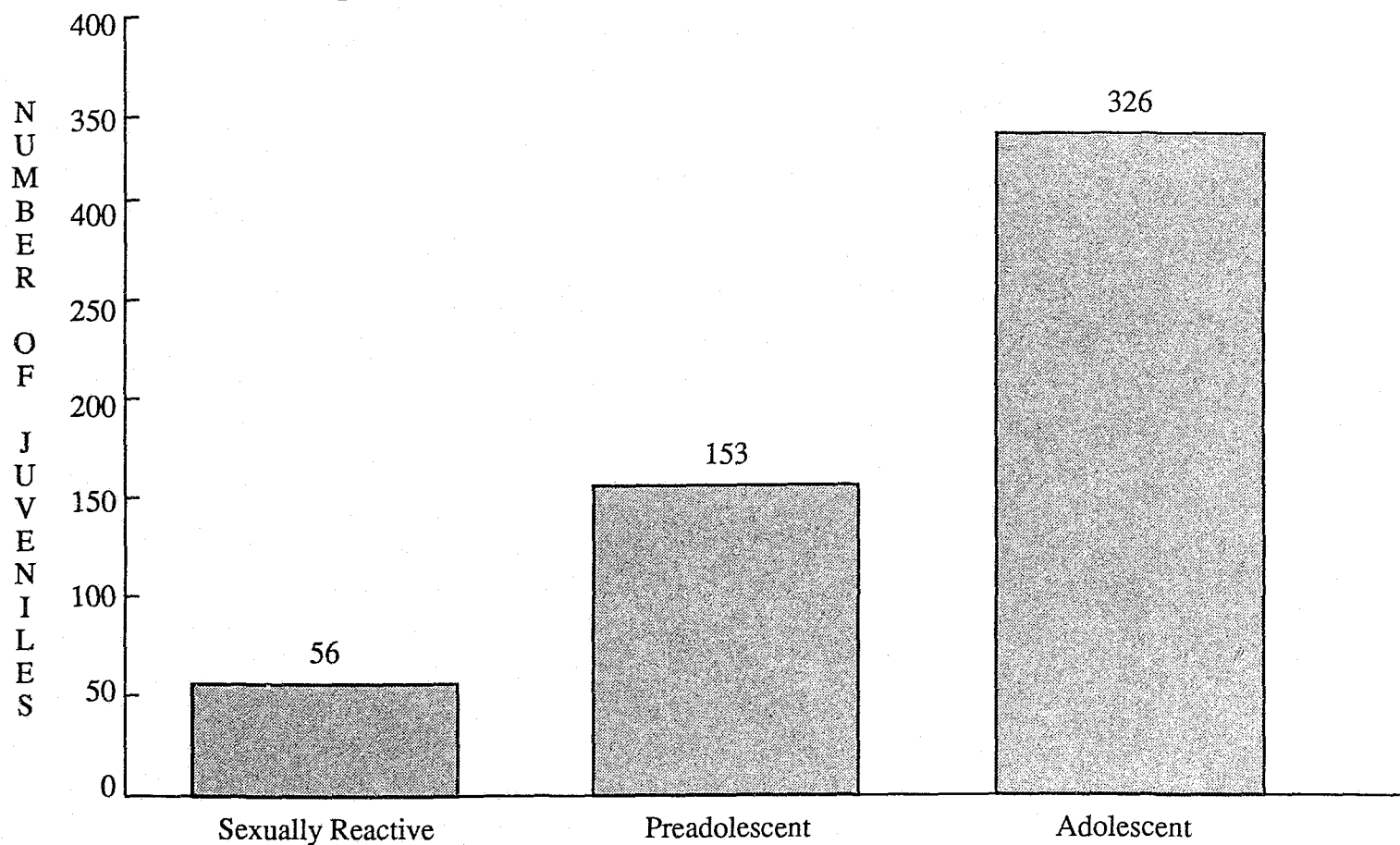
Types of Juvenile Sex Offenses Felonies versus Misdemeanors



NOTE: the majority of sex offenses
are of a serious felony level

CHART 3.3

Categories of Juvenile Sex Offenders



CATEGORIES OF JUVENILE SEX OFFENDERS

CHART 3.4

CHAPTER FOUR

COMMUNITY PROTECTION: THE VICTIM-JUVENILE SEX OFFENDER-ADULT SEX OFFENDER CONNECTION

The primary goal of intervention with sex offenders is safeguarding the community against the harmful effects of sexual abuse. "Abuse takes its toll in eroding esteem, inflicting grief, and creating a sense of helplessness. Its widespread impact is felt in neighborhoods, schools, and the everyday work force, and is not limited to a few isolated homes" (Rasmussen & Dibble, the Utah Task Force, 1989, p.1). Unless the justice system protects and assists victims, and supervises and treats offenders, the harm of sexual abuse will not only persist but will intensify.

Increased numbers of victims justify demands for augmented victim services and improved offender intervention.

1. In 1989, there were 1837 substantiated child victims of sexual abuse, representing a 29.7 increase over the previous year (Department of Human Services).

SEE CHART 4-1

2. The median age of child victims of sexual abuse is 9 years (Ibid.)

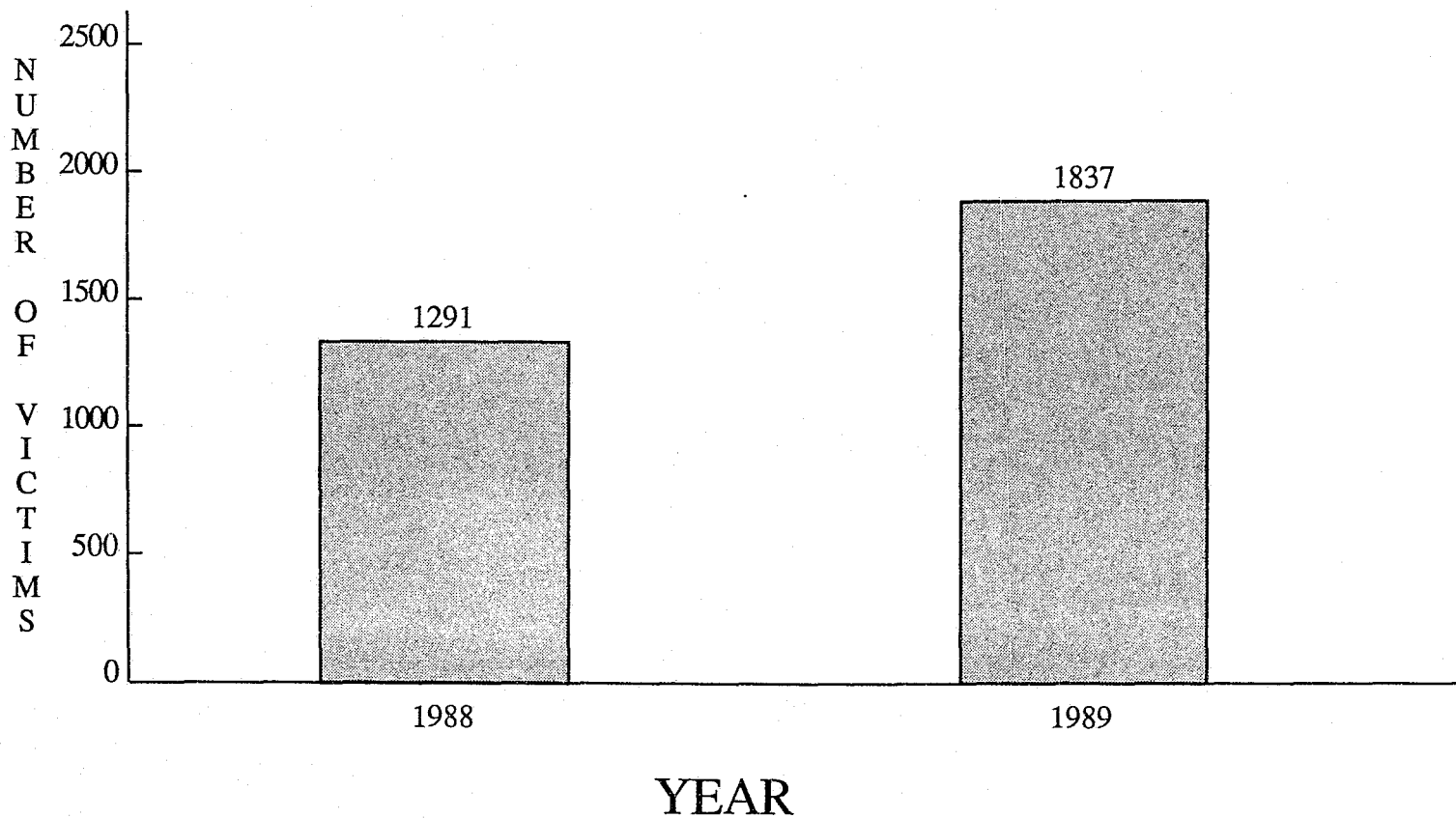
SEE CHART 4-2

3. Victims of sexual abuse have three basic outcomes:
 - a. They struggle through their victimization experiences, recover and find normalcy.
- or -
 - b. They develop a cycle of self victimization with chronic self destructive behaviors.
- or -
 - c. They develop a cycle of assaultive behavior against others.
(Rasmussen et. al, 1990).
4. Research indicates sexual abuse is a learned behavior. and while not every sexually abused child becomes a sex offender, they are at increased risk of developing offending behaviors (Ryan, 1989).
5. In a recent study at the Utah State Prison, 94 to 96% of sex offenders reported they were sexually victimized as children (Department of Corrections, 1989).

Awakening to the serious extent of child sexual abuse, Utah, in an effort to protect the community, enacted legislation providing increased adjudication and incarceration of adult sex offenders. Incarcerated adult offenders receive the "supervision" needed to protect the community. However, because of a lack of funding and program development, "clinical intervention" is often not provided or required. Without the clinical intervention into the offender's sexual assault cycle, he/she, when released, is a higher risk to reoffend. The community (victims and future victims) is jeopardized.

1. The number of sex offenders incarcerated in prison and community centers (halfway houses) has increased from 11% of the total prison population in 1984 to 24% of the total prison population and 35% of the total community center population in 1989 (Department of Corrections).
2. 775 inmates currently at the Utah State Prison are sex offenders or have sex offenses in their criminal backgrounds. The current cost of incarcerating a sex offender is \$13,000 per year. Utah therefore spends approximately 10 million dollars yearly to incarcerate sex offenders in prison. Additionally, another 2 million is spent for probation supervision and correctional center treatment (Ibid., 1989).
3. It is estimated less than 20% of the above funds is spent for clinical intervention services for adult sex offenders (Utah Network on Juveniles Offending Sexually, 1990).

Number of Sex Offense Victims in 1988 and 1989



NOTE: there was a 29.7% increase in the number of victims between 1988 and 1989

CHART 4.1

Sexual Abuse Victim Age during 1989



1844 total victims

Heightened public awareness of the harmful effects of sexual abuse has resulted in increased reporting and referral of juvenile sex offenders.

1. 36% of all child sexual abuse perpetrators were juveniles (Department of Human Services, 1989)

SEE CHART 4-3

2. Research indicates 60 to 80% of adult sex offenders began offending as juveniles (Groth et. al, 1982).
3. Adolescent sex offenders in treatment programs have reported beginning offending patterns as early as age five (Stickrod and Ryan, 1987).
4. Adult sex offenders report an average of 380 total sexual crimes (Abel et. al., 1986, Groth et. al., 1982), while adolescents currently being evaluated report an average of less than seven victims (National Task Force Report, 1988).
5. Early intervention is clearly indicated.

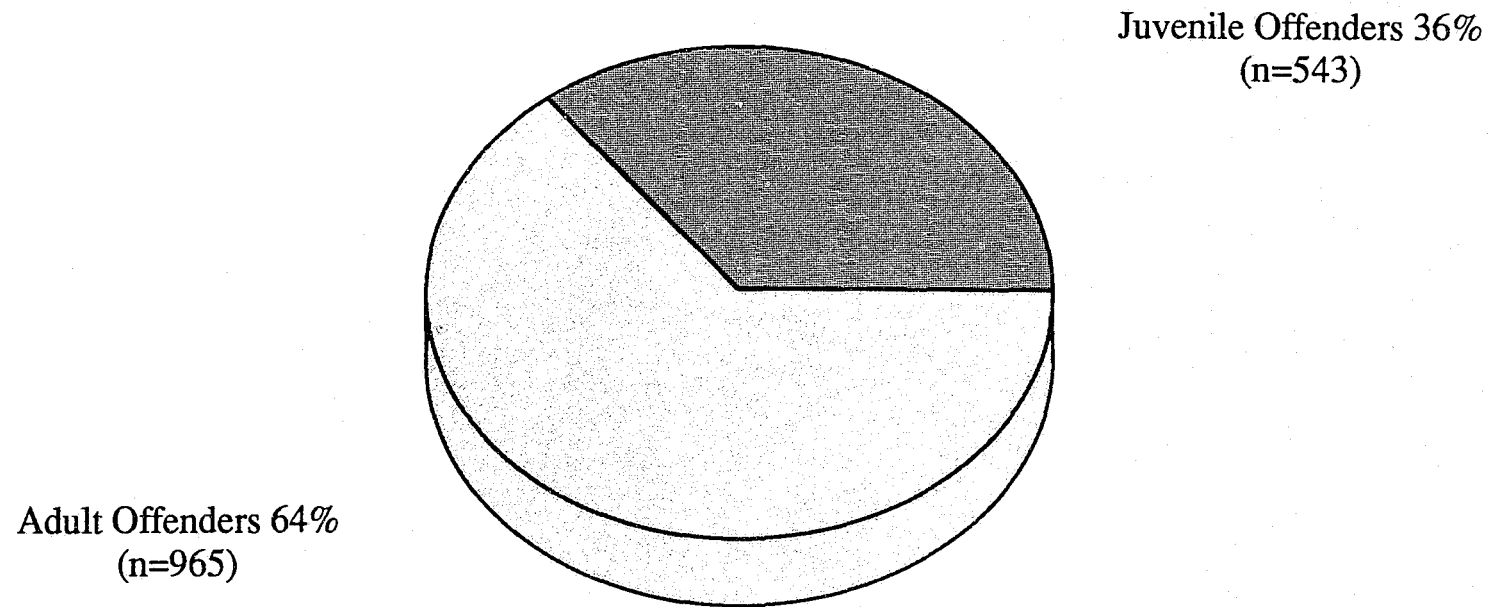
Increased numbers of referrals have intensified public demands upon the juvenile justice system to provide adequate and appropriate supervision and clinical intervention. The juvenile justice system has similar problems to the criminal justice system:

1. Inadequate resources for supervision
 - a. The number of juvenile sex offenders in state custody for supervision increased from approximately 40 in 1983 to approximately 90 in 1989 (Utah Network on Juveniles Offending Sexually, 1990).
 - b. Placement of these juveniles in "in home" and "out of home" supervision programs has required agencies to redirect services from traditional delinquent populations to sex offenders.
2. Inadequate resources for clinical intervention
 - a. Currently, Utah funds only 32 beds for sex offender specific treatment in existing inpatient and residential programs (Ibid.).
 - b. Funding for "in home" clinical intervention services is also minimal (less than \$100,000) (Ibid.).
3. No comprehensive plan integrating and coordinating the resources and services of Juvenile Court, Office of Social Services, Youth Corrections, Mental Health
4. Insufficient legislative appropriations for juvenile sex offenders

The estimated agency expenditures on juvenile sex offenders is 3.7 million dollars (Ibid.).

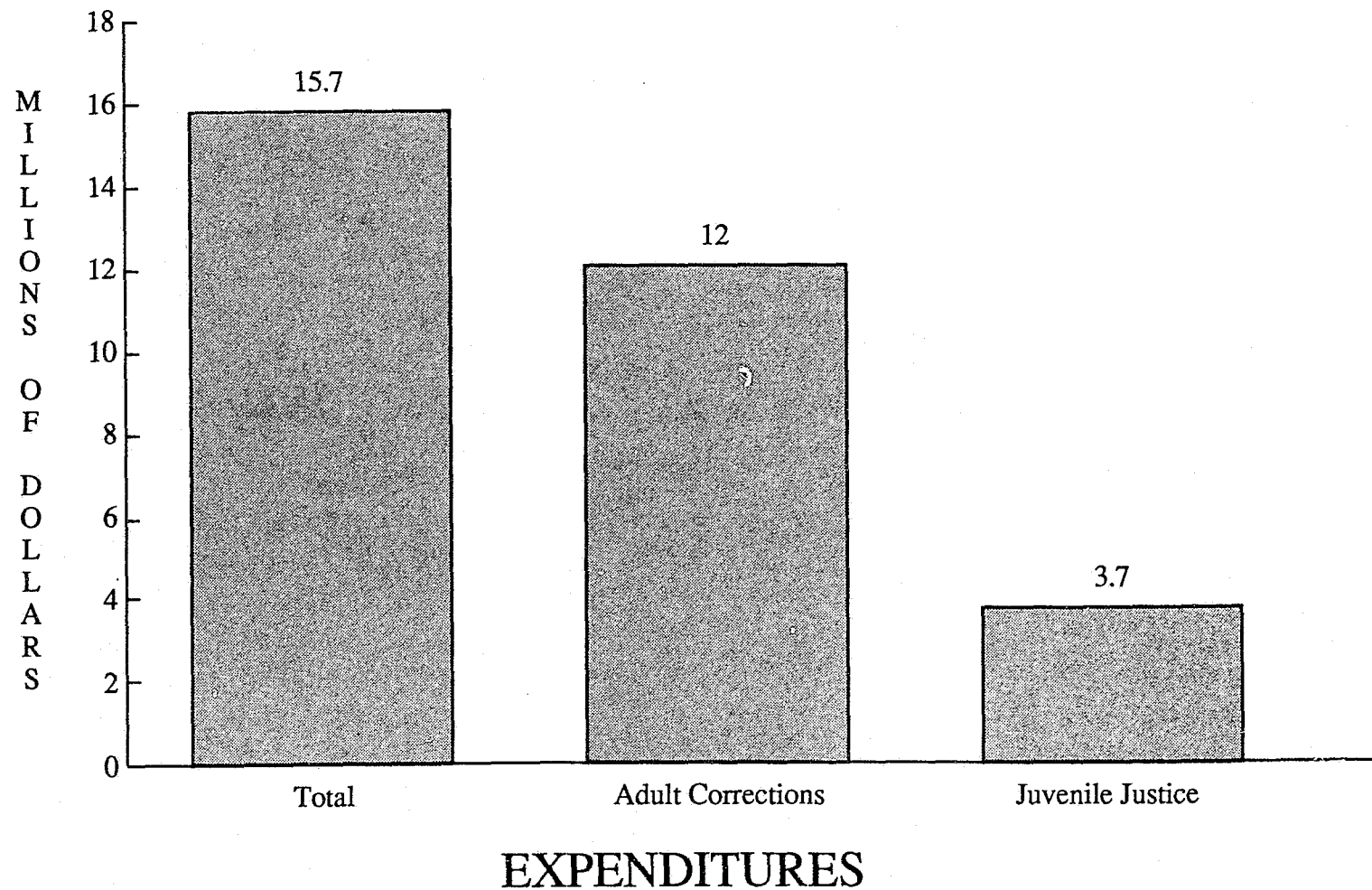
SEE CHART 4-4

Juvenile and Adult Sexual Abuse Perpetrators during 1989



1508 total perpetrators

Expenditures on Sex Offenders



Estimated by Utah Network in Juveniles
Offending Sexually

CHART 4.4

CHAPTER FIVE

UTAH'S SEXUAL ABUSE ISSUES

1. Protection of the community against sex offenders must be one of the justice system's highest priorities.
2. Utah has limited monetary resources to address the problem of sexual abuse.
3. In order for Utah to maximize its resources, the justice system needs to view sexual abuse from a holistic perspective.
4. In the holistic view of sexual abuse, the protection and treatment needs of victims and the supervision and clinical intervention needs of perpetrators are addressed concurrently.
5. Comprehensive plans need to be developed and implemented for issues of victims, juvenile sex offenders, and adult sex offenders. These plans need to be coordinated in one continuum of community protection and clinical intervention.
6. One coordinated continuum addressing needs of victims, juvenile sex offenders, and adult sex offenders will provide the most cost effective program against sexual abuse.

CHAPTER SIX

UTAH'S JUVENILE JUSTICE ISSUES

1. The juvenile justice system must recognize the individualized needs of each population of juvenile sex offenders (sexually reactive children, preadolescent sex offenders, adolescent sex offenders, family perpetrators).
2. Juvenile justice agencies (i.e. Juvenile Court, Youth Corrections, Office of Social Services, Mental Health, Law Enforcement, County Attorneys) must designate agency responsibility for the prevention, identification and reporting, investigation/referral, adjudication, assessment, supervision, clinical intervention, and research of each juvenile sex offender population.
3. Juvenile justice agencies must develop individual plans for their areas of responsibility. These plans must be coordinated into a comprehensive statewide plan which addresses all components of the continuum of community protection (i.e. prevention, identification and reporting, investigation/referral, adjudication, assessment, supervision, clinical intervention, and research).
4. A coordinated juvenile justice continuum of community protection must be cost effective.
5. Legislative and executive authorities must provide adequate funding for a cost effective continuum of community protection.
6. Cost effective juvenile justice programs will provide community protection against juvenile sexual offending.

CHAPTER SEVEN
UTAH JUVENILE JUSTICE SYSTEM'S
COMPREHENSIVE PLAN FOR JUVENILE SEX OFFENDERS
PRELIMINARY RECOMMENDATIONS

GOAL OF PROPOSED PLAN:

Provide community protection from juvenile sex offenders.

OBJECTIVES:

1. Design a service delivery system providing a comprehensive continuum of community protection.
2. Develop cost effective coordinated services for the supervision and clinical intervention of juvenile sex offenders.

METHODS:

1. Designate juvenile sex offender population into categories and types.
2. Designate responsibilities of juvenile justice agencies for categories and types of offenders.
3. Develop and implement levels of juvenile sex offender specific supervision and clinical intervention.
4. Develop uniform risk assessment processes for all juvenile justice agencies.
5. Coordinate placement of juvenile sex offenders within the specified supervision and clinical intervention levels.
6. Designate numbers of needed placements in each level of supervision and clinical intervention.
7. Designate numbers of staff needed to adequately provide services of supervision and clinical intervention.
8. Design juvenile sex offender units with responsibility for implementing the preliminary plan, developing ongoing comprehensive planning, coordinating services, and facilitating training, professional development and research.
9. Designate funding for required placements and staffing.

PRELIMINARY RECOMMENDATIONS

Section 1. Designation of Juvenile Sex Offender Populations

Juvenile sex offenders should be classified into the following categories:

1. **Sexually reactive child:** a child, age eight and under, who displays sexually inappropriate behavior towards another which is harmful or unlawful. This behavior is often in reaction to his/her own sexual victimization and/or exposure to explicit sexual stimuli. For court jurisdiction purposes, this child should be considered dependent.
2. **Preadolescent sex offender:** a child, age nine through twelve, who displays sexually inappropriate behavior towards another which is harmful or unlawful.
3. **Adolescent sex offender:** a child, age thirteen through seventeen who displays sexually inappropriate behavior towards another which is harmful or unlawful.

The above categories of juvenile sex offenders are divided into the following types:

1. **Victim/perpetrator:** A child who is reacting to his/her own sexual victimization and/or exposure to explicit sexual stimuli. This type includes all sexually reactive children as well as sexually victimized preadolescent children.
2. **Delinquent perpetrator:** A child, who is not a prior victim of sexual abuse, but because of social inadequacy, and personality and/or behavioral disorders responds inappropriately to normal developmental sexual arousal. This type includes preadolescent children who have not been sexually victimized and all adolescent sex offenders. Because of their age, adolescents are considered delinquent perpetrators, even if prior victims of sexual abuse.
3. **Family perpetrator:** a juvenile who displays harmful or unlawful sexually inappropriate behavior against a younger sibling and/ or other child living in his home.

Section 2. Designation of Agency Responsibilities for Juvenile Sex Offender Population (Categories and Types of Offenders)

Preadjudication:

Juvenile Court Intake Processing:

Categories	All categories and types
Function	Intake processing which includes: <ol style="list-style-type: none"> 1. Sex offender specific preliminary inquiry 2. Level 1 assessment 3. Staffing with other agencies 4. Sex offender specific treatment recommendations 5. Referral to Level 2, 3, 4, 5 assessments

Post Adjudication:

The juvenile sex offender population would be divided into the following agencies:

1. Juvenile Court	60%
2. Office of Social Services	29%
3. Youth Corrections	10%
4. State Hospital	1%

SEE CHART 7-1

The juvenile sex offender population would require placements into two basic dispositions:

1. In Home Placements	80%
2. Out of Home Placements	20%

SEE CHART 7-2

AGENCY POPULATIONS

Juveniles Offending Sexually

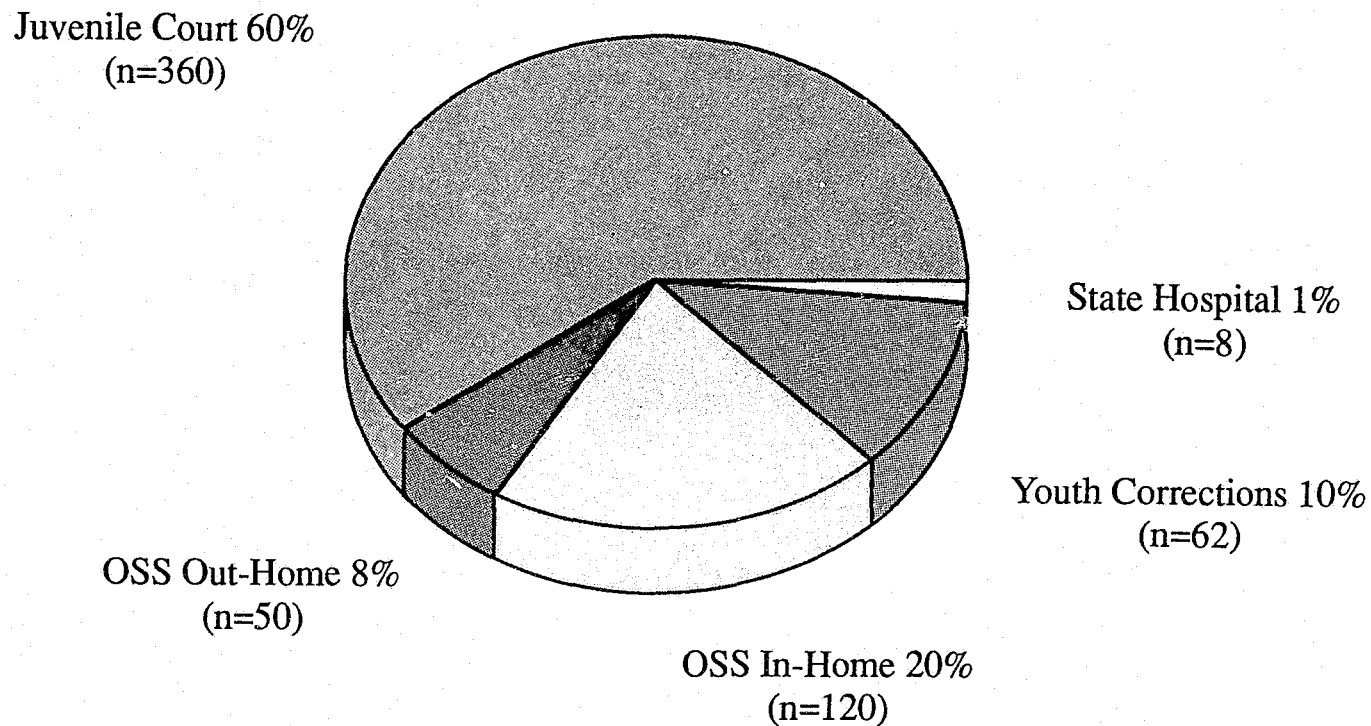
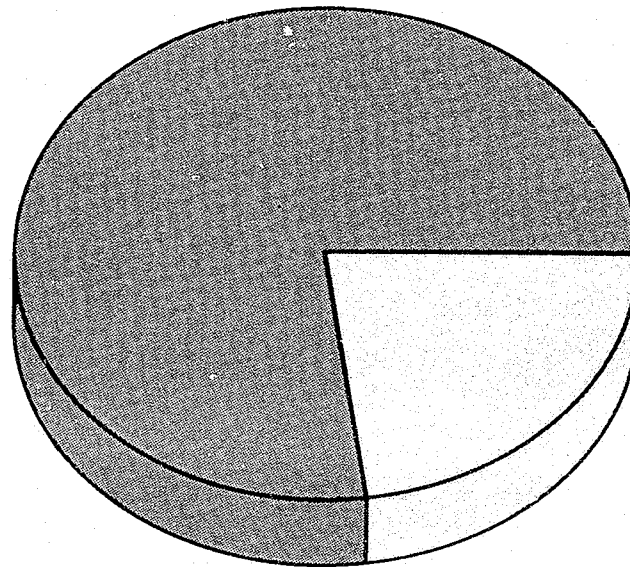


CHART 7.1

TYPES OF PLACEMENTS Juveniles Offending Sexually

IN HOME 80%
(n=480)



OUT OF HOME 20%
(n=120)

Types of Juvenile Sex Offenders/Agency Responsibility

In Home Placements

Category:	Sexually Reactive Children
Type:	Victim Perpetrator
Agency:	Office of Social Services
Category:	Preadolescent Sex Offender
Type:	Victim Perpetrator
Agency:	Office of Social Services
Category:	Preadolescent Sex Offender
Type:	Family Perpetrator
Agency:	Office of Social Services
Category:	Preadolescent Sex Offender
Type:	Delinquent Perpetrator
Agency:	Juvenile Court
Category:	Adolescent Sex Offender
Type:	Family Perpetrator
Agency:	Juvenile Court
Category:	Adolescent Sex Offender
Type:	Delinquent Perpetrator
Agency:	Juvenile Court

SEE CHART 7-3

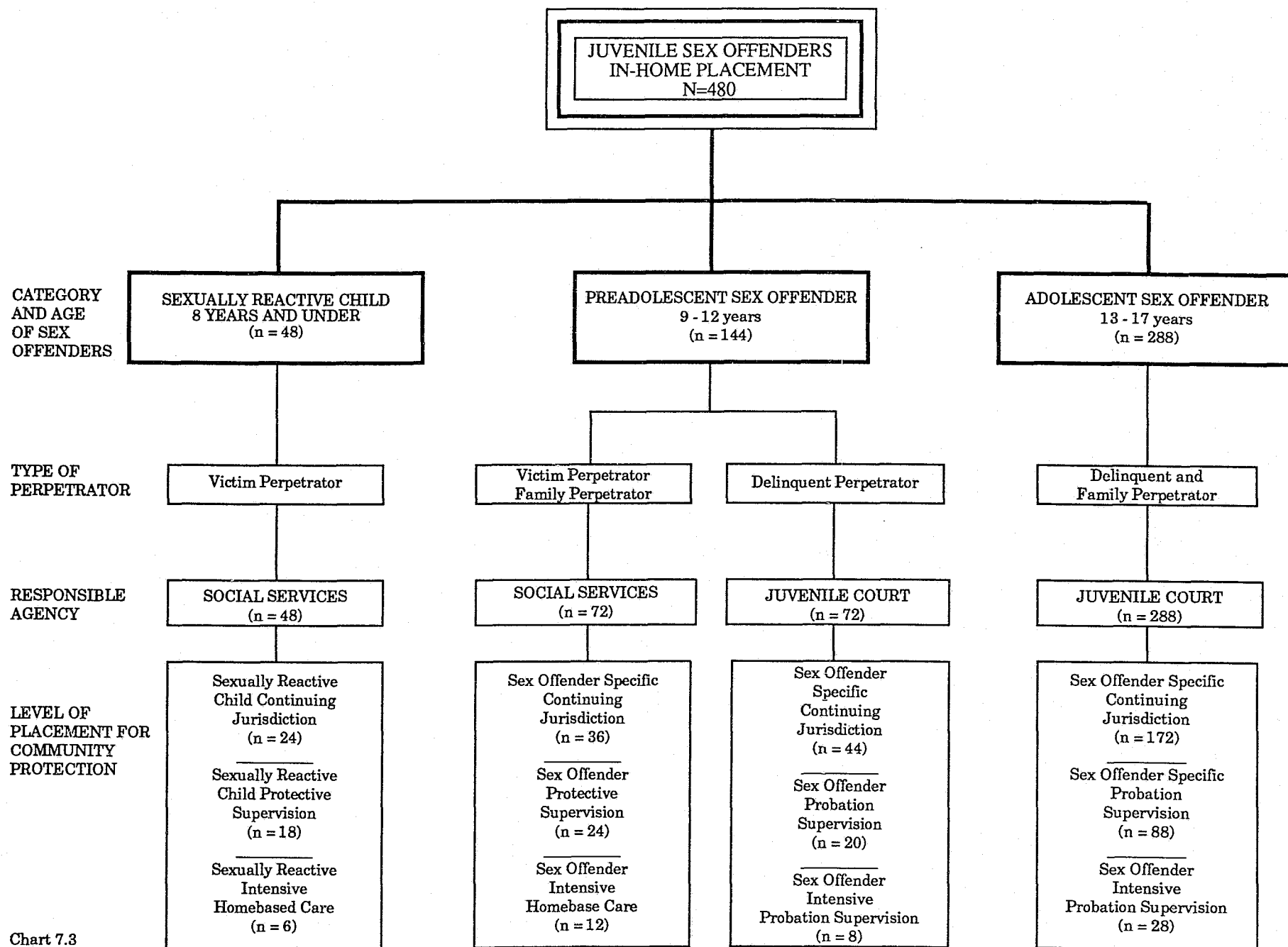


Chart 7.3

Out of Home Placements

Category:	Sexually Reactive Child
Type:	Victim Perpetrator
Agency:	Office of Social Services
Category:	Preadolescent Sex Offender
Type:	Victim Perpetrator
Agency:	Office of Social Services
Category:	Preadolescent Sex Offender
Type:	Family Perpetrator
Agency:	Office of Social Services
Category:	Preadolescent Sex Offender
Type:	Delinquent Perpetrator
Agency:	Youth Corrections
Category:	Adolescent Sex Offender
Type:	Family Perpetrator
Agency:	Office of Social Services
Category:	Adolescent Sex Offender
Type:	Delinquent Perpetrator
Agency:	Youth Corrections

SEE CHART 7-4

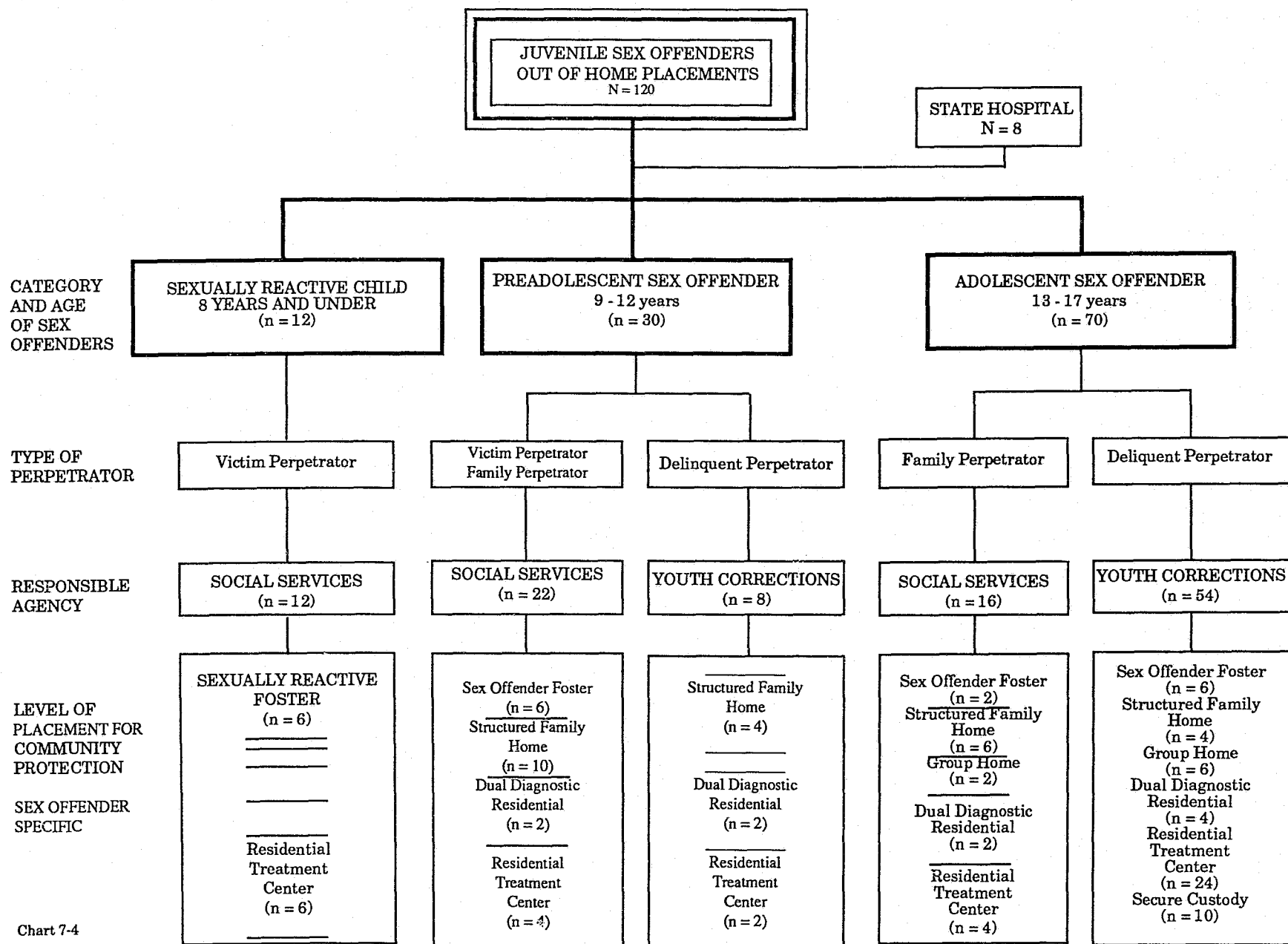


Chart 7-4

Section 3. Levels of Juvenile Sex Offender Supervision and Clinical Intervention

The National Task Force on Juvenile Sexual Offending has recommended clinical intervention with juvenile sex offenders consisting of integrated levels:

Sex offense-specific treatment should be available at all levels of supervision/security and in various types of agencies and institutions, such as mental health centers, correctional institutions, psychiatric hospitals, and private agencies . . . All agencies within a service delivery system should adopt a common treatment philosophy and practice which enables treatment to continue as the juvenile changes placements or moves into more or less restrictive or intensive stages of treatment. The continuum of services within each jurisdiction should allow movement up or down the continuum based on progress or regression in treatment (1988, p.27).

The comprehensive plan consists of the following levels of supervision and clinical intervention:

In Home Placements:

Level 1:

Juvenile justice authority monitors child's and family's compliance to court ordered sex offender specific treatment.

Court orders:

1. Sexually reactive child continuing jurisdiction
2. Sex offender specific continuing jurisdiction

Level 2:

Juvenile justice authority provides additional supervision for community protection. Juvenile justice authority and sex offender specific clinician act as a clinical intervention team in ensuring the juvenile's compliance and progress in clinical treatment.

Court orders:

1. Sexually reactive child protective supervision
2. Sex offender protective supervision
3. Sex offender probation supervision

Level 3:

Juvenile justice authority provides intensive supervision for community protection. Juvenile justice authority and sex offender specific clinician act as a clinical intervention team in ensuring the juvenile's compliance and progress in clinical treatment.

Court orders:

1. Sexually reactive intensive home based care
2. Sex offender intensive home based care
3. Sex offender intensive probation supervision

Out of Home Placements:

Level 4:

Custody of juvenile is placed with juvenile justice authority. This is the lowest level of out of home services. Most often, juveniles are placed in this level due to inadequate supervision and/or resources within their own homes.

Court orders:

1. Sexually reactive foster care
2. Sex offender foster care
3. Sex offender proctor

Level 5:

Custody of juvenile is placed with juvenile justice authority. This out of home living arrangement provides intensified supervision and coordination with clinical treatment resources. These placements should be low in density of sex offenders.

Court orders:

1. Sex offender specific structured family home
2. Sex offender enriched group home

Level 6:

Custody of juvenile is placed with juvenile justice authority. This community based placement provides maximum non-secure supervision and intensive clinical intervention. For those offenders who are developmentally disabled, intellectually and/or physically handicapped, (dual diagnosis), clinical intervention addresses their disabilities as well as their offending behavior.

Court orders:

1. Sex offender specific residential treatment
2. Dual diagnosis residential treatment

Level 7:

Custody of juvenile is placed with juvenile justice authority. This placement provides maximum secure custody for supervision of the most dangerous offenders and clinical intervention.

Court orders:

1. Youth Corrections sex offender specific secure custody

Level 8:

Custody of juvenile is placed with juvenile justice authority. This placement provides semi-secure custody for the most mentally ill or emotionally disturbed offenders with intensive clinical services.

Court orders:

1. Commitment to Mental Health for State Hospital sex offender specific treatment

Section 4. Uniform Risk Assessment

All categories and types of juvenile sex offenders should receive risk assessment(s). Professionals completing assessments should report their findings according to the "Risk Assessment Community Protection Placement Guideline." (See Page 28)

Levels of Assessment:

Level 1:

Type of Assessment:	Juvenile Court sex offender specific
Responsible Professional:	Juvenile Court intake officer
When:	Intake process

Level 2:

Type of Assessment:	Corroborative
Responsible Professional:	Sex offender specific clinicians
When:	After Level 1, if more information is needed

Level 3:

Type of Assessment:	Sex offender specific psychological
Responsible Professional:	Psychologist with sex offender specific expertise
When:	After Level 1, if more information is needed

Level 4:

Type of Assessment:	Plethysmography
Responsible Professional:	Sex offender specific clinician
When:	After Levels 1, 2 or 3, if more information is needed

Level 5:

Type of Assessment:	Residential / Semi-Secure
Responsible Professional:	Youth Corrections
When:	After Levels 1, 2 or 3 or 4, if more information is needed

Section 5. Coordination of Juvenile Sex Offender Placements in Levels of Supervision and Clinical Intervention

Adjudicated juveniles should be assessed through the uniform assessment process and placed in appropriate levels of supervision and clinical intervention. Placements are based on offender categories and types, responsible agency designations, and risk assessment ratings.

RISK MANAGEMENT COMMUNITY PROTECTION PLACEMENT GUIDELINE

Name of Juvenile: _____ Date of Assessment: _____

Custodian as evaluated: _____ Name of Evaluator: _____

Office: _____

CURRENT OFFENSE

		Yes	No	?
Felony Level	1 pt	_____	_____	_____
More than 1 Offense	1 pt	_____	_____	_____
More than 1 Victim	1 pt	_____	_____	_____
Used force/violence/weapon	1 pt	_____	_____	_____

HISTORY

Victim of Physical Abuse or Neglect	1 pt	_____	_____	_____
Victim of Sex Abuse	1 pt	_____	_____	_____
Prior adjudicated/admitted delinquency	1 pt	_____	_____	_____
Prior offense(s) against person	1 pt	_____	_____	_____
Prior sex offense	1 pt	_____	_____	_____

SUPERVISION

Inadequate custodial supervision	1 pt	_____	_____	_____
Custodian provides marginal supervision	1 pt	_____	_____	_____
Inadequate protection for victim provided by custodian	1 pt	_____	_____	_____
Custodian provides marginal protection for victim	1 pt	_____	_____	_____

JUVENILE'S COMPLIANCE TO SUPERVISION

Inadequate compliance to supervision	2 pt	_____	_____	_____
Inadequate compliance/application to clinical treatment	2 pt	_____	_____	_____

CLINICAL IMPLICATIONS

Prior Sex Offender Treatment	2 pt	_____	_____	_____
Sexually Compulsive Juvenile	1 pt	_____	_____	_____
Sexually Disturbed Impulsive Juvenile	2 pt	_____	_____	_____
Sexually Aggressive Juvenile	2 pt	_____	_____	_____
Total Yes Pts		_____	_____	_____

Low Risk/Intake Monitoring of Treatment	0 to 4 pts	_____
Medium Risk/Supervision Probation/Social Services	5 to 10 pts	_____
High Risk/Specialized Foster and Group Care	11 to 15 pts	_____
Extreme Risk/Dual Diagnosis/RTC/St. Hosp./Secure	16 to 21 pts	_____

Above categories have a +2 margin by evaluators

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Section 6. Numbers of Needed Placements for Levels of Supervision and Clinical Intervention

Based on a projected yearly population of 600 sex offenders, the juvenile justice system needs the following:

Type of Placement	Numbers
1. Continuing jurisdiction	276 placements
2. Probation supervision	108 placements
3. Sexually reactive child / Sex offender protective supervision	42 placements
4. Intensive home based care	18 placements
5. intensive probation supervision	36 placements
6. Specialized foster / proctor	20 placements
7. Sex offender specific structure family home	24 placements
8. Group home care	8 placements
9. Dual diagnosis residential treatment	10 placements
10. Sex offender specific residential treatment	40 placements
11. Secure custody	10 placements
12. State Hospital	8 placements

Section 7. Numbers of Needed Juvenile Justice Staff for Levels of Supervision and Clinical Intervention

Based on projected yearly referrals of 660 juveniles and adjudication of 600 sex offenders, the juvenile justice agencies require the following staffing patterns:

Juvenile Justice Agency	Numbers
1. Juvenile Court	15 probation officers 8 trackers
2. Office of Social Services	13 caseworkers
3. Youth Corrections	4 case managers

Section 8. Juvenile Justice Sex Offender Units

In order to coordinate and facilitate implementation of this plan and the ongoing development of comprehensive planning, sex offender units should be created.

Designation of Sex Offender Units:

1. One unit for Youth Corrections and the Office of Social Services
2. One unit for Juvenile Court

Composition of Sex Offender Unit:

1. Juvenile justice professional with expertise in supervision and clinical intervention of juvenile sex offenders.
2. Clerical and/or technical assistant

Duties of Sex Offender Unit:

1. Developing and implementing sex offender specific programs in its assigned juvenile justice agency
2. Coordinating supervision and clinical intervention services with other juvenile justice agencies
3. Facilitating staff training
4. Facilitating professional development and coordination of clinical intervention services with the private sector
5. Coordinating and facilitating of services for victims and adult offenders

Section 9. Legislative Funding for Required Placements and Staffing

Estimated 1989 juvenile justice agency expenditures for juvenile sex offender supervision and clinical intervention was \$3,711,050 (Utah Network on Juveniles Offending Sexually). Projected expenditures for this proposed plan would be \$9,472,870. The Governor's Council on Juvenile Sex Offenders respectfully recommends an additional \$4,769,820 be appropriated to implement this statewide comprehensive plan. (See Appendix).

APPENDIX

STATE OF UTAH

COMPREHENSIVE CONTINUUM OF COMMUNITY PROTECTION REGARDING JUVENILE SEX OFFENDERS & SEXUALLY REACTIVE CHILDREN

CONTINUUM'S COMPONENT'S COSTS (estimated)

	1989 \$\$ Expended	Needed Funding \$\$	\$\$ Increase
JUVENILE COURT:	242,000	855,600	613,600
OFFICE OF SOCIAL SERVICES:	1,418,050	1,645,800	227,750
DIVISION OF YOUTH CORRECTIONS:	1,525,400	5,445,870	3,928,470
STATE HOSPITAL:	525,600	525,600	0
TOTALS:	\$ 3,711,050	\$ 9,472,870	\$ 4,769,820

JUVENILE COURT Expenditures for Juvenile Sex Offenders

ESTIMATED 1989 EXPENDITURES:

Organization/Coordination	\$20,000
Preliminary Inquiry 530 cases x 3.5 hours/case = 1.5 POs x \$35,000 =	\$42,000
Intake Continuing Jurisdiction 200 cases x 100 case/PO = 2.0 PSs x \$35,000 =	\$70,000
Probation Supervision 60 cases x 40 cases/PO x 1.5 POs x \$35,000 =	\$52,500
Mental Health Contract =	\$48,000

Total Estimated 1989 Expenditures = \$242,000

PROJECTED EXPENDITURES:

Sex Offender Unit Coordinator and Assistant		\$90,000
Preliminary Inquiry + Level I Assessment & Staffing 660 cases x 6 hr/case	3.3 POs x \$35,000 =	\$115,500
Intake Continuing Jurisdiction 216 cases x 60 cases/PO	3.6 POs x \$35,000 =	\$126,000
Sex Offender Specific Probation Supervision 108 cases x 30 cases/PO + Tracker = 3.6 POs x \$61,000 =		\$219,600
Sex Offender Specific Intensive Probation Supervision 36 cases x 8 cases/PO + Tracker = 4.5 POs x \$61,000 +		\$274,000
Training 150 staff x \$200 =		\$30,000
	Total Projected Expenditures =	\$855,600
	Total Increase in Expenditures =	\$613,600

**OFFICE OF SOCIAL SERVICES
Expenditures for Juvenile Sex Offenders**

ESTIMATED 1989 EXPENDITURES:

OSS Staff: 3 Workers x \$35,000 =	\$105,000
Custody Placements:	
Group Placement 24 beds \$70,00/day x 365 days x 24 beds =	\$613,200
Dual Diagnosis 6 beds \$105.00/day x 365 days x 6 beds =	\$229,950
Sex Offender Specific (NOVA) 12 beds \$105.00/day x 365 days x 12 beds =	\$459,900
Staff for Organization Efforts	\$10,000
Total Estimated 1989 Expenditures =	\$1,418,050

PROJECTED EXPENDITURES:

Staff:

Protective Services Worker 300 cases x 8 hrs/case x 2 FTE	\$70,000
Continuing Jurisdiction 60 cases x 1 FTE	\$35,000
Sex Offender Protective Supervision Sexually Reactive Child Supervision 42 cases x 10 cases/worker = 4.2 FTE x \$35,000 =	\$147,000
Sexually Reactive Intensive Homebased Care 18 cases x 5 cases/worker = 3.6 FTE x \$35,000 =	\$126,000
Caseworker for Placement Services 50 cases x 20 cases/worker = 2.4 FTE x \$35,000 =	\$87,500

Custody Placements:

Sexually Reactive Residential Treatment Center 14 beds \$120.00/day x 365 x 14 beds =	\$613,200
Dual Diagnosis Residential Treatment Center 4 beds \$105.00/day x 365 x 4 beds =	\$153,300
Sexually Reactive Specific Structured Family Family Perpetrators 16 beds \$50.00/day x 365 x 10 beds =	\$292,500
Sexually Reactive Specialized Foster Care Family Perpetrators 14 beds \$30.00/day x 365 x 14 beds =	\$153,300

Total Projected Expenditures = \$1,645,800

Total Increase in Expenditures = \$227,750

DIVISION OF YOUTH CORRECTIONS

Juvenile Sex Offender Expenditures

ESTIMATED 1989 EXPENDITURES:**Youth Corrections Case Managers:**

40 Total Cases	20 case/worker 2 FTE x \$35,000 =	\$70,000
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Custody Placements:**Secure Facility**

16 beds	\$120.00/day x 365 days x 16 beds =	\$700,800
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Sex Offender Specific

12 beds	\$120.00/day x 365 days x 12 beds =	\$525,600
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Group Home Enriched

12 beds	\$75.00/day x 365 days x 12 beds =	\$219,000
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Organization Staffings/Coordinations

\$10,000

Total Estimated Expenditures	\$1,525,400
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PROJECTED EXPENDITURES:**Sex Offender Unit**

Coordinator & Assistant		\$90,000
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Case Managers

62 cases	20 cases/workers 3.3 FTE x \$35,000 =	\$115,500
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Custody Placements**Secure Facility**

10 beds	\$150.00/day x 365 days x 10 beds =	\$547,500
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Sex Offender Residential Treatment Center

26 beds	\$120.00/day x 365 days x 26 beds =	\$1,138,800
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Dual Diagnosis Residential Treatment Center

6 beds	\$105.00/day x 365 days x 6 beds =	\$229,950
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Sex Offender Specific Group Home

6 beds	\$65.00/day x 365 days x 6 beds =	\$142,350
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Sex Offender Specific Structured Family

8 beds	\$50.00/day x 365 days x 8 beds =	\$146,000
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Sex Offender Specific Proctor

6 beds	\$30.00/day x 365 days x 6 beds =	\$65,700
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Transporation Program	\$50,570
Clinical Intervention	
Funds for all Adjudicated Offenders	\$2,299,500
Specialized Assessments II, III, IV, Residential	528,000
Training: Law Enforcement (CAIN \$20,000), YC, OSS, Staff	100,000
Total Projected Expenditures	\$5,445,870
Increase Funding	\$3,928,470

STATE HOSPITAL Expenditures for Juvenile Sex Offenders

ESTIMATED 1989 EXPENDITURES:

8 beds \$180.00/day x 365 days x 8 beds = \$525,600

PROJECTED 1991 EXPENDITURES:

8 beds \$180.00/day x 365 days x 8 beds = \$525,600

Total Increase in Expenditures = \$0

TRAVEL/TRACKER ASSISTANCE

EXPENDITURES FOR 1989:

\$0

PROJECTED EXPENDITURES FOR 1991:

Tracker Transporter Program

20 cases x 2 cases/tracker x 8 hours/wk x 52 wks x \$8.00/hr = \$16,640

20 cases x 2 cases/tracker x 100 mile trip x .23 /mi x 52 wk = 11,970

Total Tracker Transporter Program \$38,610

Low Income Parent Travel Stipend Program

10 cases x 200 mile trip x .23/mi x 52 wk - 50% \$11,960

Total Travel/Tracker Assistance Program = \$50,570

LEVELS OF ASSESSMENT

LEVEL I

Juvenile Court Intake
and
Staffing

\$\$ Calculated in Juvenile Court Budget

LEVEL II

Sex Offender Specialist
Corroborative Assessment
#240 at \$200/Assessment
Total Costs = \$48,000

LEVEL III

Sex Offender Specific
Psychological Evaluation
#320 at \$400/Assessment
Total Costs = \$128,000

LEVEL IV

Sex Offender Specific
Psychological Evaluation
and
Plethysmography
#40 at \$700/Assessment
Total Cost = \$28,000

RESIDENTIAL

60 day Semi Secure Assessment
#30 at \$180/day
Total Cost = \$324,000

Total Projected 1991 Assessment \$\$ = \$528,000

LEVELS OF SUPERVISION AND CLINICAL INTERVENTION

COSTS PER PLACEMENT

STATE HOSPITAL
JUVENILE SEX OFFENDER UNIT
\$180.00/day

YOUTH CORRECTIONS SECURE CUSTODY SEX OFFENDER SPECIFIC
\$150.00/day

SEX OFFENDER SPECIFIC
RESIDENTIAL TREATMENT CENTER
\$120.00/day

DUAL DIAGNOSIS
RESIDENTIAL TREATMENT CENTER
\$105.00/day

SEX OFFENDER SPECIFIC GROUP HOME
\$65.00/day

SEX OFFENDER SPECIFIC STRUCTURED FAMILY HOME
\$50.00/day

SEX OFFENDER SPECIFIC SPECIALIZED FOSTER HOME
SPECIALIZED PROCTOR HOME
\$30.00/day

SEX OFFENDER SPECIFIC INTENSIVE PROBATION SUPERVISION
& CLINICAL INTERVENTION
\$20.90/day

SEXUALLY REACTIVE CHILD & SEX OFFENDER
INTENSIVE HOMEBASED CARE SUPERVISION
\$19.20/day

SEX OFFENDER SPECIFIC PROBATION SUPERVISION
& CLINICAL INTERVENTION
\$8.35/day

SEX OFFENDER & SEXUALLY REACTIVE CHILD PROTECTIVE SUPERVISION
\$9.60/day

CONTINUED JUVENILE COURT JURISDICTION MONITORING
& CLINICAL INTERVENTION
\$1.60/day

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