



**New York State Division of Criminal Justice Services
Office of Probation and Correctional Alternatives**

**New York State Probation Juvenile Sex
Offender Management Practitioner Guidance**

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New York State Probation Juvenile Sex Offender Management Practitioner Guidance

Section I. Introduction and Overview

This document is intended to serve as guidance for probation officers who investigate, supervise and manage juveniles who sexually offend. This population includes juveniles who are over the age of seven and under sixteen. Unless otherwise noted, the document makes best practice recommendations for working with juveniles under the jurisdiction of Family Court. A special section included at the end of this document addresses young adults between the ages of sixteen and nineteen, and may include Youthful Offenders under the jurisdiction of criminal court. This guidance, as well as the special section offers best practices for juveniles and youth, and adolescents who may fall under the jurisdiction of either Family or Criminal Court. The goal of this guidance is to provide developmentally appropriate practices for working with juveniles, adolescents and young adults who sexually offend.

Juveniles who sexually offend are a diverse heterogeneous group of individuals including both children and adolescents. Their behavior ranges from sexually acting out/inappropriate behavior to predatory and violent offenses. As such, these youth who come to the attention of the juvenile and criminal justice systems must be assessed, treated, and supervised individually. The stigma associated with juvenile sexual offending behavior presents challenges for the offending youth as well as his/her family. Engaging families and caregivers in the treatment, supervision and support of juveniles who sexually offend is essential. Intervening effectively with juveniles and adolescents who sexually offend offers the opportunity to treat inappropriate and predatory behavior and effectuate change.

In 2010, OPCA asked local probation departments to report the total number of youth on probation supervision caseloads for sexually-related offenses in New York State. For the purpose of the survey, youth were defined as probationers between the ages of 7 and 18 having sexually-related offenses as the basis for their sentence. The survey yielded the following results:

- Total number of youth age 7 – 18 with sexually related offenses = 611 (588 male, 23 female)

Population subsets are described below

- Total number of Youthful Offenders with sexually related offenses = 248 (241 male, 7 female)
- Total number of youth (age 7 -18) who are SORA Registered Offenders = 18 (17 male, 1 female).

Detailed results of this survey are located in Appendix A of this document.

According to the Center for Sex Offender Management, juveniles commit a significant number of the sexual assaults against children and women. The onset of sexual offending behavior exhibited by these youth can be linked to numerous factors reflected in their experiences, exposure and/or developmental deficits. Emerging research suggests that as in the case of adult sex offenders, a meaningful distinction

can be made between youth who target peers or adults and those who offend against children. However, juveniles who sexually offend are distinct from their adult counterparts. Youth who commit sexual offenses are not necessarily “little adults”; many will not continue to offend sexually. This is a formative area of research. While there is an ever-increasing body of knowledge regarding the etiologies of dysfunction and aggression, there is a need for additional data and research to understand the etiology of juvenile sexual offending. (CSOM, 1999)

This document will explore the differences among juveniles who sexually offend (both children and adolescents) as well as provide current research regarding the best practices for the community supervision of these populations. Additionally the document will offer recommendations for investigating, assessing, monitoring and treating juveniles who sexually offend, who are under the supervision of probation.

Recommendations for investigating, supervising and monitoring juveniles and adolescents/young adult are offered throughout this document. Those recommendations for the juvenile population relates to those who are under the age of 16 and may be under the jurisdiction of family court. There is a section at the end of the document that provides recommendations for working with adolescents/young adults between the ages of 16 and 19 and may include Youth Offenders and/or under the jurisdiction of criminal court.

References:

Center for Sex Offender Management (CSOM) (1999). *Understanding juvenile sexual offending behavior: Emerging research, treatment approaches, and management practices*. Silver Spring, MD: Author.

Section II. Juveniles Who Sexually Offend

Summary of the Research

Juveniles who sexually offend represent a diverse population that includes children under the age of twelve and adolescents up to the age of nineteen. They vary in gender, culture, race, socioeconomic status, intellectual level, developmental level, emotional/psychological functioning, school functioning, personality types, family situations, peers, social supports, risk levels, and needs. As a result of their heterogeneous nature, it is essential to consider each offender individually in order to best assess, supervise and treat them in the community setting. The research below describes many of the characteristics of this population.

The Association for the Treatment of Sexual Abusers (ATSA) issued a position paper on The Effective Legal Management of Juvenile Sex Offenders on March 11, 2000 (ATSA, 2000). The information that is provided below outlines strategies for working with juvenile sex offenders and some of the differences between juvenile and adult sex offenders as follows:

Juvenile Sexual Offending Represents a Serious National Concern Which May Be Best Addressed By a Balanced Approach Involving a Strong Rehabilitative Focus, As Well As Criminal Justice Sanctions When Warranted

The Association for the Treatment of Sexual Abusers (ATSA) believes that juvenile sexual offending represents a significant problem and merits careful legal and professional attention. Current estimates suggest that juveniles account for approximately 20% of the individuals charged for a sexual assault in the United States and Canada (Barbaree, Hudson, & Seto, 1993; Federal Bureau of Investigation, 1993; Statistics Canada, Weinrott, 1996). Furthermore, retrospective studies of adult sexual offenders indicate that juvenile sexual offending under certain circumstances, indicate more chronic patterns of sexual aggression (Kaufman, Holmbers, Orts., McCrady, Rotzien, Daleiden & Hilliker, 1998; Marshall, Barbaree & Eccles, 1991). ATSA believes that effective public policy requires the careful balancing of criminal justice sanctions which are designed both to enhance public safety and to punish criminal acts, with providing interventions. Youthful offenders who appear amenable to rehabilitation should receive those interventions. ATSA's support of rehabilitative programs is consistent with both the juvenile justice policy in a number of countries (e.g., United States, Canada) as well as the emerging research related to juvenile sexual offending.

Additional characteristics and discussion of juvenile sex offenders comes from The National Center on Sexual Behavior of Youth (NCSBY) which provides information and support through national training and technical assistance to improve the accuracy, accessibility, and strategic use of information about the nature, incidence, prevalence, treatment, re-entry, and management of children with sexual behavior problems and adolescent sex offenders. The website (www.ncsby.org) offers a summary of research on juveniles who sexually offend. NCSBY offers the following information on children with sexual behavior problems and adolescent sexual offenders:

Sexual Development and Sexual Behavior Problems in Children Ages 2 – (NCSBY, 2004)

Research on sexual behavior of children ages 2 to 12 has documented that:

- sexual responses are present from birth (Gordon, & Schroeder, 1995) ;
- a wide range of sexual behaviors for this age range are normal and non-problematic (Gordon & Schroeder, 1995; Friedrich, Grambsch, Broughton, Kuiper, & Beilke, 1995);
- increasing numbers of school age children are being identified with inappropriate or aggressive sexual behavior (Araji, 1997); it is not clear if this increase reflects an increase in the actual number of cases or an increase in identification and reporting;
- several treatment interventions have been found to be effective in reducing problematic sexual behavior in children, such as cognitive behavioral group treatment (Bonner, Walker, & Berliner, 1999; Pithers, Gray, Busconi, & Houchens, 1998); and
- sexual development and behavior are influenced by social, familial, and cultural factors, as well as genetics and biology (Silvosky & Bonner, 2003).

Typical sexual knowledge of children age 2 to 6 years old:

- understand that boys and girls have different private parts;
- know labels for sexual body parts, but use slang words for penis; and
- have limited information about pregnancy and childbirth.

Typical sexual knowledge of children ages 7 to 12 years old:

- learn the correct names for genitals but use slang terms;
- have increased knowledge about masturbation, intercourse, and pregnancy; and
- understand the physical aspects of puberty by age 10.

Sexual Play vs. Problematic Sexual Behavior

Professionals in the field have developed a continuum of sexual behaviors that range from common sexual play to problematic sexual behavior (Johnson, 1998). These are described below.

Sexual play

- is exploratory and spontaneous;
- occurs intermittently and by mutual agreement;
- occurs with children of similar age, size, or development level, such as siblings, cousins, or peers;
- is not associated with high levels of fear, anger, or anxiety;
- decreases when told by caregivers to stop; and
- can be controlled by increased supervision.

Problematic sexual behavior

- is a frequent, repeated behavior, such as compulsive masturbation;
Example: A six-year-old repeatedly masturbates at school or in other public places.
- occurs between children who do not know each other well;
Example: An eight-year-old girl shows her private parts to a new child during an after-school program.

- occurs with high frequency and interferes with normal childhood activities;
Example: A seven-year-old girl has been removed from the soccer team because she continues to touch other children's private parts.
- is between children of different ages, size, and development level;
Example: An eleven-year-old boy is "playing doctor" with a three-year-old girl.
- is aggressive, forced, or coerced;
Example: A nine-year-old child continues to engage other children in mutual touching after being told the behavior is not allowed and having consequences, such as being grounded.
- causes harm to the child or others.
Example: A child causes physical injury, such as bruising, redness, or abrasions on themselves or another child, or causes another child to be highly upset or fearful (Hall, Matthews, Pearce, Sarlo-McGarvey, & Gavin, 1996).

Children with Sexual Behavior Problems

Children with sexual behavior problems (SBPs) are children 12 years and under who demonstrate developmentally inappropriate or aggressive sexual behavior. This definition includes self-focused sexual behavior, such as frequent public masturbation, and intrusive or aggressive sexual behavior towards others that may include coercion or force. Although the term "sexual" is used, the children's intentions and motivations for these behaviors may be unrelated to sexual gratification.

Some children who have been sexually abused have inappropriate sexual behaviors and others have aggressive or highly problematic sexual behavior (Kendall-Tackett, Williams, & Finkelhor, 1993). However, it should be noted that the majority of children who have been sexually abused do not have subsequent inappropriate or aggressive sexual behaviors.

Although only a small number of children develop problematic sexual behavior, professionals and parents may have concerns about (1) whether the behavior is problematic, (2) whether a child should be referred for mental health services, and (3) when an incident should be reported to the proper authorities.

Suggestions for professionals and parents are listed below:

- Do not overreact as most sexual behaviors in children are within the typical or expected range.
- Inappropriate or problematic sexual behavior in children is not a clear indicator that a child has been sexually abused.
- Most children will stop the behavior if they are told the rules, mildly restricted, well supervised, and praised for appropriate behavior.
- If the sexual behavior is problematic as defined above, referral for mental health services is recommended.
- It is important to remember that children with problematic sexual behavior are significantly different from adolescent and adult sex offenders.
- A report to Child Protective Services (CPS) and/or law enforcement may be required by law for certain behaviors such as aggressive or forced sexual behavior.

Review of Research on Adolescent Sex Offenders (NCSBY, 2003)

- Adolescent sex offenders are defined as adolescents from age 13 to 17 who commit illegal sexual behavior as defined by the sex crime statutes of the jurisdiction in which the offense occurred.
- Adolescents do not typically commit sex offenses against adults, although the risk of offending against adults increases slightly after an adolescent reaches age 16.
- Approximately one-third of sexual offenses against children are committed by teenagers. Sexual offenses against young children, under 12 years of age, are typically committed by boys between the ages of 12 to 15 years old (Snyder & Sickmund, 1999; Davis & Leitenberg, 1987).
- Adolescent sex offenders are significantly different from adult sex offenders in several ways:
 - Adolescent sex offenders are considered to be more responsive to treatment than adult sex offenders and do not appear to continue re-offending into adulthood, especially when provided with appropriate treatment (ATSA, 2000).
 - Adolescent sex offenders have fewer numbers of victims than adult offenders and, on average, engage in less serious and aggressive behaviors (Miranda & Corcoran, 2000).
 - Most adolescents do not have deviant sexual arousal and/or deviant sexual fantasies that many adult sex offenders have (Hunter, Goodwin, & Becker, 1994; Becker, Hunter, Stein, & Kaplan, 1989).
 - Most adolescents are not sexual predators, nor do they meet the accepted criteria for pedophilia (American Psychiatric Association, 1994).
 - Few adolescents appear to have the same long-term tendencies to commit sexual offenses as some adult offenders.
 - Across a number of treatment research studies, the overall sexual recidivism rate for adolescent sex offenders who receive treatment is low in most United States settings as compared to adults. Adolescents who offend against young children tend to have slightly lower sexual recidivism rates than adolescents who sexually offend against other teens (Alexander, 1999).
- Adolescent sex offenders commit a wide range of illegal sexual behaviors, ranging from limited exploratory behaviors committed largely out of curiosity to repeated aggressive assaults.
- The characteristics of adolescent sex offenders are also very diverse (Chaffin, Letourneau, & Silovsky, 2002).
 - Some are otherwise well-functioning youth with limited behavioral or psychological problems.
 - Some are youth with multiple non-sexual behavior problems or prior non-sexual juvenile offenses.
 - Some are youth with major psychiatric disorders.
 - Some come from well-functioning families; others come from highly chaotic or abusive backgrounds.
- Contrary to common assumption, most adolescent sex offenders have not been victims of childhood sexual abuse (Hanson & Slater, 1998; Widom, 1995).

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Section III. Sex Offender Management Approaches

The Comprehensive Approach

The Comprehensive Approach to Sex Offender Management recognizes the complex nature of adult and juvenile sex offending and the need for key system stakeholders to facilitate accountability, rehabilitation, and victim and community safety throughout all phases of the justice system.

The Comprehensive Approach highlights the critical importance of six core components:

- Investigation, Prosecution, and Disposition;
- Assessment
- Supervision
- Treatment
- Reentry; and
- Registration and Community Notification

None of these components in and of themselves is sufficient in scope to address the magnitude and complexity of the problem. Nor are they considered linear or unidirectional process; rather, the core components are highly interrelated and interdependent, each having implications for one another and the system as a whole. The Comprehensive Approach is, therefore, designed to represent the synergy created by the activities of a wide range of stakeholders, all of whom share the common goal of reducing sexual victimization (CSOM, 2007).

In addition, the Comprehensive Approach is grounded by five fundamental principles (victim-centeredness, specialized knowledge/training, public education, monitoring and evaluation, and collaboration) that reflect both a driving philosophy and a method of practice. When woven throughout each of the components, the model becomes a seamless whole (CSOM, 2007).

Fundamental Principles of the Comprehensive Approach

Victim-Centeredness

In more traditional approaches, professionals responsible for the management of adult and juvenile sex offenders were often focused, with primary emphases on the development of treatment and supervision strategies to address the identified risk and needs of offenders in order to reduce the potential for re-offense. While the recognition of victims was generally implicit, there tended to be little evidence of explicit consideration and responsiveness to the needs and interests of the victims throughout the various aspects of the sex offender management process. Increasingly, however, professionals involved in sex offender management have made dedicated efforts toward addressing the risks and needs of offenders while concurrently prioritizing the needs and interests of victims (CSOM, 2000b; D'Amora & Burns-Smith, 1999; English, Pullen & Jones, 1996). Referred to as victim-centeredness, adherence to this principle ensures that sex offender management strategies do not overlook the needs of victims, re-traumatize or otherwise negatively impact victims or inadvertently jeopardize the safety of victims or other community members.

Criminal and juvenile justice systems that value a victim-centered approach are responsive to the victims' needs, provide requested information to victims and families, promote healing, ensure victim input in critical decision making at all phases of the management process, and strive to ensure that the impact is neither minimized nor exacerbated by policies or practices within the system. Toward that end, justice agencies and treatment providers in jurisdictions across the country have begun to join with victim advocacy programs and victim service organizations to promote a victim-centered approach to the management of sex offenders (CSOM, 2000b, 2002; D'Amora & Burns-Smith, 1999; English et al., 1996).

Specialized Knowledge

Without a doubt, sex offender management has emerged as a highly specialized area within the criminal justice and juvenile justice fields. As such, all professionals who have a role in the in the process must possess specialized knowledge about sex offenders, victims, and effective interventions, and should make ongoing efforts to remain abreast of emerging research and promising practice in the field of sex offender management. Such knowledge is critical to facilitate informed and responsible decision making by all parties, at all levels, and throughout all aspects of the offender management process (CSOM, 2007).

Public Education

Presently, a variety of myths and misperceptions about adult and juvenile sex offenders and victims are widespread in communities throughout the nation. In part, this misinformation has fueled considerable negative sentiment, demands for increasingly punitive strategies, and a proliferation of restrictive sex offender specific legislation – many of which have created additional challenges for those responsible for management efforts. As evidenced by these trends, in the absence of accurate information, public opinion and negative public sentiment can exacerbate existing barriers. Therefore, the key stakeholders who represent the core components of the Comprehensive Approach must take active steps to dispel myths about sex offenders and educate the public about the nature of victimization, who is most likely to be targeted and by whom, and how effective management strategies can increase community safety and prevent further victimization (CSOM, 2007).

Monitoring and Evaluation

Program monitoring and evaluation are perhaps best accomplished through the utilization of process and outcome examinations. Process reviews focus on the integrity of the service delivery system by examining the types of interventions and strategies delivered, population(s) served, and manner in which services are provided, including adherence to philosophies, policies, and procedures. Outcome evaluations provide important information about the efficacy of the programming, thus guiding potentially necessary program modifications (CSOM, 2007).

Funding decisions, resource deployment, legislative and policy decisions, offender success, public support, and community safety are all reliant on sound programming and services – and the data which demonstrates that they “work”. In the absence of monitoring and evaluation processes, incorrect assumptions are often made about the integrity and the efficacy of the interventions, which may ultimately have unintended detrimental impact on victims, offenders, and community safety. Therefore,

as the field evolves, the stakeholders responsible for the core components of the Comprehensive Approach must ensure that policies and practices are informed by, measured against, and adjusted in accordance with the contemporary research and practice literature (CSOM, 2007).

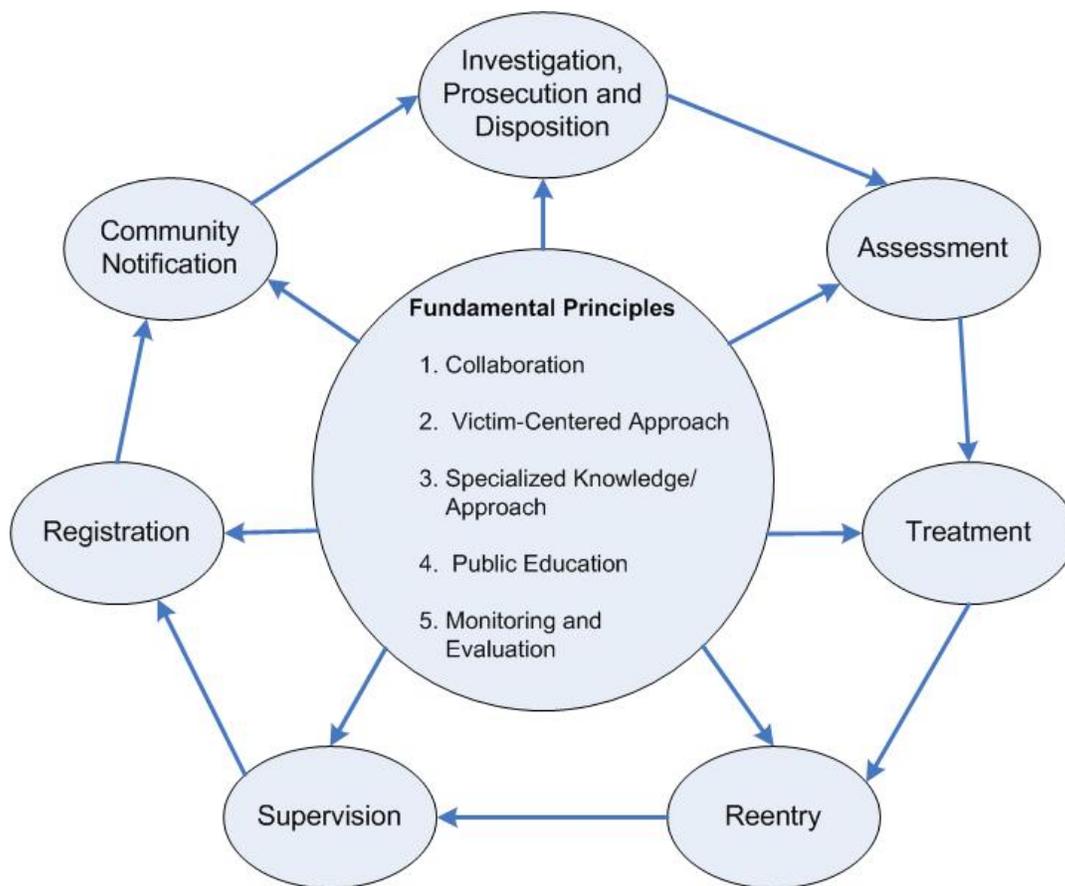
Collaboration

Collaboration requires agencies and individuals to recognize the importance of diverse perspectives, share resources, and make a commitment to work together to enhance capacity toward attainment of a common goal. While collaboration among supervision officers and treatment providers is essential to managing sex offenders, the Comprehensive Approach recognizes that a host of other justice system and community agencies and organizations must be included (CSOM, 2007).

In order to build successful collaborations, it is critical to identify and include those individuals and agencies that affect or are affected by sexually abusive individuals, in order to ensure that their unique roles and perspectives can be considered within the context of a broader system. For effective sex offender management, collaboration is necessary on both the policy and case management levels. At the policy level, key decision makers oversee the development of consistent policies and procedures, secure and deploy necessary resources, and provide critical support to individuals at the case management level. Collaboration on the case management level, promotes effective day-to-day offender management through consistent information-sharing and the utilization of comprehensive data to inform decision making (CSOM, 2007).

Moreover, collaboration fosters mutual understanding and support for the various components of the sex offender management process and creates an expanded network of informed and dedicated individuals to assist offenders and victims. Ultimately, collaboration results in more successful outcomes, as professionals involved in the management of these offenders can accomplish more together than working independently.

The Role of Probation in Sex Offender Management



Source: Center for Sex Offender Management, "Effective Management of Sex Offenders in the Community," American Probation and Parole Association (APPA) Summer Training Institute, 2005.

There are various recognized models and programs across the country for the community supervision of juveniles who sexually offend. Among those programs are The Colorado Sex Offender Management Board, and the Virginia Department of Juvenile Justice.

The Colorado Sex Offender Management Board – ***Standards and Guidelines for the Evaluation, Assessment, Treatment and Supervision of Juveniles Who Have Committed Sexual Offenses***, is a nationally recognized program. The standards are well researched, developed and published. The standards delineate guiding principles as well as roles and responsibilities of the various sex offender management teams, and protocols for investigating, supervising and managing these juveniles. (Excerpts from this document can be found in Appendix B).

In a project for the Virginia Department of Juvenile Justice, a document titled “The Effective Management of Juvenile Sex Offenders in the Community”, “Case Management Protocols” was developed in November 2002, by John A. Hunter, Ph.D., (Hunter, 2002). Several goals and case management goals were identified as follows:

The philosophy was articulated in manner that is consistent with a “balanced approach” in the community-based management of juvenile sexual offenders. The model places equal emphasis on three complementary intervention elements: 1) the need to maintain public safety, and protect victims from further harm; 2) the need to hold offenders accountable for their offending, and responsible for their future actions; and 3) the need to present offending youth with the opportunity to receive specialized treatment designed to reduce their risk of re-offending. (Excerpts from this document can be found in Appendix C).

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Section IV. Probation Intake – New York State

Probation Intake is the juvenile's first point of contact with the probation department. For juveniles who sexually offend this may be the first time the behavior has been reported to the juvenile justice system. It may therefore, be challenging to work with families who may be in denial about the behavior or concerned about the stigma associated with sexually offending behavior. It is important to conduct an initial assessment to try and determine if the behavior may be "acting out" or if it is in fact indicative of a more serious problem.

The intake process contains the following activities performed by the intake worker:

1. Establishing that the potential petitioner is seeking services that are in the jurisdiction of the family court (both subject matter and geographical jurisdiction).
2. Providing certain advisories and information to the potential petitioner about his/her rights and responsibilities. (Depending upon which article, there are certain requirements specified by the Family Court Act, Family Court Rules, DPCA Rules, local court directive and local probation department procedures).
3. Gathering information as needed, which might include: a referral for services, petition preparation, or assistance with other forms required by the family court.
4. Make a determination as to whether or not case can be handled at the intake level or needs court intervention.

General Philosophy of Juvenile Intake

- A process for assessing risk, need, and protective factors; for recognizing that each case is unique and recommending appropriate services to the child and family to resolve the presenting issues, and, ultimately, to divert the matter from the family court, if possible
- Balance between 'reducing' risk factors, and 'enhancing' protective factors to reduce negative outcomes
- A process where the goal is to provide services to the child and family within the context of their home, school, and community to the degree possible
- A process where the goal is to divert as many appropriate children as possible from being immersed in the juvenile justice system, and possibly increasing their risk
- Adjustment Attempts involves voluntary participation of the parties
- Case plan and goals should focus on improving dynamic (changeable) behaviors, and should be clearly defined in small incremental steps (SMART goals – Small, Measurable, Attainable, Realistic, Timely)
- Family, school, and community based organizations should be utilized to assist in monitoring the case and to provide services needed (NYS DPCA, 2005).

References:

New York State Division of Probation and Correctional Alternatives and Orbis Partners (NYS DPCA) (2005). *Fundamentals of Probation Practice: Justice System and the Law – Family Court, 4-6*, Albany, NY: Author.

Recommendations for Probation Practitioners for Intake for Juveniles Who Sexually Offend in New York State

The YASI pre-screening assessment should be conducted at the time of intake on all cases, except for those referred directly to petition. If the case involves sexual behavior issues, a full YASI should be completed. YASI is a general risk instrument that measures the risk of recidivism.

Whenever possible, officers who have been trained to work with juveniles who sexually offend should conduct the intake.

Juveniles who display sexual aggression should be referred for psychosexual evaluations whenever possible at the time of intake. If not possible the case should be immediately referred to court.

Specialized juvenile sex offender risk assessment instruments should be used by trained professionals at the time of intake when practicable. Specialized instruments including; J-SOAP II (Prentky and Righthand, 2003), ERASOR (Worling & Curwen, 2000) and CANS-SD may be utilized.

Supervisors and/or officers with specialized juvenile sex offender investigation, management and supervision skills should whenever possible, and in accordance with departmental policy determine whether the case is sent directly to court or if diversion/adjustment attempts will be made.

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Section V. Pre-Disposition Investigations and Reports

Summary of the Research

CSOM Research

When juveniles are the focus of investigations, myths and misperceptions can impact the ways in which law enforcement, child welfare, and juvenile court personnel respond to allegations of sexual victimization. Indeed, for many years, juvenile-perpetrated sex crimes were largely overlooked, minimized or dismissed because of widespread and uninformed socio-cultural and professional attitudes, including a “boys will be boys” mentality and belief that sexually problematic behavior were simply a normal phase out of which adolescents would grow (Bala & Schwartz, 1993; Heinz & Ryan; NAPN, 1993, CSOM, 2007).

The pre-sentence or pre-disposition report is often the first opportunity to obtain a fairly comprehensive assessment of the adult or juvenile sex offender who has come to the attention of the courts. It is typically conducted to provide judges and other interested parties with critical information about an individual offender and the circumstances surrounding the case, and to offer recommendations about potential disposition of the case that will balance offender accountability, offender needs, victim needs and desires, and community safety (Cumming & McGrath, 2005; Holmgren, 1999; NCJFCJ, 2005; Scott, 1997). The pre-sentence or pre-disposition report is usually completed by a community supervision officer or case manager, ideally one possessing specialized training and experience in sex offender management (CSOM, 2007).

To conduct a thorough pre-sentence/pre-disposition report, a careful review of records is necessary, as are interviews with the adult or youthful offender. In addition, as some individuals may not be wholly forthcoming, collateral interviews should be conducted. To the extent possible, the interviewer should ensure that these collateral contacts are reliable and trustworthy (Cumming & McGrath, 2000, 2005). More than one interview is often necessary in order to compare and verify information gathered from the records, offender statements, and collateral contacts (Cumming & McGrath, 2005, CSOM, 2007).

Multiple types and sources of information must be utilized in order to ensure that the report is both comprehensive and reliable. The following are examples of the types of information that should be included in the pre-sentence/pre-disposition assessment report (see Cumming & McGrath, 2005; NCJFCJ, 2005):

- Instant offense summary, including the offender’s version of the offense(s) and victim impact statements;
- Prior criminal record, history of delinquency, or referrals to child protection agencies;
- Social history, including peer relationships and associates;
- Family, marital and other social supports;
- Medical and mental health needs;
- Substance use/abuse;
- Employment and/or military history;
- School performance and conduct (for juveniles);
- Financial stability (primarily for adult offenders);

- Residential stability (for adult offenders) or stability in placement (for juvenile offenders);
- Estimated recidivism risk, both sexual and non-sexual;
- Strengths and assets;
- Findings from the psychosexual evaluation;
- Potential conditions of supervision, should the individual be placed in the community; and
- Mitigating or aggravating circumstances that should be taken into account (CSOM, 2007).

With juvenile sex offenders, the pre-disposition report should include a careful review of systemic or contextual variables (e.g., family, school and peers), because of their influence on the youth's adjustment, development, and stability (NAPN, 1993; NCJFCJ, 2005). For example, it is important to assess family strengths and needs, such as the ability and willingness of parents or guardians to provide adequate structure, supervision, and support. In the event that victims or vulnerable individuals are in the home, the pre-disposition assessment should also address victim safety needs, safeguards within the home, and risks and benefits associated with family preservation or reunification efforts. Furthermore, when juveniles are involved, the pre-disposition report should address the range of placement options that balance the least restrictive alternatives, proximity to the juvenile's home or community, specialized treatment needs, and community safety (CSOM, 2007).

Recommendations to the court should always be supported by assessment information that has been outlined in the body of the report. Without an adequate and data-grounded foundation, recommendations will be overly subjective, less useful, and ultimately difficult to justify or defend (CSOM, 2007).

Well-executed pre-sentence-predisposition assessment reports can provide judges with an informed rationale for sentencing and other disposition decisions, can offer supervision officers or case managers with a solid foundation for developing initial community supervision plans, and can provide multiple stakeholders with important baseline information against which changes can be compared over time. Given the value of pre-sentence/pre-disposition assessment reports, jurisdictions may wish to consider developing policies to ensure that they are completed for all adult and juvenile sex offenders who come to the attention of the courts. If such policies are established, specific criteria should be included to promote consistency and comprehensiveness in these reports (CSOM, 2007).

Specialized Orders & Conditions

- **Specialized Orders & Conditions**

Standard conditions and restrictions of supervision (e.g., scheduled office visits, school attendance for juveniles, curfews, prohibitions against associating with negative peers or associates) are necessary but not sufficient to monitor and intervene effectively with the critical areas of risk that are unique to adult and juvenile sex offenders (Bumby & Talbot, 2007; CSOM, 2000, 2002a, 2002b; Cumming & McGrath, 2000, 2005; English et al., 1996, 2003; Heinz & Ryan, 1997; Scott, 1997). Therefore, specialized conditions of supervision have become commonplace in many jurisdictions. Agency policies and procedures should support the selective application of specialized conditions such as:

- Prohibiting contact with victims;
- Prohibiting or limiting contact with minors;
- Participating in sex offender-specific treatment;

- Close monitoring of a limiting access to the Internet;
- Establishing employment and residence restrictions that limit access to potential victims;
- Restricting movement within and outside of the community; and
- Submitting to polygraph examinations (when appropriate) (CSOM, 2007).

With juvenile sex offenders, additional conditions may be warranted, including those that address extracurricular activities, and television programming and video games with violent or sexual themes. Family participation in treatment and supervision is also likely to be an important expectation (Barbaree & Cortoni, 1993, Bumby & Talbot, 2007; Heinz & Ryan, 1997; Longo & Prescott, 2006).

Because sex offenders are diverse and “one size fits all” approaches to supervision may not be effective, application of specialized supervision conditions should reflect the varying levels of risk posed – and the dynamic risk factors that are presented – by each offender. This will help to ensure that resources are maximized and supervision interventions are more likely to reduce recidivism (CSOM, 2007).

When selectively applying conditions, it is necessary for supervision officers and case managers to think beyond prohibitions and placing restrictions on the behavior and activities of sex offenders. It is also important for officers to remember the importance of balancing surveillance and monitoring activities with a focus on treatment. Consistent with the rehabilitation-oriented approach to supervision, case plans should identify positive goals and activities that sex offenders can work towards and that will increase the likelihood that they will live fulfilling and positive lives in the community. Referred to as “approach goals” (see e.g., Hunter & Longo, 2004; Mann, Webster, Schofield, & Marshall, 2004; Thakker, Ward, & Tidmarsh, 2006), examples include participating in pro-social leisure activities, achieving and maintaining positive school adjustment (for juveniles), establishing pro-social peers or associates, and gaining and maintaining appropriate employment. These goals are vital because their achievement increases adult and juvenile sex offenders’ stability in the community, enhances the likelihood that their needs can be met in constructive ways (and not at the expense of others), reduces the likelihood that they engage in inappropriate or risky behaviors, and ultimately enhances community safety (CSOM, 2007).

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Recommendations for Probation Practitioners for Pre-Dispositional Investigations and Reports for Juveniles Who Sexually Offend in New York State

The pre-dispositional investigation phase is an excellent time to establish the collaborative network that will work together to provide supervision, treatment and monitoring of the offender.

Pre-Dispositional Investigations

Comprehensive pre-dispositional investigations should be conducted for all offenses that are sexual in nature.

At a minimum, the investigation must comply with DPCA Rule §350.6 Investigation Process for Criminal, Juvenile Delinquency, Persons In Need of Supervision, and Family Offense Proceedings and §350.9 as to special requirements for Pre-Dispositional Investigations and Reports.

Specialized Officers

Sex Offender pre-disposition investigations should whenever possible, be assigned to an experienced officer, who has received specialized training and works with sex offenders or has a significant concentration of sex offenders on the caseload. These officers should have specialized training in juvenile sex offender management whenever possible. Whenever possible, and when resources allow, probation officers should receive training and review information in the following areas:

- Prevalence of Sexual Assault
- Offender Characteristics & Dynamics of Sexual Offending
- Assessment/Evaluation of Sex Offenders
- Community Management of Sex Offenders (Effective multidisciplinary collaboration and critical information-sharing)
- Motivational Interviewing (Interviewing techniques and strategies for alleged perpetrators and non-offending family members)
- The heterogeneity of individuals who commit sex offenses, including the key differences between sexually abusive adults and juveniles
- Child development, particularly as it relates to verbal abilities, memory, and suggestibility
- Sex Offender Treatment Models (Cognitive Behavioral Model, Relapse Prevention)
- Technology Tools for Monitoring Computer/Internet Usage (Including: Trends pertaining to Internet-related sex crimes, and the use of computer forensics for investigative purposes)
- Victim Specific Issues (Including: victimization trends; dynamics that impact the disclosure process for victims; victims' rights and the needs of victims and their families; differential and developmentally appropriate forensic interviewing strategies for victims)
- Potential relationships between sexual victimization and other maltreatment within the home (e.g., child abuse, domestic violence)
- Determining Progress & Offender Denial
- Special Populations of Sex Offenders
- Cultural and Ethnic Awareness

Document Review

Prior to interviewing the respondent, investigating officers should review the following documents whenever available or practicable:

- Accusatory Instrument (Indictment, Information or Family Court Petition)
- Police Affidavit (*and any other supporting documentation*)
- Juvenile's Statement
- Victim Statement
- Psychosexual Report (if available)
- Probation Record
- Family Court Running Record

Respondent Interviews

Thorough, in-depth interviews should be conducted with respondents. Parents/Guardians/Caregivers should be included as part of the interview. DPCA Rule §350.6(c)(2) requires in person i.e. face-to-face interviews be conducted in real time in either direct physical proximity or remotely by video conference. At the time of the interview, the officer should have the defendant/parent/guardian sign any Release of Information Forms necessary for the probation department to gather information and records from outside sources. Interviews should include questions in the following areas:

- **Criminal/Delinquency History** (including description of all offenses whether or not sexual in nature)
- **Sexual Attitudes—as it pertains to the crime/act**
- **Physical Health** – Inquire about the youth's past and current physical health. Become aware of the youth's overall physical health/limitations, and prescribed medications. (Offenders may use medical conditions as a means to justify behavior or elicit sympathy. Offenders may also report that a prescribed medication caused the sexual behavior).
- **Mental Health and Developmental Disabilities** – Inquire about the youth's mental health status including any past or current diagnoses or prescribed medication. The interviewer should obtain information about any developmental disabilities, involvement in treatment programs. Inquire and make a note about any experiences in treatment relative to sexual problems/dysfunction and any medications for the same. Obtain written consent from the youth and/or the parent/caregiver/guardian to follow through on mental health history from any past or current treatment providers to confirm diagnosis, treatment and any medications.
- **Family History** – Include complete information relative to the youth's parents, siblings, step-siblings, and other members of the extended family. Information about significant family members may include age, relationship to youth, significance of that relationship, past convictions, etc.
- **Alcohol/Substance Abuse History** – Establish any history of alcohol/substance use or abuse. The youth may have used alcohol/drugs to entice/gain access to the victim and to rationalize his/her behavior, or to prepare himself/herself to commit an offense. Be sure to obtain the following information:
 - Establish use vs. abuse
 - History of alcohol/drug use (age of onset, frequency, type of drug, etc.)

- Were alcohol/drugs used at time of the offense?
- Is there a history of treatment (treatment providers and duration)
- If alcohol/substance abuse is an issue for the youth, take note of any relapses.
- **Education** – Inquire about the youth’s educational experience. The interviewer should take notice of any disciplinary actions (particularly those relating to incidents of a sexual nature), behavioral problems or failure to complete an educational program. When confirming school attendance request information regarding dates enrolled, classes enrolled in, attendance and disciplinary actions. Note if the youth had many school activities. It is also relevant to ask if the youth received special education services or was determined to be in need of such services.
- **Computer/Internet Usage** – Inquire about the youth’s screen names, use of internet, social networking sites, digital photos, pornographic videos, pornographic sites or chat rooms of a sexual nature. Before completing the PDI report, officers should visit the offender’s social networking sites (My Space, Facebook, etc.) and make a note of content of the site.
- **Residence Information** - Include a chronological listing of locations where the youth has resided and make a note of local schools, parks and playgrounds.
- **Activities/Hobbies/Special Interests** – It is imperative to inquire whether the youth has been or is currently affiliated with any organization, group, or clubs that provide access to children or any other vulnerable populations. This may include Boy and Girl Scouts, Big Brothers/Big Sisters, church youth groups, Emergency Medical Services, coaching/refereeing sports, school volunteers, etc. This is particularly important for youth who have abused against minors.
- **Victim Impact Statement** – This should include a description of the offense and the impact on the victim and the victim’s family. Also, include the victim’s recommendations and comments relative to sentencing and conditions of supervision. Encourage the inclusion of the Victim Impact Statement in the PDI, if the victim is willing. Whenever possible, work with the Victim Advocate to obtain information and ensure that the victim is offered services.

In some cases the victim may not want to be interviewed or be involved in the process. Rather than allowing the offender’s version of the offense to stand alone, the investigator should review police/court reports, including any available victim statements, medical reports, as well as information from other collateral sources. This information should be summarized or quoted as appropriate to describe what happened to the victim. Officers should adhere to DPCA’s Investigative Report Rule §350.7(b)(2)(i) which emphasizes for sex offense cases victim’s age at the time of the offense, nature and length of offense, type of sexual contact and whether it occurred over or under clothing. The victim’s confidential information must always be protected and presented separately from the body of the Pre-dispositional report.

Description of Present Offense – A detailed account of the sexual offense is necessary to provide an accurate description of the severity of the injuries, level of violence, and potential for sadistic behavior. This section of the investigation can provide a sense of the offender’s level of denial, perception of the victim and justification for the behavior. The timeline and what preceded the offense should be considered. Risk factors such as lack of parental support, poor or no school attendance, drug and/or alcohol abuse, and anger should be noted.

Collateral Contacts/Collaborative Networks

Whenever possible, collateral interviews should be conducted to assist in the investigation. These interviews will allow the probation officer to obtain information about the offender and also assess the honesty of the offender. Offenders/parents/guardians should sign a release of information form as needed and appropriate. Collateral contacts may be limited for juveniles, when appropriate this may include but is not limited to the following:

- Household Members
- Family Members
- Treatment Providers/Support Groups
- Employers
- Schools (including teachers, coaches and club/group leaders as appropriate as well as attendance and discipline records)
- Caseworkers
- Clergy
- Victim(s)

Departments that conduct a multi-session sex offender PDI interview may wish to complete interviews of all collateral contacts prior to the second interview so that any areas of discrepancy or concern can be discussed in that subsequent session.

The collaborative network will consist of those individuals that will best provide on-going supervision and support of the offender. It is essential that members of this collaborative network maintain on-going and open communication with one another.

Home Visits

Home visits should be conducted whenever possible as part of the PDI in order to assess appropriateness of the household and surroundings. The visit should include an observation not a search of the following:

- Inventory of computers/electronics
- Presence of children in the household—this includes siblings and/or other children residing in the household or those who visit frequently.
- Proximity to vulnerable populations
- Presence of toys/children's clothing
- Window coverings/locks on doors
- Presence of pornographic materials
- Presence of drugs or alcohol

Whenever possible and when resources allow a home visit may be conducted by both the probation officer and the treatment provider in order to assess the environment and engage the family/caregivers.

Assessments/Evaluations

Youth who sexually offend should be referred whenever possible to a provider who follows the protocols of the Association for the Treatment of Sexual Abusers (ATSA) for a formal psychosexual evaluation during the period of the pre-disposition investigation whenever possible. This evaluation will assist officers in determining the offender's amenability to treatment and may reveal additional information regarding the defendant's history of offending, level of risk to the community and other factors. Information obtained from this evaluation should be referenced within the text of the report and should be used when making sentencing recommendations to the Court. A YASI full assessment should be completed if not previously done at Intake.

Specialized Risk and Need Assessment Instruments

The youth should be assessed whenever possible by a trained probation officer or treatment provider using a risk assessment instrument that is research-based. This may include the Juvenile Sex Offender Assessment Protocol II (J-SOAP-II) (Prentky & Righthand, 2003), Estimate of Risk of Adolescent Sexual Offense Recidivism (ERASOR) (Worling & Curwen, 2001), or Child and Adolescent Needs and Strengths-Sexual Development (CANS-SD). Other sex-offender specific assessment instruments approved by the OPCA may be used.

Specialized Orders & Conditions

The pre-disposition report should include a request for specialized sex offender orders and conditions. These conditions should be chosen to match individual offenders. Below are examples of specialized conditions that may be applied to specific offenders. These conditions are meant to serve as an example of specialized conditions and should be reviewed, selected and modified as appropriate to comport with local policies and procedures and resources as well as the needs of specific offenders.

Criteria for Sex Offender Orders and Conditions of Probation

General Definition: A sentencing or dispositional order imposed on an offender by a court which allows that offender to remain in the community subject to behavioral conditions specified by that court and monitored by a probation officer.

Primary Goals: Offender accountability, victim security and public safety.

Ideal Construction:

Specific and non-ambiguous: There should be no question as to what behaviors the court intended the offender to engage in or refrain from.

Quantifiable: The courts' behavioral expectations of the offender must be phrased in such a way that the behaviors to be monitored can essentially be counted or measured in some manner (time, rate, frequency, distance, duration, etc.).

Enforceable: Conditions that are specific, quantifiable, and achievable by the offender are more easily and readily enforced by the probation officer, police and the courts.

Relevant: Conditions should not be “cookie cutter” for all sex offenders. They must be reflective of and adapted to the case specifics where appropriate and reflect mandatory sex offender conditions required by law where applicable.

Legal: Local interpretations as to the legality of some conditions vary from jurisdiction to jurisdiction. All conditions used by a probation department should be reviewed with your respective legal representatives to establish legality in terms of content and scope, addresses local concerns and should be promoted with the judiciary to better guarantee local judicial acceptance.

Justification for Orders & Conditions

Specific orders and conditions should be requested and imposed upon offenders according to the specific underlying nature of the offense and the risks and needs of the offender. The rationale for using particular orders and conditions are as follows:

- The conditions address the rehabilitation of the offender and the protection of the community.
- The conditions address the safety of the victim of the present offense, as well as other potential victims who fit this probationer’s offense pattern. They are consistent with treatment contracts/requirements utilized by all approved treatment providers and assist in the offender’s rehabilitation by providing external behavioral controls until the offender can develop appropriate internal controls.
- The conditions address legal mandates, enhance community safety, aid in the offender’s rehabilitation, and/or assist Probation in adequately supervising this offender.
- The conditions address the safety of the community, the probationer’s family members under 18 years old, and that of any family friends under the age of 18 where applicable.
- The conditions address and complement the treatment goals of accepting responsibility for one’s actions and setting in place safeguards to relapse.

Juveniles who sexually offend should have specialized conditions of probation that limit contact with potential victims. These conditions may include the following:

- No baby-sitting under any circumstances.
- No access to young children or potential victims without direct supervision by a responsible adult who is aware of the problem.
- No authority or supervisory role over young children.
- No possession or use of sexually explicit or pornographic material.
- Limited or no access to the internet or social networking sites.

The following are conditions that may be imposed on juveniles who sexually offend:

- You shall attend and actively participate in sex offense specific evaluation and treatment at a program approved by the probation department. You will abide by the rules of the treatment program and successfully complete the program to the satisfaction of the treatment provider and probation.
- You shall have no contact with the victim(s) including letters, electronic communication, by telephone or communication through another person except under circumstances approved in advance by your probation officer. You shall not enter onto the premises, travel past or loiter near where the victim(s) resides unless authorized in advance by your probation officer in consultation with your treatment provider.
- Contact with children three or more years younger than yourself, will be approved in advance by your probation officer in consultation with your treatment provider.
- If you have contact (even incidental/accidental) with other children from whom you are restricted, it is your responsibility to immediately remove yourself from the situation in a safe and responsible manner. You must notify your probation officer and treatment provider immediately.
- If you are allowed to enroll in the same school as the victim(s), a safety plan must be completed by probation, the treatment provider and the school. The safety plan must be completed and ready to implement prior to your return.
- You may not enter into a position of trust or authority with any child or potential victim. Any employment or volunteer work must be approved in advance and a safety plan, designed by your probation officer and treatment provider shall be designed specific to the setting.
- You shall not possess or view any pornographic, X-rated or inappropriate sexually arousing material and you will not go to or loiter in areas where pornographic materials are sold, rented or distributed. This includes but is not limited to phone sex lines, computer generated pornography and cable stations which show nudity or sexually explicit material.
- You and/or your parent/guardian will be financially responsible for all examinations, evaluations and treatment unless other arrangements have been made through your probation officer in consultation with your treatment provider.
- You shall not change treatment programs without prior approval by your probation officer.
- You shall sign waivers of confidentiality to allow your probation officer to communicate with other professionals involved in your supervision and treatment, and to allow all professionals involved to communicate with each other. This will include a release of information to the therapist of the victim(s).
- You shall not go on over-night visits away from your home without prior approval of your probation officer and treatment provider. Overnight visits may be approved only after the development of an approved safety plan.
- You shall not be allowed to subscribe to or use any internet service provider by modem, LAN, DSL or any other avenue and you shall not be allowed to use another person's internet or use the internet through any commercial means unless and until approved by your probation officer. You may not participate in chat rooms. A safety plan with a supervision component must be in place prior to access. These conditions include material(s) downloaded to disks, CD's, DVDs, hand-held computer organizers, cell phones, gaming devices, and/or any other electronic device(s) or duplicating machines.
- You shall not use long-range vision enhancing or tunnel focusing devices. These devices include binoculars, telescopes, spotting scopes, hollow pipes and any other focusing device.

- You shall not possess video or photography equipment or participate in the use of this equipment unless and until a written safety plan is approved by your probation officer.
- If you are considering becoming involved in a relationship with any person who is a parent/guardian or is responsible for the supervision of children, you are required to advise your probation officer immediately. Your probation officer and treatment provider will determine/limit the extent of your involvement in this relationship based on issues related to victim access and/or your history of sexually offending behaviors.
- You shall not hitchhike or pick up hitchhikers. You shall not provide rides for any person unless or until it has been approved by your probation officer and treatment provider in advance and in writing in your safety plan.
- When applicable, you understand that your relationships and dating may be completely or partially restricted. You understand that you are required to inform at minimum your probation officer and treatment provider of relationships and/or dating activities on an ongoing and timely basis.

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Section VI. Supervision

Summary of the Research

Specialization

Supervision is one critical component of a broader, comprehensive approach to sex offender management that is based on a victim-centered philosophy, with the overarching goal of enhancing community safety. Effective supervision requires collaboration among criminal and juvenile justice system actors, treatment providers, victim advocates, and others (including members of community support networks) to ensure that officers' or case managers' decisions are informed by a diverse set of perspectives and that multiple parties share ownership in the larger management process (CSOM, 2007).

When working to promote the effective supervision of adult and juvenile sex offenders in the community, jurisdictions should explore the extent to which agency resources, policies, procedures and practices reflect and include:

- Specialized caseloads that are managed by supervision officers or case managers who possess specialized knowledge;
- Individualized supervision case plans that contain information from multiple stakeholders, address the dynamic risk factors of sex offenders, and include specialized conditions of supervision; and
- Supervision strategies that are designed to balance monitoring and surveillance with the importance of rehabilitative efforts.

Specialized Caseloads

In jurisdictions throughout the country, therefore, supervision agencies have taken active steps to create specialization among supervision officers to manage adult and juvenile sex offenders more effectively, either by establishing specialized sex offender supervision units within existing structures or by designating officers or case managers who are specially trained to manage such cases (CSOM, 1999, 2000; Cumming & McGrath, 2000, 2005; English et. al., 1996; English, Jones, & Patrick, 2003; Green, 1995; Scott, 1997). The development of specialized cases affords supervision agencies and officers the expertise and dedicated personnel necessary to address the unique needs of adult and juvenile sex offenders, and to formulate differentiated supervision strategies based on assessed levels of risk and identified needs. In addition, officers who are specialized possess increased knowledge of – and familiarity with – key local resources (e.g., sex offender-specific treatment) that provide important services to this offender population (CSOM, 2007).

Selecting officers for specialized sex offender caseloads and establishing caseload limits are critical to success of sex offender supervision. To promote sustainability, effectiveness, and commitment, the assignment of officers to specialized caseloads ideally should be voluntary, following a thorough exploration of officers' desires and interests to work with this population (see, e.g., Cumming & McGrath, 2005; English et. al., 1996, 2003, CSOM, 2007).

In addition, specialized caseloads should be limited in size because sex offender supervision is most effective when it includes routine monitoring of offenders in their natural environments (e. g., home, work, school, leisure time) (Cumming & McGrath, 2005; English et. al., 1996, 2003). Recognizing that exposure to potential risks in a variety of settings is ongoing, supervision officers must be consistently vigilant regarding offenders' day-to-day activities, behaviors, and community adjustment. While sex offenders may attend scheduled appointments as required and appear cooperative, it is incumbent upon supervision officers to verify compliance by conducting both scheduled and unscheduled field contacts in multiple settings, and by communicating frequently with other key stakeholders who are involved in the management process (e.g., treatment providers, school officials in juvenile sex offense cases). For example, beyond requiring sex offenders to attend scheduled appointments in the probation or parole office, contacts with juvenile offenders should occur periodically at school and in the home. It is incumbent on supervision agency administrators to develop policies and procedures that ensure frequent, spontaneous, and needs-based field contacts while affording flexibility in officers' work schedules to allow for monitoring outside of traditional business hours (including on holidays and during weekends) (CSOM, 2007).

Specialized Knowledge & Training

While in larger jurisdictions the ability to create specialized units or caseloads may be more easily accomplished, such an approach may not be practical or feasible in areas in which resources are limited. Regardless of whether specialized units or specialized caseloads have been established, it is essential that all supervision officers who are responsible for working with sex offenders receive training regarding a variety of topics related to sex offender management (CSOM, 2000; Cumming & McGrath, 2000, 2005; English, 1998; Green, 1995; Greer, 1997, NAPN, 1993; Scott, 1997). Beyond equipping officers with the necessary skills and information to improve their effectiveness – and thus enhance community safety – specialized training provides them with a common language to use to communicate with offense-specific treatment providers and others about critical sex offender risk management issues (Cumming & McGrath, 2005; English, 1998; English et. al., 1996, 2003; Gray & Pithers, 1993; NAPN, 1993; Pithers & Cumming, 1995; Scott, 1997). Among the most critical training topics for officers are the following:

- Dynamics of sex offending;
- Diversity of sex offenders;
- Similarities and differences between adult sex offenders and their juvenile counterparts;
- Balancing monitoring and surveillance activities with a focus on promoting offenders' engagement in programs and services;
- Principles of sex offender treatment;
- Involving community support networks (including the parents/caregivers of juvenile sex offenders);
- Assessment of sex offender risk and needs, with a specific focus on the dynamic risk factors that are associated with recidivism;
- Collaborating to enhance sex offender supervision;
- Developing and adjustment of specialized conditions; and
- Using a continuum of responses to address violations or risk factors (CSOM, 2007).

Overall, the focused training and job specialization for supervision officers and case managers promotes expertise, maximizes limited resources, and improves consistency (CSOM, 2007).

Because the sex offender management field is constantly evolving, specialized training should not occur as a singular event. Instead, it is essential that supervision officers receive ongoing training to remain abreast of critical developments in research in practice, such that policies and practices can be adjusted as warranted (CSOM, 2007).

Case Planning & Management

Assessment-Driven Case Planning

The effective supervision of sex offenders is contingent upon the timely development and implementation of individualized case plans that are responsive to their differing risk levels, diverse needs, and circumstances. Research has established that better outcomes are achieved when the intensity of interventions is matched to offenders based on assessed level of risk (see, e.g., Andrews & Bonta, 2007). Specifically, prioritizing higher risk adult and juvenile offenders for higher intensity supervision will likely have a greater impact on recidivism than providing that same level of supervision to their lower level counterparts. In fact, delivering intensive interventions to lower risk offenders has limited to no impact, and in some cases, may actually result in increased rates of recidivism (see, e.g., Andrews & Bonta, 2007; Cullen & Gendreau, 2000; Gendreau, Goggin, Cullen, & Andrews, 2001; CSOM, 2007).

Developments in assessment have helped to better serve probation-involved youth and to increase the level of efficiency of probation in promoting public safety. There are a number of instruments currently available for use with juvenile delinquent populations and other services involving youth at risk of negative personal and social outcomes. In probation and other juvenile corrections settings, objectives for use of such instruments include prediction of re-offending (and other negative outcomes) and assessment of service needs for reducing risk. The use of case planning to target appropriate risk reduction services has become an important objective in most recent thinking regarding assessment (Hoge and Andrews, 1997). In New York State, the Youth Assessment Screening Instrument (YASI) is a comprehensive risk, need and protective factor assessment instrument designed for use in juvenile probation and other high-risk youth service settings (NYSDFCA, 2007). The YASI is currently utilized by 57 counties in New York State.

Agency policies and procedures should require the inclusion of a formal risk assessment in the development of all sex offender supervision case plans. With youthful sex offenders, officers or case managers can administer the Juvenile Sex Offender Assessment Protocol-II (J-SOAP-II; Prentky & Righthand, 2003) as a means of identifying those youth who may require more intensive supervision based on level of risk. In some instances, these instruments may have been administered by others and, as such, their results (assuming that they are current) can be simply integrated into the supervision case plan (CSOM, 2007).

There are a number of other important written sources of data that can be particularly helpful during the initial supervision case planning process. Pre-sentence investigations or pre-disposition reports and psychosexual evaluations often provide helpful information about sex offenders' needs and circumstances that guide the creation of the supervision case plan (CSOM, 2007).

The involvement and the input from collaterals are also key in the creation of responsive and individualized supervision plans. Family members, members of the faith community, mentors, and other significant others in the lives of offenders can provide important insights into key issues that are likely to be related to community stability and should be addressed in supervision case plans. For juvenile sex offenders in particular, supervision plans should include a strong emphasis on the parent/family, peer, school, and environmental factors that contemporary research indicates are associated with general juvenile delinquency (see, e.g., Hunter, 2006; Hunter, Figueredo, Malamuth, & Becker, 2004). Furthermore, while policies and procedures should ensure that supervision plans for youthful sex offenders comprehensively address the multiple domains that may be associated with their risk to reoffend, it is also critically important that plans identify strengths of juveniles and their families, and outline strategies to build upon these (CSOM, 2007).

Juvenile justice researchers have become interested in determining how the developmental assets or “strengths” might affect the levels of adjustment of youth who have become involved in delinquency. Certain strengths or assets, might help protect higher risk youth from some negative outcomes. The notion of resilience has also been used to suggest that having strengths or “protective factors” might help some trouble youth “bounce back” when adversity strikes.

The notion of protective factors or strengths has become an exciting new area within the assessment and prediction field of juvenile justice. While the research is still in its infancy, preliminary tests of protective factors effects for high risk juveniles have provided very favorable results: Based on a large sample of juvenile probationers in Washington State and New York State, researchers found that high risk youth who had high levels of protective factors had much better outcomes than high risk youth with low levels of protective factors. This research points to the need to increase protective factors, especially among higher risk youth, in order to reduce their risk levels (NYSDFCA, 2005).

Supervision plans should also be generated with active and explicit consideration of victim safety needs. With juvenile sex offenders, ensuring victim protection may be especially challenging – when developing supervision plans, as many victims of juveniles are in the family or home environment (CSOM, 2007).

Sex offenders are also essential stakeholders in the case planning process. Their active involvement promotes investment and ownership, and ensures that they are fully aware of and clearly understand the imposed expectations and restrictions (Cumming & McGrath, 2000; Gray & Pithers, 1993; NAPN, 1993). When creating supervision plans for juvenile sex offenders, it is important that officers or case managers also recognize parents or caregivers and other family members as “experts” in their families, and include their perspectives in the development of case plans (Gray & Pithers, 1993; Jenkins, 1998, Longo & Prescott, 2006; Ryan, 1997b; Worling, 1998).

Assessment-Driven Case Management

In addition to establishing risk levels and providing guidance about the intensity of supervision at the outset of the process, assessments are important in identifying specific supervision targets – the dynamic risk factors that are present and require attention in the case plan and must be monitored by

officers or case managers over time CSOM, 2007). It should also be noted that the adult instrument in New York State is COMPAS and the juvenile instrument is YASI.

The principles of effective case management that were formalized by Andrews and his colleagues have shaped the field of assessment and service delivery in both youth and adult services (Andrews, Bonta & Hoge, 1990). They identified the following principles:

- Risk – service intensity should be matched with the level of risk of negative outcomes presented by the client. Higher risk youth (e.g., those assessed as having a high probability of future or ongoing problems) should receive the most intensive services, while lower risk youth should receive only minimal attention from service providers.
- Needs – the types of services offered should be directed to the behavior, attitudes and situations that were most directly linked to their presenting problems. Hence, the content or target of service must match the youth characteristics that are driving the problem.
- Responsivity – the methods and styles used to intervene should be sensitive to the learning styles of the youth being served. There are general responsivity concerns that can be addressed by using methods of service delivery empirically shown to produce positive effects with this population. There are also individual responsivity factors that refer to unique characteristics of individuals that need to be considered in choosing interventions that will be effective (e.g., personality, mental health, learning abilities).
- Program Integrity – the effectiveness of interventions will be influenced by the rigor and integrity of implementation. The procedures that are selected for their evidence of fidelity to the responsivity principle must be carefully employed in a way that ensures that all of the ingredients of their effectiveness have been preserved (NYS DPCA & Orbis 2007)

There are two types of dynamic risk factors that are related to sexual recidivism: acute and stable (Hanson & Harris, 2000a, 2000b, 2001; Hanson & Morton-Bourgon, 2005). Acute dynamic risk factors are elements that change rapidly and have been found to differentiate sex offenders who recidivate sexually from those who do not. They include (Hanson & Harris, 2000a, 2000b, 2001):

- Disengagement from supervision;
- Demonstration of deceitful or manipulative behaviors;
- Consistent tardiness or failure to attend scheduled appointments;
- Overall non-cooperativeness and non-compliance; and
- Opportunities for victim access.

The above-listed acute dynamic risk factor have significant implications for supervision officers, in that close and continuous monitoring should occur in order to identify their presence (Cumming & McGrath, 2005; Hanson & Harris, 2000a, 2000b, 2001). Once identified, supervision officers must be poised to provide timely and effective responses to reduce the short-term risk of reoffending (Cumming & McGrath, 2005; Hanson & Harris, 2000a, 2000b, 2001).

Stable dynamic factors are more enduring in nature, and are associated with longer-term sexual recidivism risk. While they may not be specific targets of the day-to-day work of supervision officers,

they are, nonetheless, critically important in the sex offender management process. They include (Hanson & Harris, 2000a, 2000b, 2001; Hanson & Morton-Bourgon, 2005):

- Substance abuse;
- Intimacy deficits and conflicts in intimate relationships;
- Antisocial or otherwise negative lifestyle factors;
- Attitudes tolerant of sex offending;
- Problems with sexual self-regulation;
- Problems with general self-regulation; and
- Poor overall appearance.

These elements are generally addressed in treatment. Supervision officers are ideally poised to assist treatment providers to monitor them and to reinforce the important work done in the clinical setting (CSOM, 2007).

The empirical research on dynamic risk factors with juvenile sex offenders is somewhat limited. However, a considerable body of literature exists on the prediction of non-sexual offending among juveniles, which may be useful for identifying areas of intervention for juvenile sex offenders who are under supervision. Among the strongest predictors of juvenile delinquency and youth violence are substance abuse, aggressive behavior, lack of social ties, antisocial peers, negative attitudes about school, poor academic performance, and negative parent-child relationships (Hawkins, et al., 1998; Lipsey & Derzon, 1998). These elements – in combination with those that are believed to be important considerations in the context of sexual recidivism (e.g., social competency deficits, antisocial values and behaviors, deviant sexual interests, impulsivity, non-compliance with treatment) – may hold particular promise as targets of supervision for juvenile sex offenders (Worling & Langstrom, 2006).

For sexually abusive youth, the J-SOAP-II can be used by supervision officers or case managers to monitor changes in risk level over time and to adjust supervision intensities and strategies accordingly (Prentky & Righthand, 2003). There are four subscales of this instrument, two of which include dynamic risk factors that are particularly relevant to supervision officers and case managers (Prentky & Righthand, 2003). The YASI reassessment should be conducted every three months.

In addition to utilizing research-supported assessment instruments to guide supervision practices and the ongoing case management process, information from other sources is essential. It is, therefore, critical that agency policies and procedures define the stakeholders from different agencies and disciplines whose perspectives are important in the ongoing case management process. Individuals who over time can offer particularly valuable insights into the adjustment or stability of adult and juvenile sex offenders include professionals such as treatment providers and victim advocates, as well as members or community support networks. Input from these parties should inform the supervision plan and the strategies that supervision officers and case managers employ on a daily basis to manage the risk that adult and juvenile sex offenders pose, and to support their participation in programming and services (CSOM, 2007).

Specialized Conditions of Supervision

Standard conditions and restrictions of supervision (e.g., scheduled office visits, school attendance for juveniles, curfews, prohibitions against associating with negative peers or associates) are necessary but

not sufficient to monitor and intervene effectively with the critical areas of risk that are unique to adult and juvenile sex offenders (Bumby & Talbot, 2007; CSOM, 2000, 2002a, 2002b; Cumming & McGrath, 2000, 2005; English et al., 1996, 2003; Heinz & Ryan, 1997; Scott, 1997). Therefore, specialized conditions of supervision have become commonplace in many jurisdictions. Agency policies and procedures should support the selective application of specialized conditions such as:

- Prohibiting contact with victims;
- Prohibiting or limiting contact with minors;
- Participating in sex offender-specific treatment;
- Close monitoring of a limiting access to the Internet;
- Establishing employment and residence restrictions that limit access to potential victims;
- Restricting movement within and outside of the community; and
- Submitting to polygraph examinations (when appropriate) (CSOM, 2007).

With juvenile sex offenders, additional conditions may be warranted, including those that address extracurricular activities, and television programming and video games with violent or sexual themes. Family participation in treatment and supervision is also likely to be an important expectation (Barbaree & Cortoni, 1993, Bumby & Talbot, 2007; Heinz & Ryan, 1997; Longo & Prescott, 2006).

Because sex offenders are diverse and “one size fits all” approaches to supervision may not be effective, application of specialized supervision conditions should reflect the varying levels of risk posed – and the dynamic risk factors that are presented – by each offender. This will help to ensure that resources are maximized and supervision interventions are more likely to reduce recidivism (CSOM, 2007).

When selectively applying conditions, it is necessary for supervision officers and case managers to think beyond prohibitions and placing restrictions on the behavior and activities of sex offenders. It is also important for officers to remember the importance of balancing surveillance and monitoring activities with a focus on treatment. Consistent with the rehabilitation-oriented approach to supervision, case plans should identify positive goals and activities that sex offenders can work towards and that will increase the likelihood that they will live fulfilling and positive lives in the community. Referred to as “approach goals” (see e.g., Hunter & Longo, 2004; Mann, Webster, Schofield, & Marshall, 2004; Thakker, Ward, & Tidmarsh, 2006), examples include participating in pro-social leisure activities, achieving and maintaining positive school adjustment (for juveniles), establishing pro-social peers or associates, and gaining and maintaining appropriate employment. These goals are vital because their achievement increases adult and juvenile sex offenders’ stability in the community, enhances the likelihood that their needs can be met in constructive ways (and not at the expense of others), reduces the likelihood that they engage in inappropriate or risky behaviors, and ultimately enhances community safety (CSOM, 2007).

Supervision Strategies and Tools

Multidisciplinary Collaboration

The Containment Approach and the Comprehensive Approach to Sex Offender Management are based on the recognition that adequate safeguards for victims and communities are implemented most effectively when consistent and informed policies, specialized training, multidisciplinary collaboration, and the use of external leverage are in place (Carter, et al., 2004; English et al., 1996, 2003). The common thread of these strategies is the shared goal and primary emphasis on victim and community safety, accomplished through multidisciplinary collaboration and the use of various external supports and controls (CSOM, 2007).

Policies and procedures should clearly articulate and define the roles and responsibilities of supervision officers, treatment providers, and others in the context of the collaborative working relationships that are critical to successful sex offender management (ATSA, 2005). The efforts of treatment providers and supervision officers in the context of a comprehensive approach to sex offender management should support and complement one another while maintaining very clear boundaries. For example, if officers attend treatment groups, their observations should be scheduled in advance to avoid causing unnecessary disruptions in the therapeutic process. In addition, treatment providers should obtain informed consent from group member, recognize the potential of these visits to impact clients in negative ways, and take steps to prevent and mitigate such effects (CSOM, 2007).

Reliance on Community Support Networks

The presence of pro-social influences is a key protective factor that reduces the likelihood of recidivism in adult and juvenile offenders of all types including sex offenders (see e.g., Hanson & Morton-Bourgon, 2005; Hawkins et al., 1998; Petersilia, 2003; Prescott, 2006; Worling & Langstrom, 2006). Routine and open communication with sex offenders' support networks (e.g., family members, employers, school personnel, mentors, members of the faith community, etc.) can provide invaluable information to enhance supervision practices. Information from collateral contacts can provide insights into the day-to-day activities, attitudes, and adjustment of sex offenders, and offer support to refute the veracity of their reports (Bumby & Talbot, 2007; CSOM, 2002a, 2002b; Cumming & McGrath, 2000, 2005; CSOM, 2007).

To maximize the value of community support networks, supervision agency policies should require officers to address community support networks as part of the supervision planning process. This policy-driven process should outline expectations pertaining to who should be considered as network members, the specific criteria that must be met to be an appropriate community support, specialized training for them, and expectations regarding their role in community supervision. Ideally, network members (Cumming & McGrath, 2000, 2005; Ryan, 1997a, 1997b, Ryan & Lane, 1997):

- Believe the offender committed the offense(s);
- Hold the offender solely responsible;
- Assume a positive role in the offender's life;
- Are aware of and can recognize the offender's risk factors;
- Agree to disclose risky behaviors manifested by the offender; and

- Are willing to discuss the offender's activities and any identified concerns with the supervision officer (CSOM, 2007).

Establishing community support networks can be particularly beneficial for juvenile sex offenders. Additional members of community support networks for juvenile sex offenders can include youth care workers, mentors, social service aides, and volunteers. These paraprofessionals are able to assume a role that extends beyond simply monitoring, including paraprofessional counseling, support/guidance, role modeling, and transportation functions. Furthermore, these individuals can serve as liaisons between supervision officers or case managers, and juveniles and their families (CSOM, 2007).

Eliciting the involvement of juvenile sex offenders' parents/caregivers and other family members as members of community support networks is particularly important as well (Bumby & Talbot, 2007; CSOM, 1999; Fanniff & Becker, 2006; Hunter & Lexier, 1998; Lane 1997; NAPN, 1993; Ryan 1997b; Ryan & Lane 1997; Worling, 1998); however, for a variety of reason, parents and other family members may be reluctant or resistant. For example, the complex and overwhelming nature of the juvenile justice and the social service systems, considerable stigma associated with sex offending, multiple demands and expectations from different agencies and individuals, and in some cases, significant family dysfunction, are among the host of factors that may impact the willingness of family members to actively participate in the sex offender management process. Moreover, as many victims of juvenile sex offender are within the family, parents may struggle considerably with attempts to balance the needs of both the offender and the victim (CSOM, 2007).

To facilitate the engagement of parents and other family members in the supervision process, it is critical that supervision officers and case managers maintain an empathic, respectful, supportive, and firm approach, rather than interacting in an overly controlling or authoritative manner (Gray & Pithers, 1993; Jenkins, 1998; Lane, 1997; Worling, 1998), and process the issues that likely contribute to their resistance. For example, in their interactions with parents, officers or case managers can:

- Label the behavior not the youth;
- Stress that parents can play a very significant role in ensuring that their children are responsive to the expectations of the juvenile justice system and that they receive the services that they need to be successful;
- Emphasize that having a child who commits a sex offense does not make a parent a failure;
- Teach parents about sex offending behavior and debunk common myths (e.g., all sex offenders recidivate, juveniles who commit sex crimes go on to perpetrate as adults);
- Ask parents to talk about their fears, concerns, and questions, and take the time to respond to them; and
- Identify common ground and common goals to work towards together (e.g., success of the youth, no more offending (CSOM, 2007).

Many jurisdictions have also found that offering ongoing education classes, support groups, and workshops specifically designed to address the needs of parents can be very beneficial (CSOM, 2007).

Aside from the home, school is likely to be the location in the community where juveniles spend most of their time on a daily basis. Therefore, collaboration with school early during the period of supervision (and in an ongoing way thereafter) and the participation of education staff as community support network members are essential. There are a number of important considerations that can help to

support the involvement of school personnel in the community supervision process (see e.g., Colorado Sex Offender Management Board and Colorado Department of Education, 2003):

- A policy-driven approach – Some school districts and state school boards have developed written policies and procedures that explicate the process by which school staff will be involved in the day-to-day supervision of juvenile sex offenders.
- Individualized school management plans – As is the case with broader supervision efforts, supervision strategies in the school setting should be based on the risk level, needs, and circumstances of each juvenile, and should prioritize the safety needs of victims and those who may be vulnerable. Therefore, class schedules, lunch and breaks between classes, arrival and departure times, modes of travel, participation in physical education and extracurricular activities, and other necessary behavioral restrictions, are critical issues to be addressed in school management plans for youthful sex offenders.
- Specialized Training – Jurisdictions in which schools are directly involved in and supportive of the community management process report that education staff at all levels have received extensive specialized training regarding youthful sex offenders, promising supervision and treatment strategies, dynamic risk factors, promoting the safety of victims and those who are vulnerable in the school setting, and their specific roles and responsibilities in the context of a multidisciplinary, collaborative approach to the community management of these youth. The school personnel who serve as support network members usually receive the most intensive training. In some jurisdictions, training for education staff is provided by a multidisciplinary team that includes a specialized supervision officer, an offense-specific treatment provider, and a victim advocate among others.

Indeed, ongoing specialized training is particularly important for all members of support networks who work with sex offenders. Critical topics include (see e.g., Cumming & McGrath, 2005; English, et al., 1996; Ryan & Lane, 1997);

- The dynamic factors that are related to recidivism risk and the importance of close monitoring of them over time;
- Effective sex offender management approaches;
- The criminal or juvenile justice process;
- The roles of the various professionals involved in the management process; and
- The expectations, roles, and responsibilities associated with serving as a community support network member (CSOM, 2007).

Electronic Monitoring

The use of surveillance technologies, including electronic monitoring and global positioning systems has recently become increasingly popular to enhance the risk management efforts of supervision officers with sex offenders (see, e.g., DeMichele, Payne, & Button, 2007; English et al., 2003; ICAOS, 2007; Lyons, 2006; Schlank & Bidelman, 2001). More than half of states in the U.S. have created policies or passed legislation that stipulates that electronic monitoring can be used to manage these offenders (DeMichele et al., 2007; ICAOS, 2007p; CSOM, 2007).

Currently, however, there is a lack of research that demonstrates the impact of electronic monitoring when used with sex offenders. To date, there have only been limited efforts to examine the efficacy of electronic monitoring with general criminal offenders, with the existing studies indicating that it does

not affect recidivism (see, e.g., Aos et al., 2006; Bonta, Wallace-Capretta, & Rooney, 2000; Renzema & Mayo-Wilson, 2005; CSOM, 2007).

More research is needed to examine the impact of electronic monitoring with sex offenders. In the meantime, if it is implemented, jurisdictions would be well served to utilize the technology as part of a larger, multidisciplinary, and comprehensive approach to managing sex offenders in the community that focuses on both monitoring their behavior and supporting their successful participation in treatment. Because of the research that indicates that outcomes are enhanced and recidivism reduced when higher risk offenders with significant needs receive more intensive services and interventions (see, e.g., Andrews & Bonta, 2007), electronic monitoring is, perhaps, most appropriately used with sex offenders who are assessed to be more dangerous and likely to commit additional crimes in the future (CSOM, 2007).

It is important to remember that electronic monitoring is a tool that may assist in the supervision of an offender, although the role is limited. It informs the supervisor of the location of the offender, but does not inform the officer about the activity engaged in by the offender. In New York State, electronic monitoring must be ordered by the court. Electronic monitoring provides risk management, not risk reduction.

Polygraph

Supervision officers and treatment providers often use the polygraph as one component of an overall sex offender management strategy, primarily to assess compliance with supervision and treatment (Blasingame, 1998; CSOM, 2000; Cumming & McGrath, 2000; English, 1998; English et al., 1996, 2003; McGrath, Cumming & Burchard, 2003; Madsen, Parsons, & Grubin, 2004; O'Connell, 2000; Scott, 1997). The polygraph can be particularly useful as a means of gathering information about sex offenders' compliance with supervision conditions and treatment expectations (Blasingame, 1998; English et al., 1996, 2003; Madsen et al., 2004; O'Connell, 2000; CSOM, 2007).

Because of the potential impact of age, functioning, development, maturity, and co-occurring behavioral health concerns on the reliability and validity of polygraphy, questions remain about the use of the polygraph with juvenile sex offenders (CSOM, 1999; Fanniff & Becker, 2006; Hunter & Lexier, 1998; Lane 1997; NAPN, 1993; Worling, 1998). Despite these questions, its use to enhance supervision and treatment practices with juvenile sex offenders is increasing nationwide (McGrath et al., 2003). Consequently, it has been suggested that, if used, polygraph examinations should be restricted to older juveniles (i.e. 14 years of age or older) who are more developmentally stable, and with the informed consent of the juvenile, parent/caregiver, and referral source. Therefore, clear policies and procedures are necessary to ensure the cautious and responsible use of such technology, (CSOM 2007 CAP p 169)

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Recommendations for Probation Practitioners for the Community Supervision of Juveniles who Sexually Offend

Specialization

Sex Offender supervision should be assigned whenever possible to the caseload of an experienced Officer/Unit who either solely or primarily works with sex offenders, or has a significant concentration of sex offenders on the caseload, and who has received specialized training on sex offender management. Probation Department size and resources often determine the level of specialization. These officers should whenever possible obtain training in the following areas:

- Prevalence of Sexual Assault
- Offender Characteristics & Dynamics of Sexual Offending
- Assessment/Evaluation of Sex Offenders
- Community Management of Sex Offenders (Effective multidisciplinary collaboration and critical information-sharing)
- Motivational Interviewing (Interviewing techniques and strategies for alleged perpetrators and non-offending family members)
- The heterogeneity of individuals who commit sex offenses, including the key differences between sexually abusive adults and juveniles
- Child development, particularly as it relates to verbal abilities, memory, and suggestibility
- Sex Offender Treatment Models (Cognitive Behavioral Model, Relapse Prevention)
- Technology Tools for Monitoring Computer/Internet Usage (Including: Trends pertaining to Internet-related sex crimes, and the use of computer forensics for investigative purposes)
- Victim Specific Issues (Including: victimization trends; dynamics that impact the disclosure process for victims; victims' rights and the needs of victims and their families; differential and developmentally appropriate forensic interviewing strategies for victims)
- Potential relationships between sexual victimization and other maltreatment within the home (e.g., child abuse, domestic violence)
- Determining Progress & Offender Denial
- Special Populations of Sex Offenders
- Cultural and Ethnic Awareness

Case Management & Planning

Development of Case Plan

The case plan flows from the risk/need assessment and more specific clinical evaluations. The plan must be specific to goals, objectives and required activities as well as identified service providers. The plan for juveniles should be based on YASI.

Assessments

A specialized risk and need assessment should be conducted at the onset of supervision if it was not completed during the pre-disposition investigation or intake. Juveniles who sexually offend should have on-going assessments as they progress in treatment and as any circumstances change. It is important that no single instrument or data source be used to make critical decisions. Supervision officers, treatment providers and other key stakeholders must assess offenders on an on-going basis and they need to be in tune with dynamic or changeable factors.

The J-SOAP II (Prentky & Righthand, 2003), CANS-SD or ERASOR (Worling & Curwen, 2001) may be used as specialized tools. Prior to using any of these specialized risk assessment instruments, officers must be trained in the proper use.

Classification by Local Probation Department

Upon assignment to the specialized officer/unit, juveniles who sexually offend should be supervised intensively at the onset of supervision. This allows the officer to become acquainted with the offender and the officer can then begin making service referrals. The officer should work with a collateral network to assist in the management and supervision of the offender.

Caseload Size

Wherever possible and consistent with local resources, officers who are responsible for the community supervision of juveniles who sexually offend should have caseloads that are smaller than for general supervision. Sex offender cases often require additional time and resources to ensure effective community supervision.

Workload Duties

Supervision officers should develop a supervision plan and contact standards based on a risk assessment of each juvenile who sexually offends. Officers should monitor the treatment progress of each offender by maintaining regular face to face, verbal and written contact with the offender's treatment provider and other collateral contacts.

Confidentiality Waivers and Disclosures

Supervision officers should ensure that juveniles who sexually offend and parent/guardians/caregivers sign releases of information for at least the following types of information:

- Treatment Providers
- Child Protective Services
- Schools
- Polygraph Examiner (When applicable)
- Victim's Therapist
- Other Professionals and other Collateral Contacts involved in the treatment and/or supervision of the offender

Home Visits

Home Visits for juveniles who sexually offend should be conducted on a more regular basis than that of the general caseload. To conduct thorough visits, officers should make visits in teams wherever possible. The teams may consist of probation officers or as joint operations with other law enforcement officers, local DSS or treatment providers. Whenever possible, the visits should be held at varying times of day and days of the week and should include evenings and/weekends if resources permit.

Supervision Strategies & Tools

Collateral Contacts/Collaborative Networks

Collateral contact means a communication other than a normal supervisory interaction, between a probation department and a person other than the probationer, concerning the probationer's behavior or status, either in person, by telephone, by mail, by electronic medium, or any other means approved by the Deputy Commissioner and State Director of Probation and Correctional Alternatives.

Officers should develop a collateral network (when possible) that may include the following:

- Law Enforcement
- Household Members
- Family Members
- Treatment Providers/Support Groups
- Schools
- Child Protective Services
- Employers
- Friends
- Clergy
- Neighbors
- Victim(s)

A variety of individuals in the community may have information to share that will be both supportive and/or informative of potential high risk behavior.

Modifications of Orders & Conditions

Adjustments to offender orders and conditions should be addressed on a case-by-case basis and may be used as incentives for compliance or sanctions for non-compliance and with the approval of the court.

Family Reunification & Chaperones

If a juvenile who sexually offends has been removed from the family, safety plans must exist for visitation and family reunification. When a family is pursuing family reunification for a juvenile who has sexually offended, probation officers must work with the treatment provider, child protective services, victim advocates, and family therapist to ensure that victim safety is paramount. Open and ongoing communication throughout the process is essential where possible. Departments should work with trained and approved supervisors when sexually offending youth are visiting with children. Probation should work with victims and therapists to discuss the role of probation.

School

Probation officers should work with therapists, child protective workers and school districts to develop safety plans for youth who sexually offend to attend school. Probation should work with designated school district liaisons to ensure that youth who sexually offend receive appropriate supervision in school while also protecting confidentiality of the child. (See Appendix D for a Sample School Safety Plan)

Transfers

- **Interstate – Probation officers must adhere to the rules of the Interstate transfers for adult and juveniles.** For adults and for those youth who may be defined as adults, refer to www.interstatecompact.org. – (Of note, under Rule 1.101 a definition of “adult” which also includes juveniles treated as adults by court order, statute, or operation of law and a definition of sex offender”. While this definition refers to those subject to sex offender registration in either the sending or receiving state, in several states juveniles are registerable. Also, note Rule 3.011-3 Transfer of Supervision of Sex Offenders). For juveniles refer to www.ajca.us. (Of note, see Rule 5.102 Travel Permits and Rule 5.103 Sex Offender Notification. Additionally, under the Federal Sex Offender Registration and Notification Act (SORNA) juveniles may be subject to registration in some states.
- **Officers should communicate with the department’s interstate/intrastate liaison to ensure full compliance.**
- **Intrastate – Probation officers must adhere to the rules of Intrastate Transfers**

Travel/Movement

Travel permits are recommended when sex offenders are travelling outside of the county and/or the state. When leaving the state, sex offenders must comply with the laws of the destination state and ICAOS and its governing rules where applicable. These laws should be discussed by the officer with the offender. Youth and juveniles who sexually offend should always travel with appropriate supervision.

- Travel permits may be used as incentives for compliance. Similarly, an officer’s refusal to issue a travel permit can be used as a sanction for non-compliance.

- Travel Documentation should comport with all local practices.

Field Work

Searches are an important element in maintaining offender compliance and should be utilized on a regular and random basis in the management of sex offenders. Each department should adhere to local practices and procedures regarding search and seizure, forensic computer searches and the use of search orders. Searches should be conducted in compliance with local policy and practice and applicable state and federal law.

It is recommended that searches be conducted in teams of at least two. The team may consist of probation officers and other local law enforcement officers as appropriate in accordance with local department policy and practice. Forensic searches of computers must be conducted by specially trained probation officers or law enforcement personnel to insure the integrity of the data that is gathered and the process by which it is gathered. Search orders must be utilized in compliance with local department policy and practice and state and federal law.

Evidence/Contraband

Forensic Evidence – Computer searches that reveal violations of probation conditions and/or illegal activity should be turned over to appropriate law enforcement agencies for thorough searches and storage.

Storage – Evidence that is seized as part of a search must be stored according to local department policy and practice in order to maintain the chain of evidence.

Removal – Removal and storage of evidence and contraband must be conducted in compliance with local department policy and practice in order to maintain the chain of evidence.

Electronic Monitoring/GPS

The use of this equipment is resource intensive and when adequately monitored, can enhance public safety. When using these systems, it is recommended that active tracking is utilized, though full-time, 24/7 coverage is largely dependent on local resources. OPCA's electronic monitoring procedures must be followed.

Polygraph Usage

Polygraph usage is not recommended with the juvenile population. Use of polygraph should be limited to offenders who are 16 years or older or in some instances for Juvenile Offenders charged as adults. Use of polygraph should be restricted to those who are more developmentally stable, and with the informed consent of the juvenile, parent/caregiver, and referral source. Therefore, clear policies and procedures are necessary to ensure the cautious and responsible use of such technology.

Computers/Internet Usage/Other Electronics

Local departments should have some mechanism to monitor the use of the internet. OPCA, in cooperation with the New York State Police, has conducted a series of week-long trainings on cyber-crime and probation officers are encouraged to continue to attend and benefit from these trainings.

Joint Field Operations

Collaboration with other law enforcement in the jurisdiction is recommended for the enhancement of community safety. Joint operations may be useful for added safety on home visits or for additional personnel on special details such as Halloween and/or community and school events where a large number of children will be gathering.

Early Discharge

Probation must always carefully evaluate the circumstances of each case before considering and recommending to the Court, the early discharge of persons and juveniles convicted of sexually offending. Probation should also work with the treatment provider to determine whether early discharge may be appropriate.

Response to Non-Compliant Behavior

The use of graduated sanctions for sex offenders needs to take into account the nature of the offense and the potential for relapse and public safety. Graduated sanctions should be used in consultation with the treatment provider. Responses should be proportional, gradual and timely. Non-compliant behavior should be communicated to the Court in accordance with DPCA rules and regulations and department policies and procedures. Swift and certain response to offender behavior better promotes public safety and offender accountability.

Incentives and Rewards

In the context of supervision incentives and rewards should be used to reinforce positive behavior change. These rewards should be provided in consultation with the treatment provider.

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Section VII. Treatment

Summary of the Research

Juvenile Sexual Offenders Differ From Their Adult Counterparts in Important Ways and Are Likely to Benefit From High Quality Treatment Efforts.

Research suggests that there are important distinctions between juvenile and adult sex offenders, as well as the finding that not all juvenile sexual offenders are the same. There is little evidence to support the assumption that the majority of juvenile sexual offenders are destined to become adult sex offenders. Moreover, the significantly lower frequency of more extreme forms of sexual aggression, fantasy, and compulsivity among juveniles than among adults suggests that many juveniles have sexual behavior problems that may be more amenable to intervention.

In fact, recent prospective and clinical outcome studies suggest that many juveniles who sexually abuse will cease this behavior by the time they reach adulthood, especially if they are provided with specialized treatment and supervision. Research also indicates that juvenile offenders may be more responsive to treatment than their adult counterparts due to their emerging development. Juvenile treatment efforts may benefit as well, from the involvement of parents, caregivers, and family members, who are rarely participants in adult offender treatment. These studies, in addition to clinical observation, support the growing optimism that many juvenile sex offenders can be successfully treated (ATSA, 2005).

Treatment has been a consistent feature of adult and juvenile sex offender management efforts for decades. However, the underlying structure, delivery, and philosophies of sex offender treatment in the field have been much less consistent. Early treatment methods varied widely, based on theories and techniques that ranged from psychodynamic to strict behaviorism (see Laws & Marshall, 2003 for a review). Programming then became grounded within a cognitive-behavioral framework, and eventually incorporated an emphasis on relapse prevention (see Marshall & Laws, 2003). Even today, sex offender treatment continues to evolve. Indeed, the relapse prevention model, which has been standard practice for many years, has become less influential in favor of more contemporary models of treatment that take into account multiple “pathways” to offending for adults and juveniles (see, e.g., Hunter, 2006; Hunter, Figueredo, Malamuth, & Becker, 2003, 2004; Ward & Hudson, 1998, 2000; Ward & Seigert, 2002; Ward, Polaschek & Beech, 2006).

Because adult and juvenile sex offenders are diverse populations with varied levels of risk and needs, jurisdictions should have a continuum of treatment services available, ranging from an array of options in the community, to services in group homes and moderate care facilities, and ultimately including treatment in secure correctional or residential facilities (see, e.g., Bengis, 1997; Berenson & Underwood, 2000; Hunter, Gilbertson, Vedros, & Morton, 2004; Marshall et al., 2006a; Schwartz, 2003). Keeping in mind that interventions are more likely to reduce recidivism when matched to the level of risk posed by individuals, community-based sex offender treatment is more likely to be effective for low risk offenders; more intensive treatment within correctional or juvenile justice facilities is best reserved for those who pose a higher risk for recidivism (see, e.g., Berenson & Underwood, 2000; Friendship, Mann & Beech, 2003; Gordon & Nicholaichuk, 1996; Mailloux et al., 2003; Nicholaichuk, 1996).

A continuum of care is particularly important when considering treatment and placement options for juvenile sex offenders (Bengis, 1986, 1997; Hunter, 2006; Hunter et al., 2004). Juvenile facilities tend to be over-relied upon for treating juvenile sex offenders, even when youth pose a low risk, often because of a lack of dedicated treatment capacity in communities (Hunter et al., 2004). Yet research indicates that when delinquent youth are placed together for intervention purposes, recidivism may potentially increase because of the impact of negative peer influences (see Dodge, Dishion, & Lansford, 2006). Moreover, no evidence suggests that this level of care is more effective than other settings in reducing recidivism. On the other hand, family- and community-based interventions with juvenile sex offenders have very positive outcomes (see, e.g., Borbuin & Scheffer, 2002; Hunter et al., 2004; Saldana, Swenson & Letourneau, 2006).

Ideally, when making decisions about levels of care, the courts and other justice professionals will have the benefit of pre-sentence investigations and comprehensive psychosexual evaluations that specifically address risk and needs in a valid and reliable manner. Following the initial placement, should circumstances warrant (e.g., significant increases or decreases in risk), policies and procedures should be in place that afford correctional and juvenile justice agencies the latitude to make informed adjustments to the level of care accordingly. To the extent possible, treatment settings for juveniles should also take into account the least restrictive alternative, proximity to the home and community, and family strengths and needs (CSOM, 2007).

The following factors may also be helpful as stakeholders critically examine the community-based sex offender treatment programs that exist in their jurisdictions:

Scope of Practice

With increased demands for specialized treatment, providers may be asked to expand the scope of their existing services to accommodate new referrals. This could apply to treatment providers that do not currently provide services to sex offenders, or to sex offender treatment providers who focus only on a specific subgroup of sex offenders (e.g., adult males, juvenile males). Without the requisite training, experience, and expertise, providers may be ill-equipped to provide treatment to those referrals. Providers must be willing to acknowledge the limitations of their training and expertise, set clear boundaries for the types of clients they can serve, and make referrals to qualified treatment providers.

Access for Non-Justice Involved Individuals

Traditionally, sex offender treatment programs are designed to serve individuals who have been adjudicated or convicted. In some instances, programs may actually exclude individuals who have not been formally processed through the courts. However, a number of adults and juveniles who have engaged in sexually abusive behavior never proceed through the court process and instead are managed through child welfare or other social/human services agencies. Given the overarching goal of preventing victimization, treatment should be accessible regardless of an individual's status in the system. Access should also extend to other individuals who may not have been detected, or even those who have never engaged in sexually abusive behavior but are concerned about their potential to do so.

Demonstrated Commitment to Collaboration

The safety of victims and communities is dependent upon key stakeholders involved in community management of sex offenders working together effectively (see, e.g., ATSA, 2005; Carter, Bumby, & Talbot, 2004; English, Pullen, & Jones, 1996; NAPN, 1993). This requires treatment providers to partner

with supervision officers, family therapists, child welfare professionals, and others to share assessment information, discuss levels of risk and needs, review treatment progress and compliance with treatment and supervision expectations, and coordinate day-to-day case management efforts to ensure that critical decisions are made based on the most current and comprehensive information. This commitment must also include mechanisms for timely information-sharing to ensure that treatment providers and others are poised to intervene when necessary.

Continuity of Care and Interventions

Many individuals enter community-based treatment programs following release from institutional or residential settings. Conversely, some individuals participating in community-based treatment will be placed in a correctional facility or residential program, either because of a new criminal or delinquent offense, revocation of conditional release, repeated probation violations, or other significant changes in risk or needs. In these scenarios, continuity of care is critical to ensure that offenders are able to continue in treatment as they move in either direction. The continuity should prevent unnecessary gaps in treatment and duplication of treatment efforts, both on the part of offenders and providers. This is contingent not only on assessment-driven treatment planning and critical information-sharing about treatment progress, but also on the use of a common framework or model of treatment (CSOM, 2007).

To facilitate consistency, integrity, and effectiveness, sex offender treatment programs must have a clearly articulated model of change or theoretical approach that outlines both the underlying philosophy and method of intervention. At present, the cognitive-behavioral approach is the most widely employed model of treatment for both adult and juvenile sex offenders (see McGrath et al., 2003). Cognitive-behavioral treatment addresses the inter-relatedness of thoughts, emotions, and behaviors – specifically as they relate to sex offending and other problem behaviors. Through skill building, reinforcement, and practice, interventions center on replacing maladaptive thoughts and unhealthy coping methods with positive strategies. This approach is designed to assist clients with meeting several goals including the following (see, e.g., ATSA 2005; Longo & Prescott, 2006; Marshall et al., 2006a, 2006b):

- Modifying thinking errors, cognitive distortions, or dysfunctional schemas that support offending behaviors;
- Dealing with emotions and impulses in positive ways;
- Developing or enhancing healthy interpersonal and relationship skills, including communication, perspective-taking, and intimacy;
- Managing deviant sexual arousal or interest, while increasing appropriate sexual interests;
- Practicing healthy coping skills that address identified risk factors;
- Establishing or expanding positive support systems;
- Addressing one's needs in positive ways and not at the expense of others; and
- Leading a productive, satisfying, and fulfilling life that is incompatible with sex offending.

Research demonstrates that cognitive-behavioral approaches designed for sex offenders result in significant reductions in recidivism with both adults and juveniles (Hanson et al., 2002; Lösel & Schmucker, 2005; Mackenzie, 2006; Reitzel & Carbonell, 2006; Walker et al., 2004).

Another treatment model that appears promising for juvenile sex offenders is Multisystemic Therapy (MST) (Borduin & Schaeffer, 2002; Henggeler, Schoenwald, Borduin, Rowland, & Cunningham, 1998; Letourneau, Borduin & Schaeffer, in press; Saldana et al., 2006). MST is a community-based model that

targets multiple key influences (e.g., individual, family, peer, school) with goals of improving family functioning, enhancing parenting skills, increasing positive peer involvement, improving school performance, and building upon community supports (Henggeler et al., 1998). An extensive body of research demonstrates its efficacy with justice-involved youth, not only with respect to reducing recidivism, but also in terms of increasing other positive outcomes for youth and their families (see Henggeler et al., 1998). Research suggests that using MST as the framework for intervention with juvenile sex offenders can yield similarly positive outcomes (see, e.g., Borduin, Henggeler, Blaske, & Stein, 1990; Borduin & Schaeffer, 2002; Gallagher, Wilson, Hirschfield, Coggeshall, & MacKenzie, 1999; Letourneau et al., in press; Reitzel & Carbonell, 2006; CSOM, 2007).

Given the current available research, jurisdictions that are invested in implementing research-supported models of treatment are well-advised to use a cognitive-behavioral approach with adult sex offenders. And with juveniles, the contemporary literature indicates that employing either Multisystemic Therapy or cognitive-behavioral treatment is a logical choice (see, e.g., Reitzel & Carbonell, 2006; Walker et al., 2004).

When treatment programs for juvenile sex offenders rapidly developed approximately two decades ago, they mirrored programs for adult sex offenders. This occurred primarily because the differences between adult and juvenile sex offenders were not fully understood and the assumption was made that adults and juveniles were alike in most ways (see, e.g., Bumby & Talbot, 2007; Chaffin, Letourneau, & Silovsky, 2002; Longo & Prescott, 2006). But because the period of adolescence is characterized by cognitive, emotional, social, moral, and biological processes that are qualitatively different from those in adulthood, the treatment approaches and other management strategies designed for adults cannot simply be applied to juvenile sex offenders (see, e.g., ATSA 2000; Chaffin, et al., 2002; Fanniff & Becker, 2006; Letourneau & Miner, 2005). Over the past several years, researchers have begun to further illuminate characteristics and features that differentiate juvenile from adult sex offenders (Barbaree & Marshall, 2006; Caldwell, 2002; Fanniff & Becker, 2006; Hunter et al., 2003, 2004a; Knight, 2004; Miranda & Corcoran, 2000; Worling & Langstrom, 2006). More specifically this research suggests that juveniles:

- Have greater fluidity in sexual arousal, rather than having fixed patterns;
- Tend to have more social competency difficulties;
- Have been exposed to more violence, maltreatment, or other trauma;
- Are more likely to commit offenses within the family;
- Have fewer victims;
- Commit less intrusive sex offenses; and
- Have lower sexual recidivism rates (CSOM, 2007).

Moreover, the available evidence indicates that juvenile sex offenders may be more similar to other justice-involved juveniles than to adult sex offenders, which means that treatment for juvenile sex offenders should take into account the broader juvenile delinquency research (Fanniff & Becker, 2006; Letourneau & Miner, 2005; Nisbet, Wilson, & Smallbone, 2004; Seto & Lalumiere, 2006; Smallbone, 2006). This has resulted in greater emphasis on and sensitivity to socio-ecological theories that recognize the multiple determinants of delinquent behavior (e.g., individual, family, peer, school, community) when approaching treatment for juvenile sex offenders (see, e.g., Borduin & Schaeffer, 2002; Longo & Prescott, 2006; Hunter et al., 2004b; Letourneau & Miner, 2005; Saldan et al., 2006).

To some extent, however, intervention targets addressed in “traditional” juvenile sex offender treatment programs will likely still resemble targets for adult sex offenders, because some of the risk factors believed to be associated with initiation and persistence for juveniles are similar to those for adult sex offenders (see, e.g., Bumby & Talbot, 2007; Prescott, 2006; Worling & Langstrom, 2006). The following are common targets currently employed in juvenile sex offender treatment programs throughout the country (McGrath, et al., 2003):

- Offense acknowledgement and responsibility;
- Cognitive distortions;
- Awareness of victim impact;
- Healthy sexuality and sex education;
- Social skills and assertiveness;
- Self-esteem;
- Antisocial attitudes, values, and associates;
- Emotional management;
- History of trauma;
- Impulse control;
- Family functioning; and
- Deviant sexual arousal, for those youth who evidence these patterns (CSOM, 2007).

As is the case with all other treatment contexts, in order to be most effective, treatment plans for adult and juvenile sex offenders must be driven by comprehensive assessment information. Because they are invaluable sources of assessment information, specialized psychosexual evaluations and thorough presentence or predisposition reports should be readily accessible to treatment providers when an individual presents for treatment (CSOM, 2007).

When developing treatment plans, it is important to involve the offender (as well as the parents or guardians when juveniles are the clients). This helps to ensure that the clients’ perspectives, interests, and goals are included, which in turn can promote their investment and ownership on the intervention process. Areas that warrant attention must be outlined, and specific, measurable, and understandable goals should be listed. Treatment plans should indicate the specific interventions and modalities to be used to address each goal, person or agency responsible for providing the interventions, and target dates for goal attainment (CSOM, 2007).

Recognizing that offender needs may change over time, and that progress toward goals is expected, treatment plans should be reviewed and modified routinely (e.g., every 3-6 months). Ideally, policies include the use of research-supported, sex offender-specific assessment tools designed to identify changes in important variables throughout the course of treatment. For juvenile sex offenders, treatment providers can conduct reassessments to identify important changes using the ERASOR (Worling & Curwen, 2001) or the J-SOAP-II (Prentky & Righthand, 2003) (CSOM, 2007).

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Treatment Recommendations for Juveniles who Sexually Offend

It may be very difficult to distinguish inappropriate behavior from sexual offending behavior in juveniles and adolescents. As such, it is essential to work with the treatment provider to obtain a sexual behavioral evaluation early in the case and to obtain additional information about the child and the family from child protective services when applicable.

Whenever possible, juveniles and adolescents who sexually offend should receive a psycho-sexual evaluation from an ATSA compliant service provider that meets New York State Division of Criminal Justice Services, Office of Sex Offender Management requirements and participate in recommended treatment.

Juveniles and adolescents who sexually offend should participate in treatment whenever possible. Treatment should be provided by an ATSA compliant treatment provider whenever possible.

The supervising probation officer must be in regular contact with the treatment provider to discuss compliance with treatment as well as compliance with probation orders and conditions. Whenever possible, this contact should occur at least monthly for updates. "Red flags", absences, or conflicting information must be discussed immediately.

Case conferences between probation, the treatment provider and victim advocates should be held monthly whenever possible. These conferences should include other collateral contacts as needed.

Probationers and parents/guardians/caretakers should be required to sign a release of information that allows the officer and treatment provider to share information openly.

Juveniles and adolescents who sexually offend must be referred to juvenile specific sex offender treatment providers, whenever possible and where they exist.

Juveniles and adolescents who sexually offend should never be placed in treatment groups with adults. Juveniles should be in treatment groups with juveniles and adolescents should be in treatment groups with adolescents.

Decisions about juveniles and adolescents remaining in the home should involve input from child protective services where applicable and treatment providers whenever possible.

Probation should maintain ongoing open communication with the family, treatment provider, child protective services and schools as required.

Unlike adults, some juveniles and adolescents may be appropriate for consideration for early termination; these considerations should be made on a case-by-case basis, in consultation with the family, treatment providers, child protective services, schools and of course, the courts.

When available in the local community, departments should work with treatment providers who offer Multi-Systemic Therapy for juveniles and adolescents who sexually offend.

Parents/caregivers should be encouraged to participate in appropriate treatment and counseling programs with the juvenile and/or adolescent whenever possible, this may include group, family and/or individual counseling.

Section VIII. Special Considerations for Young Adult Offenders

Young adults (those ages 16 -19) who sexually offend in New York State fall under the jurisdiction of criminal court, yet developmentally these individuals are more aligned with the needs of adolescents than the needs of adults. This delineation becomes a factor for probation when investigating, supervising and managing young adults who sexually offend.

The research tells us that adolescents and young adults are significantly different from adult sex offenders in many ways. For example:

- Adolescent sex offenders are considered to be more responsive to treatment than adult sex offenders and do not appear to continue re-offending into adulthood, especially when provided with appropriate treatment (ATSA, 2000)
- Adolescent sex offenders have fewer numbers of victims than adult offenders and, on average, engage in less serious and aggressive behaviors (Miranda & Corcoran, 2000).
- Most adolescents do not have deviant arousal and/or deviant sexual fantasies that many adult offenders have (Hunter, Goodwin, & Becker, 1994; Becker, Hunter, Stein, & Kaplan, 1989).
- Most adolescents are not sexual predators, nor do they meet the accepted criteria for pedophilia (American Psychiatric Association, 1994).
- Few adolescents appear to have the same long-term tendencies to commit sexual offenses as some adult offenders. Across a number of treatment research studies, the overall sexual recidivism rate for adolescent sex offenders who receive treatment is low in most United States settings as compared to adults. Adolescents who offend against young children tend to have slightly lower sexual recidivism rates than adolescents who sexually offend against other teens (Alexander, 1999).
- Adolescent sex offenders commit a wide range of illegal sexual behaviors, ranging from limited exploratory behaviors committed largely out of curiosity to repeated aggressive assaults.
- The characteristics of adolescent sex offenders are also very diverse (Chaffin, Letourneau, & Silovsky, 2002).
 - Some are otherwise well-functioning youth with limited behavioral or psychological problems.
 - Some are youth with multiple non-sexual behavior problems or prior non-sexual juvenile offenses.
 - Some are youth with major psychiatric disorders.
 - Some come from well-functioning families; others come from highly chaotic or abusive backgrounds.
- Contrary to common assumption, most adolescent sex offenders have not been victims of childhood sexual abuse (Hanson & Slater, 1998; Widom, 1995).

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Recommendations for Probation Practitioners for Pre-Plea and Pre-Sentence Investigations and Reports for Young Adults who Sexually Offend

When investigating young adults (ages 16 -19) with sexually related offenses, it is likely that these cases will have been referred by the criminal court. As such, officers should follow the practice recommendations that are outlined in the New York State Probation Sex Offender Management Practitioner Guidance. While these cases come from criminal courts, these offenders are developmentally adolescents and young adults and may need special consideration. In order to best meet the developmental needs of this population, officers may wish to consider the following as part of the pre-plea/pre-sentence investigation:

Specialized Officers

Officers with sex offender caseloads working with these young adults who have sexually offended should whenever possible receive specialized sex offender management training (as outlined previously in this document) particularly the training in the following areas:

- The heterogeneity of individuals who commit sex offenses , including the key differences between sexually abusive adults and juveniles
- Child development, particularly as it relates to verbal abilities, memory and suggestibility.

Home Visits

Home visits should be conducted whenever possible as part of the PSI in order to assess appropriateness of the household and surroundings.

Whenever possible, a home visit may be conducted by both the probation officer and the treatment provider in order to assess the environment and engage the family/caregivers.

Assessments/Evaluations

Young adults who sexually offend should be referred whenever possible to a provider who follows the protocols of the Association for the Treatment of Sexual Abusers (ATSA) for a formal psycho-sexual evaluation during the period of the pre-plea/pre-sentence investigation whenever possible. The treatment provider should be one who specializes in treating sexually abusive young adults/adolescents whenever possible. This evaluation will assist officers in determining the offender's amenability to treatment and may reveal additional information regarding the defendant's history of offending, level of risk to the community and other factors. Information obtained from this evaluation should be referenced within the text of the report and should be used when making sentencing recommendations to the Court.

A YASI full assessment may be used with young adults who sexually offend where probation officers have been trained to conduct the assessment on this age cohort we are defining as young adults. Otherwise, the Adult COMPAS risk assessment and need assessment may be used.

Specialized Risk and Need Assessment Instruments

The youth should be assessed whenever possible by a trained probation officer or treatment provider using a risk assessment instrument that is research-based. This may include the Juvenile Sex Offender

Assessment Protocol II (J-SOAP-II) (Prentky & Righthand, 2003), Estimate of Risk of Adolescent Sexual Offense Recidivism (ERASOR) (Worling & Curwen, 2001), or Child and Adolescent Needs and Strengths-Sexual Development (CANS-SD). Other sex-offender specific assessment instruments approved by the OPCA may be used.

Specialized Orders & Conditions

Young adults who sexually offend should have specialized conditions of probation that limit contact with potential victims. These conditions may include the following:

- No baby-sitting under any circumstances.
- No access to young children or potential victims without direct supervision by a responsible adult who is aware of the problem.
- No authority or supervisory role over young children.
- No possession or use of sexually explicit or pornographic material.
- Limited or no access to the internet or social networking sites.

References:

Prentky, R. A., & Righthand, S. (2003). *Juvenile Sex Offender Assessment Protocol-II Manual*. Washington, D.C.: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.

Worling, J. R., & Curwen, T. (2001). *The ERASOR: Estimate of risk of adolescent sexual offense recidivism*. Toronto, Ontario, Canada: SAFE-T Program.

Recommendations for Probation Practitioners for Community Supervision of Young Adults who Sexually Offend

When supervising young adults (ages 16 -19) with sexually related offenses, it is likely that these cases will have been referred by the criminal court. As such officers should follow the practice recommendations that are outlined in the New York State Probation Sex Offender Management Practitioner Guidance. While these cases come from criminal courts, these offenders are developmentally adolescents and young adults and may need special consideration. In order to best meet the developmental needs of this population, officers may wish to consider the following as part of community supervision:

Specialization

Officers with sex offender caseloads working with these young adults who have sexually offended should whenever possible receive specialized sex offender management training (as outlined previously in this document) particularly the training in the following areas:

- The heterogeneity of individuals who commit sex offenses , including the key differences between sexually abusive adults and juveniles
- Child development, particularly as it relates to verbal abilities, memory and suggestibility.

Development of Case Plan

The case plan flows from the risk/need assessment and more specific clinical evaluations. The plan must be specific to goals, objectives and required activities as well as identified service providers. When working with young adults the plan may be based on the YASI whenever possible. If the use of YASI is not possible due to resources and training the plan may be based on COMPAS.

Assessments

A specialized risk and need assessment should be conducted at the onset of supervision if it was not completed during the pre-disposition investigation or intake. Juveniles who sexually offend should have on-going assessments as they progress in treatment and as any circumstances change. It is important that no single instrument or data source be used to make critical decisions. Supervision officers, treatment providers and other key stakeholders must assess offenders on an on-going basis and they need to be in tune with dynamic or changeable factors.

The J-SOAP II (Prentky & Righthand, 2003), CANS-SD or ERASOR (Worling & Curwen, 2001) may be used as specialized tools. Prior to using any of these specialized risk assessment instruments, officers must be trained in the proper use.

Classification by Local Probation Department

Upon assignment to the specialized officer/unit, young adults who sexually offend should be supervised intensively at the onset of supervision. This allows the officer to become acquainted with the offender and the officer can then begin making service referrals. The officer should work with a collateral network to assist in the management and supervision of the offender.

Caseload Size

Wherever possible and consistent with local resources, officers who are responsible for the community supervision of young adults who sexually offend should have a caseload that is smaller than a caseload for general supervision. Sex offender cases often require additional time and resources to ensure effective community supervision.

Workload Duties

Supervision officers should develop a supervision plan and contact standards based on a risk assessment of each young adult who sexually offends. Officers should monitor the treatment progress of each offender by maintaining regular face to face, verbal and written contact with the offender's treatment provider and other collateral contacts.

Confidentiality Waivers and Disclosures

Supervision officers should ensure that juveniles who sexually offend and parent/guardians/caregivers sign releases of information for at least the following types of information:

- Treatment Providers
- Child Protective Services
- Schools
- Polygraph Examiner (When applicable)
- Victim's Therapist
- Other Professionals and other Collateral Contacts involved in the treatment and/or supervision of the offender

Home Visits

Home Visits for young adults who sexually offend should be conducted on a more regular basis than that of the general caseload. To conduct thorough visits, officers should make visits in teams wherever possible. The teams may consist of probation officers or as joint operations with other law enforcement officers, local DSS or treatment providers. Whenever possible, the visits should be held at varying times of day and days of the week and should include evenings and/weekends if resources permit.

Modifications of Orders & Conditions

Adjustments to offender orders and conditions should be addressed on a case-by-case basis and may be used as incentives for compliance or sanctions for non-compliance and with the approval of the court.

Family Reunification & Chaperones

If a young adult who sexually offends has been removed from the family, safety plans must exist for visitation and family reunification. When a family is pursuing family reunification for a young adult who has sexually offended, probation officers must work with the treatment provider, child protective services, victim advocates, and family therapist to ensure that victim safety is paramount. Open and ongoing communication throughout the process is essential where possible. Departments should work with trained and approved supervisors when sexually offending youth are visiting with children. Probation should work with victims and therapists to discuss the role of probation.

School

Probation officers should work with therapists, child protective workers and school districts to develop safety plans for youth who sexually offend to attend school. Probation should work with designated school district liaisons to ensure that youth who sexually offend receive appropriate supervision in school while also protecting confidentiality of the child. (See Appendix D for a Sample School Safety Plan)

Polygraph Usage

Use of polygraph may be used with young adult offenders. Use of polygraph should be restricted to those who are more developmentally stable, and with the informed consent of the young adult, parent/caregiver, and referral source. Therefore, clear policies and procedures are necessary to ensure the cautious and responsible use of the technology.

Early Discharge

Probation should work with the treatment provider to determine whether early discharge may be appropriate for young adult offenders. Probation officers and supervisors must carefully each case carefully before recommending early discharge to the Court.

References:

- Prentky, R. A., & Righthand, S. (2003). *Juvenile Sex Offender Assessment Protocol-II Manual*. Washington, D.C.: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.
- Worling, J. R., & Curwen, T. (2001). *The ERASOR: Estimate of risk of adolescent sexual offense recidivism*. Toronto, Ontario, Canada: SAFE-T Program.

Treatment Recommendations for Young Adults and Adolescents Who Sexually Offend

It may be very difficult to distinguish inappropriate behavior from sexual offending behavior in adolescents and young adults. As such, it is essential to work with the treatment provider to obtain a sexual behavioral evaluation early in the case and to obtain additional information about the young adult and the family from child protective services when applicable.

Whenever possible, adolescents and young adults who sexually offend should receive a psycho-sexual evaluation from an ATSA compliant service provider that meets New York State Division of Criminal Justice Services, Office of Sex Offender Management requirements and participate in recommended treatment.

Adolescents and young adults who sexually offend should participate in treatment whenever possible. Treatment should be provided by an ATSA compliant treatment provider whenever possible. The treatment provider should be experienced in working with adolescents and young adults who sexually offend.

The supervising probation officer must be in regular contact with the treatment provider to discuss compliance with treatment as well as compliance with probation orders and conditions. Whenever possible, this contact should occur at least monthly for updates. "Red flags", absences, or conflicting information must be discussed immediately.

Case conferences between probation, the treatment provider and victim advocates should be held monthly whenever possible. These conferences should include other collateral contacts as needed.

Probationers and parents/guardians/caretakers should be required to sign a release of information that allows the officer and treatment provider to share information openly.

Adolescents and young adults who sexually offend must be referred to adolescent and young adult specific sex offender treatment providers, whenever possible and where they exist.

Adolescents and young adults (16-19) who sexually offend should never be placed in treatment groups with adults. Juveniles should be in treatment groups with juveniles, adolescents should be in treatment groups with adolescents, and young adults should be in treatment groups with young adults.

Decisions adolescents and young adults remaining in the home should involve input from child protective services where applicable and treatment providers whenever possible.

Probation should maintain ongoing open communication with the family, treatment provider, child protective services and schools as required.

Unlike adults, some adolescent and young adults may be appropriate for consideration for early termination; these considerations should be made on a case-by-case basis, in consultation with the family, treatment providers, child protective services, schools and of course, the courts.

Parents/caregivers should be encouraged to participate in appropriate treatment and counseling programs with the adolescent and/or young adult whenever possible and appropriate, this may include group, family and/or individual counseling.

Appendix A – 2010 OPCA Juvenile Survey Results—Juveniles who Sexually Offend on Probation Supervision

Juvenile Survey Results By Age

County	7 - 12			13 - 15			16 - 18			7 - 18		
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
Albany	0	0	0	2	0	2	7	0	7	9	0	9
Allegany	2	0	2	0	0	0	1	0	1	3	0	3
Broome	4	0	4	2	1	3	1	0	1	7	1	8
Cattaraugus	0	0	0	1	0	1	2	0	2	3	0	3
Cayuga	0	0	0	0	0	0	10	0	10	10	0	10
Chautauqua	1	0	1	0	0	0	1	0	1	2	0	2
Chemung	0	0	0	3	0	3	4	0	4	7	0	7
Chenango	0	0	0	0	0	0	4	0	4	4	0	4
Clinton	0	0	0	0	0	0	4	0	4	4	0	4
Columbia	0	0	0	0	0	0	2	0	2	2	0	2
Cortland	0	0	0	2	0	2	5	0	5	7	0	7
Delaware	0	0	0	3	0	3	4	0	4	7	0	7
Dutchess	0	0	0	8	0	8	9	0	9	17	0	17
Erie	1	0	1	3	0	3	4	0	4	8	0	8
Essex	0	0	0	1	0	1	0	0	0	1	0	1
Franklin	0	0	0	4	1	5	2	0	2	6	1	7
Fulton	0	0	0	2	0	2	0	0	0	2	0	2
Genesee	0	0	0	4	0	4	4	0	4	8	0	8
Greene	0	0	0	0	0	0	1	0	1	1	0	1
Hamilton	0	0	0	0	0	0	0	0	0	0	0	0
Herkimer	0	0	0	2	0	2	0	0	0	2	0	2
Jefferson	2	0	2	6	0	6	3	0	3	11	0	11
Lewis	0	0	0	1	0	1	0	0	0	1	0	1
Livingston	0	0	0	5	3	8	3	0	3	8	3	11
Madison	0	0	0	1	0	1	2	0	2	3	0	3
Monroe	1	0	1	7	1	8	14	0	14	22	1	23
Montgomery	0	0	0	0	0	0	5	2	7	5	2	7
Nassau*	0	0	0	8	0	8	4	0	4	12	0	12
New York City	8	0	8	49	0	49	56	2	58	113	2	115

Niagara	2	0	2	6	0	6	8	0	8	16	0	16
Oneida	0	0	0	1	0	1	20	1	21	21	1	22
Onondaga	4	2	6	10	1	11	9	0	9	23	3	26
Ontario	0	0	0	4	0	4	4	0	4	8	0	8
Orange	0	0	0	3	0	3	13	1	14	16	1	17
Orleans	0	0	0	0	0	0	4	0	4	4	0	4
Oswego	0	0	0	4	1	5	3	1	4	7	2	9
Otsego	1	0	1	1	0	1	1	0	1	3	0	3
Putnam	0	0	0	1	0	1	2	0	2	3	0	3
Rensselaer	1	0	1	4	0	4	1	0	1	6	0	6
Rockland	0	0	0	3	0	3	1	0	1	4	0	4
St. Lawrence	0	0	0	0	0	0	2	0	2	2	0	2
Saratoga	0	0	0	3	1	4	13	0	13	16	1	17
Schenectady	0	0	0	2	0	2	3	0	3	5	0	5
Schoharie	1	0	1	0	0	0	0	0	0	1	0	1
Schuyler	0	0	0	0	0	0	1	0	1	1	0	1
Seneca	0	0	0	0	0	0	0	0	0	0	0	0
Steuben	2	0	2	4	0	4	17	0	17	23	0	23
Suffolk	2	0	2	16	0	16	26	0	26	44	0	44
Sullivan	1	0	1	2	0	2	14	0	14	17	0	17
Tioga	0	0	0	2	0	2	11	1	12	13	1	14
Tompkins	0	0	0	0	0	0	2	0	2	2	0	2
Ulster	1	0	1	1	0	1	5	0	5	7	0	7
Warren	0	0	0	0	0	0	3	0	3	3	0	3
Washington	1	0	1	3	0	3	10	2	12	14	2	16
Wayne	0	0	0	2	0	2	2	0	2	4	0	4
Westchester	8	2	10	19	0	19	9	0	9	36	2	38
Wyoming	0	0	0	0	0	0	0	0	0	0	0	0
Yates	0	0	0	2	0	2	2	0	2	4	0	4
Total	43	4	47	207	9	216	338	10	348	588	23	611

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Youthful Offenders

County	Male	Female	Total
Albany	1	0	1
Allegany	0	0	0
Broome	0	0	0
Cattaraugus	0	0	0
Cayuga	10	0	10
Chautauqua	0	0	0
Chemung	3	0	3
Chenango	4	0	4
Clinton	4	0	4
Columbia	0	0	0
Cortland	4	0	4
Delaware	2	0	2
Dutchess	4	0	4
Erie	0	0	0
Essex	0	0	0
Franklin	0	0	0
Fulton	0	0	0
Genesee	4	0	4
Greene	0	0	0
Hamilton	0	0	0
Herkimer	0	0	0
Jefferson	3	0	3
Lewis	0	0	0
Livingston	3	0	3
Madison	2	0	2
Monroe	1	0	1
Montgomery	4	2	6
Nassau	29	0	29
New York City	13	0	13
Niagara	8	0	8
Oneida	20	1	21
Onondaga	6	0	6
Ontario	3	0	3
Orange	12	0	12
Orleans	3	0	3

Oswego	3	1	4
Otsego	1	0	1
Putnam	2	0	2
Rensselaer	0	0	0
Rockland	1	0	1
St. Lawrence	0	0	0
Saratoga	12	0	12
Schenectady	2	0	2
Schoharie	0	0	0
Schuyler	1	0	1
Seneca	0	0	0
Steuben	15	0	15
Suffolk	12	0	12
Sullivan	16	0	16
Tioga	11	1	12
Tompkins	2	0	2
Ulster	0	0	0
Warren	2	0	2
Washington	10	2	12
Wayne	0	0	0
Westchester	6	0	6
Wyoming	0	0	0
Yates	2	0	2
Total	241	7	248

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	SORA Registered Offenders		
	Ages 7 - 18		
	Male	Female	Total
County			
Albany	6	0	6
Allegany	0	0	0
Broome	0	0	0
Cattaraugus	0	0	0
Cayuga	0	0	0
Chautauqua	0	0	0
Chemung	0	0	0
Chenango	0	0	0
Clinton	0	0	0
Columbia	0	0	0
Cortland	3	0	3
Delaware	0	0	0
Dutchess	0	0	0
Erie	0	0	0
Essex	0	0	0
Franklin	0	0	0
Fulton	0	0	0
Genesee	0	0	0
Greene	0	0	0
Hamilton	0	0	0
Herkimer	0	0	0
Jefferson	0	0	0
Lewis	0	0	0
Livingston	0	0	0
Madison	0	0	0
Monroe	1	0	1
Montgomery	1	0	1
Nassau	0	0	0
New York City	0	0	0
Niagara	0	0	0
Oneida	1	0	1
Onondaga	1	0	1
Ontario	0	0	0
Orange	0	1	1

Orleans	0	0	0
Oswego	1	0	1
Otsego	0	0	0
Putnam	0	0	0
Rensselaer	0	0	0
Rockland	0	0	0
St. Lawrence	1	0	1
Saratoga	0	0	0
Schenectady	0	0	0
Schoharie	0	0	0
Schuyler	0	0	0
Seneca	0	0	0
Steuben	0	0	0
Suffolk	0	0	0
Sullivan	0	0	0
Tioga	0	0	0
Tompkins	0	0	0
Ulster	0	0	0
Warren	1	0	1
Washington	0	0	0
Wayne	1	0	1
Westchester	0	0	0
Wyoming	0	0	0
Yates	0	0	0
Total	17	1	18

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2010 OPCA Juvenile Survey Results - Juvenile Sex Offenders by JO Sex Offender Offense

County	Rape 1st Degree			Crim. Sex Act 1st			Agg. Sex Abuse 1st			Kidnapping 1st			Total		
	PL 130.35			PL 130.50			PL 130.70			PL 135.25					
	M	F	Total	M	F	Total	M	F	Total	M	F	Total	M	F	Total
Albany	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Allegany	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Broome	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Cattaraugus	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Cayuga	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Chautauqua	1	0	1	1	0	1	0	0	0	0	0	0	2	0	2
Chemung	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Chenango	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Clinton	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Columbia	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Cortland	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Delaware	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Dutchess	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Erie	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Essex	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Franklin	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Fulton	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Genesee	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Greene	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Hamilton	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Herkimer	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Jefferson	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Lewis	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Livingston	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Madison	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Monroe	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Montgomery	0	0	0	0	1	1	0	0	0	0	0	0	0	1	1
Nassau	0	0	0	0	0	0	2	0	2	0	0	0	2	0	2
New York City	0	0	0	1	0	1	0	0	0	0	0	0	1	0	1
Niagara	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Oneida	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Onondaga	0	0	0	2	0	2	0	0	0	0	0	0	2	0	2
Ontario	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Orange	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Orleans	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Oswego	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Otsego	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Putnam	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Rensselaer	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Rockland	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
St. Lawrence	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Saratoga	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Schenectady	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Schoharie	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Schuyler	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Seneca	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Steuben	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Suffolk	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sullivan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Tioga	0	0	0	1	0	1	0	0	0	0	0	0	1	0	1
Tompkins	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Ulster	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Warren	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Washington	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Wayne	0	0	0	1	0	1	0	0	0	0	0	0	1	0	1
Westchester	0	0	0	2	0	2	0	0	0	0	0	0	2	0	2
Wyoming	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Yates	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	1	0	1	8	1	9	2	0	2	0	0	0	11	1	12

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County	SORA Registered Offenders By Age							
	Ages 7 - 15			Ages 16 - 18			Total 16-18	
	Male	Female	Total	Male	Female	Total	Male	Female
Albany	0	0	0	6	0	6	6	0
Allegany	0	0	0	0	0	0	0	0
Broome	0	0	0	0	0	0	0	0
Cattaraugus	0	0	0	0	0	0	0	0
Cayuga	0	0	0	0	0	0	0	0
Chautauqua	0	0	0	0	0	0	0	0
Chemung	0	0	0	0	0	0	0	0
Chenango	0	0	0	0	0	0	0	0
Clinton	0	0	0	0	0	0	0	0
Columbia	0	0	0	0	0	0	0	0
Cortland	0	0	0	3	0	3	3	0
Delaware	0	0	0	0	0	0	0	0
Dutchess	0	0	0	0	0	0	0	0
Erie	0	0	0	0	0	0	0	0
Essex	0	0	0	0	0	0	0	0
Franklin	0	0	0	0	0	0	0	0
Fulton	0	0	0	0	0	0	0	0
Genesee	0	0	0	0	0	0	0	0
Greene	0	0	0	0	0	0	0	0
Hamilton	0	0	0	0	0	0	0	0
Herkimer	0	0	0	0	0	0	0	0
Jefferson	0	0	0	0	0	0	0	0
Lewis	0	0	0	0	0	0	0	0
Livingston	0	0	0	0	0	0	0	0
Madison	0	0	0	0	0	0	0	0
Monroe	0	0	0	1	0	1	1	0
Montgomery	0	0	0	1	0	1	1	0
Nassau	0	0	0	0	0	0	0	0
New York City	0	0	0	0	0	0	0	0
Niagara	0	0	0	0	0	0	0	0
Oneida	0	0	0	1	0	1	1	0
Onondaga	0	0	0	1	0	1	1	0

Ontario	0	0	0	0	0	0	0	0
Orange	0	0	0	0	1	1	0	1
Orleans	0	0	0	0	0	0	0	0
Oswego	0	0	0	1	0	1	1	0
Otsego	0	0	0	0	0	0	0	0
Putnam	0	0	0	0	0	0	0	0
Rensselaer	0	0	0	0	0	0	0	0
Rockland	0	0	0	0	0	0	0	0
St. Lawrence	0	0	0	1	0	1	1	0
Saratoga	0	0	0	0	0	0	0	0
Schenectady	0	0	0	0	0	0	0	0
Schoharie	0	0	0	0	0	0	0	0
Schuyler	0	0	0	0	0	0	0	0
Seneca	0	0	0	0	0	0	0	0
Steuben	0	0	0	0	0	0	0	0
Suffolk	0	0	0	0	0	0	0	0
Sullivan	0	0	0	0	0	0	0	0
Tioga	0	0	0	0	0	0	0	0
Tompkins	0	0	0	0	0	0	0	0
Ulster	0	0	0	0	0	0	0	0
Warren	0	0	0	1	0	1	1	0
Washington	0	0	0	0	0	0	0	0
Wayne	1	0	1	0	0	0	1	0
Westchester	0	0	0	0	0	0	0	0
Wyoming	0	0	0	0	0	0	0	0
Yates	0	0	0	0	0	0	0	0
Total	1	0	1	16	1	17	17	1

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Appendix B

Colorado Sex Offender Management Board – Standards and Guidelines for the Evaluation, Assessment, Treatment and Supervision of Juveniles Who Have Committed Sexual Offenses

Guiding Principles

Principle # 1:

Community safety is paramount.

The highest priority of these Standards and Guidelines is community safety. Whenever the needs of juveniles who have committed sexual offenses conflict with community safety, community safety takes precedence.

Principle # 2:

Sexual offenses cause harm.

When a sexual offense is committed, there is always a victim. Research and clinical experience indicate that sexual assault can have devastating effects on the lives of victims, their families and the community. (English) The impact of sexual offenses on victims varies considerably based on numerous variables and there is potential for differing levels of harm. The long-term impact for victims of sexual abuse and/or sexual assault perpetuated by juveniles can be as damaging as when sexual offenses are perpetrated by adults. By defining the offending behavior and holding juveniles accountable, victims may potentially experience protection, support and recovery.

Principle # 3:

Safety, protection, developmental growth and the psychological well-being of victims and potential victims must be represented within the multidisciplinary team established for each juvenile who commits a sexual offense.

Systemic responses have the potential for moderating or exacerbating the impact of the offense upon victims. Research indicates that the response of family, the community and the systems that intervene influence the victim's recovery. (English)

Principle # 4:

The law defines sexual offense(s), however, there are behaviors that are not illegal, but are considered abusive. Evaluation, treatment and supervision must identify and address these issues within the continuum of care.

Sexual offending behavior occurs when there is a lack of consent, lack of equality or the presence of coercion. Laws define the equality of two participants in terms of age differences and/or one's authority over the other, but may define the differences in terms of knowledge, development or power. For juveniles to participate in non-abusive sexual behavior they must choose to participate freely, without pressure or coercion and they must have similar knowledge regarding the nature of the sexual behavior, possible consequences, and societal attitudes regarding the behavior.

Principle # 5:

The charged offense(s) may or may not be definitive of the juvenile's underlying problem(s).

There is no singular profile of juveniles who commit sexual offenses; they vary in terms of age and developmental stage, gender, culture, background, strengths and vulnerabilities, levels of risk and treatment needs. Juveniles who commit sexual offenses may engage in more than one pattern of offending and may have multiple victims.

Principle # 6:

All juveniles who have committed sexual offenses, to whom these Standards apply, must have a comprehensive sex offense specific evaluation. Those juveniles whose behavior falls under the purview of the Guidelines should have a sex offense specific evaluation.

It is also recommended that these Standards and Guidelines be utilized with juveniles and families who are seeking intervention regarding sexually abusive behavior that has been disclosed through self-report or evaluation. Following a comprehensive evaluation, such juveniles who have been adjudicated for non-sexual offenses, placed on diversion or those who are the subject of a dependency and neglect order may be included in the same programs as those developed for juveniles adjudicated for sexual offending behavior.

Principle # 7:

A multidisciplinary team will be convened for the evaluation, treatment, care and supervision of juveniles who commit sexual offenses.

The adoption of standards and guidelines is not likely to significantly improve public safety outcomes unless all agencies and parties are working cooperatively and collaboratively. Therefore, a multidisciplinary team is responsible for the supervision, treatment and care of juveniles who have committed sexual offenses.

Principle # 8:

Evaluation, ongoing assessment, treatment and behavioral monitoring of juveniles who have committed sexual offenses should be non-discriminatory, humane and bound by the rules and ethics of law.

Individuals and agencies carrying out the evaluation, assessment, treatment and behavioral monitoring of juveniles who have committed sexual offenses must not discriminate based on race, religion, gender, sexual orientation, disability or socio-economic status. Juveniles who have committed sexual offenses and their families shall be treated with dignity and respect by all members of the multidisciplinary team regardless of the nature of the juveniles' offense(s) or conduct.

Principle # 9:

Treatment, management and supervision decisions should be guided by empirical findings when research is available.

At this time, there is limited empirical data specific to juvenile sexual offending. It is expected that additional research is forthcoming which may change these Guiding Principles and Standards. In the absence of research, decisions should be made cautiously and in accordance with best practices to minimize unintended consequences.

Principle # 10:

Risk assessment of juveniles who have committed sexual offenses is necessary for the identification of issues related to community safety, treatment, family support and placement options. Progress in treatment and level of risk are not constant over time and may not be directly correlated.

The evaluation and assessment of juveniles who have committed sexual offenses is best seen as a process. Ongoing evaluation and assessment must constantly consider changes in the juvenile, family and community. To manage risk, minimize the opportunities for re-offense and support positive growth and development of juveniles, ongoing assessment should form the basis for decisions concerning restrictions and intensity of supervision, treatment and levels of care.

A juvenile's level of risk should not be based solely on the sexual offense. A complete knowledge of the history, extent, type of sexual offending and other factors is needed before risk of re-offense and risk to the community can be adequately determined.

Principle # 11:

Assessment of progress in treatment must be made on the basis of the juveniles' consistent demonstration of relevant changes in their daily functioning.

The individualized treatment plans for juveniles who have committed sexual offenses should address all needs and issues which the evaluation and assessment process has identified. Treatment plans must include goals relevant to the decreasing the risk of further sexual offending, decreasing all types of deviance and dysfunction, and increasing overall health.

Treatment plans must designate measurable outcomes that will indicate successful completion of treatment. Completion of treatment cannot be measured solely in terms of time in treatment or completion of assignments.

Principle # 12:

Decreased risk of sexual offending is likely to be most lasting when paired with increased overall health.

Many juveniles who commit sexual offenses have multiple problems and areas of risk. Research indicates that many of these juveniles are at greater risk for non-sexual re-offenses than for sexual re-offenses (Hagen, Weinrott). Assessment and treatment must address areas of strengths, risks and deficits to increase the juveniles' abilities to be successful and to decrease the risks of further abusive or criminal behaviors. Treatment plans should specifically address the risks of further sexual offending, other risks that might jeopardize safety and successful pro-social functioning. Treatment plans should also reinforce developmental and environmental assets.

Principle # 13:

Family members are an integral part of evaluation, assessment, treatment and supervision.

Family members possess invaluable information about the etiology of the problems experienced by juveniles who have committed a sex offense. Family members may be the juveniles' primary support system through the course of treatment and supervision. Cooperative involvement of family members enhances juveniles' prognoses in treatment.

Conversely, non-cooperative family members may impede juveniles' progress, necessitating the removal from, or delaying or preventing return to, their families. The families' abilities to provide

informed supervision and support positive changes are critical to providing community supervision and reducing risk re-offense.

Principle # 14:

Treatment and management decisions regarding juveniles who have committed sexual offenses should minimize caregiver disruption and maximize exposure to positive peer and adult role models.

As juveniles move through the continuum of services emphasis should be given to maintaining positive and consistent relationships. Research indicates that exposure to deviant peers (Prentky), the absence of pro-social adult role models and the disruption of caregiver relationships increase the risk of deviant development (Bagley).

Principle # 15:

A continuum of care for juvenile sex offense specific treatment and management options should be accessible in each community in this state.

Many juveniles who have committed sexual offenses can be managed in the community. In the interest of public safety, communities should have access to a continuum of care and supervision.

Generally, it is in the best interest of juveniles to grow up in the care of their families. Juveniles need to move between more or less structured settings as their ability to accept responsibility and demonstrate responsible behavior increase or decrease. When it is safe for juveniles to remain with or be returned to their families, services should be provided in the communities where their families reside.

Principle # 16:

Reunification of juveniles, with families that include children, can only occur when all children are safe and protected both emotionally and physically and the offending juveniles have demonstrated significant reduction of risk for further offending.

The abilities of parents to provide informed supervision in the home must be assessed in relation to the particular risks of the juvenile. Reunification of the juvenile with the family should occur only after the parent/caregivers can demonstrate both the ability to provide protection and support of the victim(s) and address the needs and risks of the juvenile.

Principle # 17:

Every effort should be made to avoid labeling juveniles as if their sexual offending behavior defines them.

It is imperative in understanding, treating and intervening with juveniles who commit sexual offenses to consider their sexual behavior in the context of the many formative aspects of their personal development. As juveniles grow and develop their behavior patterns and self-image constantly change. Terms such as child molester, pedophile, psychopath and predator should be used cautiously. Because identity formation is in progress during adolescence, labeling juveniles based solely on sexual offending behavior may cause potential damage to long-term pro-social development.

Principle # 18:

Aftercare services are needed to support juveniles who have committed sexual offenses in managing ongoing risks.

The final phase of assessment and treatment must address ongoing risks through the development of long-term “relapse-prevention” plans, including aftercare services. Relapse prevention plans should be carefully developed and must address static and dynamic risk factors. These plans should address the dilemmas posed by the inherent risk factors specific to the juvenile and family. A systemic approach supports the community’s investment in treatment services and the juvenile’s progress. Successful aftercare services will have a high benefit to cost ratio if they can effectively decrease the risk of re-offending.

Principle # 19:

Assignment to community supervision is a privilege and juveniles who have committed sexual offenses must be completely accountable for their behaviors.

Community supervision may occur in residential placements, group homes, foster homes, or in the juveniles’ own homes. The juvenile and parents/caregivers must understand that community safety is the highest priority. They must agree to intensive and sometimes intrusive, conditions of community supervision required to maintain the juvenile in the community while under the jurisdiction of the court. Both juveniles who have committed sexual offenses and their parents/caregivers must demonstrate accountability and compliance with informed supervision. The abilities of parents to provide informed supervision in the home must be assessed in relation to the particular risks of the juvenile.

Colorado Sex Offender Management Board Standards & Guidelines

Presentence Investigations of Juveniles Who Have Committed Sexual Offenses

- 1.100 *Each juvenile should be the subject of a presentence investigation (PSI) which shall include a sex offense specific evaluation. This report should be prepared in all cases, including those which statutorily allow for the waiver of the presentence investigation.*
- 1.110 *The presentence investigation report, including the results of the sex offense specific evaluation, shall become part of the permanent record and complete case record and shall follow the juvenile throughout the time the juvenile is under jurisdiction of the juvenile justice system.*
- 1.200 *In cases of adjudication, including plea agreements and deferred adjudications for a non-sex offense, if the instant offense has an underlying factual basis of unlawful sexual behavior, the juvenile’s case should be assigned to an investigating officer who has completed training specific to juvenile sex offending.*

Discussion: While it is preferable that charges and plea agreements reflect the sexual nature of the offense, some cases will proceed through the system without being identified primarily as a sexual offense. However, this does not eliminate the need for the juvenile to be evaluated on sexual offense information or the factual basis of the case.

1.300 *Probation officers investigating juveniles during the presentence stage should have successfully completed recommended sex offense specific training.*

1.400 *A presentence investigation (PSI) report should include the following as applicable:*

1. *Victim Impact Statement*
2. *Juvenile's statement of the offense*
3. *Juvenile justice history, criminal history*
4. *Risk Assessment*
5. *Sexual offending and abuse patterns, grooming and victim selection*
6. *Type of threat, use of coercion*
7. *Sexual and non-sexual assaultiveness pattern or history (frequency and duration)*
8. *Financial status*
9. *Leisure/recreation—activities and affiliations*
10. *Inter/intra-personal skills*
11. *Assets and coping abilities*
12. *Pertinent medical history*
13. *Disabilities (developmental, etc.)*
14. *Emotion/personal problems*
15. *Interventions including legal, academic and therapeutic (including, but not limited to: prior dependency and neglect actions, placements, type(s) and number of treatment episodes)*
16. *Officer's impressions of juvenile's attitude, orientation and amenability for supervision*
17. *Sex offense specific evaluation*
18. *Current degree of access to present, past or potential victim(s)*
19. *Placement recommendations and availability in Colorado*
20. *Potential impact of each sentencing option on the victim(s)*
21. *Restorative/reparative options*
22. *Initial case plan*
23. *Recommendations for sentencing including fees and surcharges*
24. *Recommendations for additional conditions*

1.410 *When out-of-home placement is being considered, placement evaluation information pursuant to section 19-3-701 (5), C.R.S. must also be addressed in the presentence investigation. The information source will be the DHS caseworker in most instances. Placement information shall include:*

- A. *Assessment of the juvenile's physical and mental health, developmental status, family and social history and education status*
- B. *List of recommended placements and the monthly cost of each*
- C. *Treatment plan:*
 1. *goals to be achieved by the placement*
 2. *services to be provided and by whom*
 3. *intensity of services*
 4. *duration of services*
 5. *identification of services which can only be provided in a residential setting*
 6. *recommended duration of the placement*
- D. *If a change in legal custody is being recommended:*

1. *other alternatives explored and reason for rejection*
2. *particular placements that were explored, rejected and the reasons for rejection*

E. *Required fee charges to the parent pursuant to section 19-1-115 (4)(d), C.R.S.*

1.500 *Based on the information gathered, the presentence investigation report should make recommendations concerning a juvenile's amenability to treatment and suitability for community supervision. If community supervision is recommended it should be for an initial period of two years.*

1.600 *When referring a juvenile for a sex offense specific evaluation, presentence investigators should send the following information to the evaluator, as part of the referral packet:*

1. *Police Reports*
2. *Victim Impact Statements*
3. *Child protections reports*
4. *Juvenile justice/criminal history*
5. *School records*
6. *Pertinent medical history*
7. *Relevant family history*
8. *Any available risk assessment materials*
9. *Prior evaluations and treatment reports, e.g. psychiatric, psychological*
10. *Results from objective measurements, if available*
11. *Prior supervision records, when available*
12. *Any other information requested by the evaluator*

Evaluations received by the presentence investigator that have been performed prior to an admission of guilt by the juvenile may not meet the requirements of these Standards. It is responsibility of the PSI writer to ensure all areas of information gathering and testing required by these Standards in Section 2.000 have been covered in such a way that the sex offense specific evaluation is comprehensive. The investigating officer must inform the court if an evaluation submitted to the court does not meet the SOMB Standards. The officer must then provide recommendations to resolve the outstanding issues so that the evaluation meets the requirements described in these Standards.

1.700 *During the presentence investigation (or intake interview if no presentence investigation has been conducted) the investigating officer should provide the juvenile and the family/guardian(s) with a copy of the disclosure/advisement form, complete waiver of confidentiality and request signatures on these forms.*

Discussion: The disclosure/advisement form notifies the juvenile, respondents and other concerned parties of the requirements the juvenile will have to meet in order to be granted community supervision.

SUPERVISION – COLORADO STANDARDS

Multidisciplinary Team Functions

The purpose of the multidisciplinary team is to manage and supervise the juvenile through shared information. The individualized evaluation, presentence investigation, information from all caregivers and ongoing assessments provide the basis for team decisions related to risk assessment, treatment and behavioral monitoring.

Supervision and behavioral monitoring are the collaborative and cooperative responsibilities of the multidisciplinary team. The team may include the parent/caregiver, supervising officer/agent, treatment provider, human services caseworker, polygraph examiner, other clinical professionals, school personnel and guardian ad litem.

Parents shall be advised of the multidisciplinary team's expectations including the requirements of informed supervision. Parents and caregivers are recognized as having an integral role in the juvenile's development and, ultimately, community-based stability. The team may also include extended family members, law enforcement, church leaders, peers, victim therapists, victims, coaches and employers.

Responsibilities of the Supervising Officer/Agent

The supervising officer/agent is the coordinator of the multidisciplinary team.

The primary responsibility of the supervising officer/agent is to protect the victim and community by ensuring the juvenile is in compliance with the conditions of community supervision.

Team members shall share behavioral observations with the supervising officer/agent relevant to the juvenile's current functioning and information regarding cooperation/compliance with the conditions of community supervision and safety plans. Confirmation by the supervising officer/agent that the juvenile is receiving required supervision and support from the multidisciplinary team and parents/caregivers is paramount for victim and community safety.

In addition to working closely with the multidisciplinary team, the supervising officer's approach must include working closely with parents, alternative caregivers, school staff and victim services.

The supervising officer/agent shall ensure that the juvenile and the parent/guardian have signed a waiver of confidentiality to obtain all relevant information required for the evaluation, assessment, treatment and management of the juvenile. The waiver/release must authorize the release of information to and from the mandatory members of the multidisciplinary team. Such information shall include, but is not limited to:

1. Treatment plans and progress/discharge reports from previous treatment programs and providers
2. Medical, psychiatric and psychological reports
3. School records
4. Presentence investigation report(s)

5. Child abuse investigation report(s).

Relevant information may also be received from and released to professionals working with the victim(s) of the juvenile's offense(s). The privacy associated with victims' records must be respected. Such information may be needed to resolve discrepancies in differing accounts of the offense and/or relationship.

Discussion: The juvenile and parent/guardian must be given the opportunity to give full, informed consent/assent for such waivers/releases, with the advice of legal counsel when requested, and be informed of alternative dispositions that may occur if they are willing to sign such waivers/releases. In the absence of voluntary signatures, the release of records must be ordered by the court as a condition of the juvenile being allowed to remain on community supervision.

Reference:

Colorado Sex Offender Management Board (2008). Standards and Guidelines for the Evaluation, Assessment, Treatment and Supervision of Juveniles Who Have Committed Sexual Offenses, Denver, CO.

Appendix C

Virginia Department of Juvenile Justice

In a project for the Virginia Department of Juvenile Justice, a document titled “The Effective Management of Juvenile Sex Offenders in the Community”, “Case Management Protocols” was developed in November 2002, by John A. Hunter, Ph.D. Several goals and case management goals were identified as follows:

The philosophy was articulated in manner that is consistent with a “balanced approach” in the community-based management of juvenile sexual offenders. The model places equal emphasis on three complementary intervention elements: 1) the need to maintain public safety, and protect victims from further harm; 2) the need to hold offenders accountable for their offending, and responsible for their future actions; and 3) the need to present offending youth with the opportunity to receive specialized treatment designed to reduce their risk of re-offending.

The developed case management protocols were designed to permit the systematic integration of legal supervisory and clinical interventions so as to most effectively meet the needs of individual offenders and maintain each offender in the least restrictive environment possible. It is recognized that juvenile sexual offenders represent a heterogeneous population and vary as to the nature and severity of their sexual behavior problem(s), the extent to which they manifest other psychological disorders and character disturbance, and their intervention and supervisory needs. It is also recognized that juvenile sexual offenders come from a variety of family backgrounds and are subject to an array of positive and negative peer group and cultural influences.

For those juvenile offenders placed on probation: community supervision following adjudication, the following was identified:

Goals

- Supervised juvenile sex offenders will have no further violations of the law.
- Supervised juvenile sex offenders will be fully compliant with all court orders and terms of probation.
- Supervised juvenile sex offenders will successfully complete a juvenile sex offender-specific treatment program.

Special Case Management Responsibilities Pre-Sentencing

- Refer to a certified sex offender provider for a psychosexual evaluation
- Transfer sex offender specific information to evaluating clinician, including police report, victim statements, criminal and social histories.
- Meet with youth and parents to explain purpose of psychosexual evaluation and how court will use findings in disposition decision-making. Stress the importance of cooperation.
- Ensure that “risk” and “needs” assessment has been conducted. Ideally, this includes Probation Officer making an in-home visit in conjunction with evaluating clinician or clinical team.

- Participate in post-assessment clinical case staffing devoted to evaluating the offender’s appropriateness for community-based care and developing an initial treatment plan.
- Develop comprehensive case management recommendations based on results of psychosexual and other pre-sentence evaluations. The case management recommendations should detail required legal and clinical interventions, and supervisory goals and methods. They should include a copy of the juvenile sex offender-specific treatment plan.

Formulate report to the court synthesizing the results of the pre-sentence evaluations and making recommendations for disposition. Report should address the offender’s appropriateness for community-based care, his designated level of risk for re-offending, and the case management plan. It should include an assessment of the most appropriate living environment for the youth and a description of treatment goals, objectives, and methods, and a timetable for their completion.

Virginia Post-Sentencing

- Conduct orientation session with youth and family to review court orders and terms of probation.
- Review expectations with regard to compliance with treatment program requirements. Stress the fact that probation officer and therapist will be in regular, on-going communication with one another and that treatment compliance and progress will be closely monitored and reported to the presiding judge at regularly scheduled court reviews.
- Collaboratively establish with youth, family, and therapist a monitoring/supervision plan that specifies proscribed and prohibited activities, and persons responsible for tracking and reporting compliance and effectiveness.
- Track and carefully document the youth and family’s attendance of scheduled therapy sessions, and compliance with monitoring plan and terms of probation.
- Attend major clinical case staffing. Review with therapist the youth and family’s progress in achievement of defined therapy goals. Carefully document all findings.
- Maintain collateral contact, as appropriate, with other professionals providing intervention/monitoring services or educational/vocational support. Where applicable, this should include the youth’s employer.
- Re-assess “risk” and “needs” on an interval basis—preferably every six months. Use information to evaluate adequacy of case management and treatment plans, achievement of intervention goals, and youth’s readiness for “step-down” in intensity of care.
- Submit regular formal reports to the presiding judge describing the youth’s progress in treatment, achievement of specific legal and clinical goals, and continued appropriateness for community-based care. Keep judge apprised of anticipated time to completion of treatment program. Where possible and appropriate, have above information processed in formal court reviews with youth and family in attendance.

Reference:

Hunter, J. A., (2002). *The Effective Management of Juvenile Sex Offenders in the Community*. Developed for the Virginia Department of Justice.

Appendix D – Sample School Safety Plan – Courtesy of Jefferson County Probation

School Safety Plan

The following are guidelines designed to minimize risk of a sexual re-offense in the case of a known adolescent charged/convicted with such an offense in his/her history. General principles of this plan involve not only the minimization of such risk, but they also place a high priority on sensitivity to the needs of the victim. Whenever possible it is deemed essential that the needs of the victim be placed above the concerns of the offender. This applies to such matters as transportation to and from school, placement within classes, etc. The following is not an exhaustive inventory of all things that need to be considered to promote safety. The multidisciplinary team will need to tailor safety plans for each individual school and for all individuals that are affected by the safety contract.

Important Note: Some juveniles engage in what is known as “cross over” sex offending behavior. Therefore, they may be at risk to offend against other potential victims who do not fit the juvenile’s known offense pattern. Examples would be older children, same age peers, or adults, if a juvenile’s known history has been offending against younger children. Crossover sexual offending may involve sexually abusive acts against either gender regardless of the offender’s sexual offense of record. In addition, cross over sex offenses may involve different types of sexually abusive behaviors than the sexual offense of record. Finally, cross over offending may involve offenses against either family or non-family victims regardless of offense of record.

I, _____ agree to follow the following school safety contract designed for protection in my school and school related activities. I am fully aware that following these rules is not a guarantee that the Department of Children and Family Services will not investigate or take action if a risk of harm or other abuse exists. I also recognize that some of the recommendations may not actually be a concern right now, but that they may be in the future. Finally, I realize that victim sensitivity and the safety of all students will be considered the top priority any time rules are amended, added, or deleted. Victim sensitivity and student safety are paramount.

- 1) If the student with sexual behavior problems rides a school bus, she/he will have an assigned seat by herself/himself, which will be in the front seat located diagonally across from the bus driver. The bus driver will be an informed supervisor and is aware that they are taking the role of an informed and trained supervisor. *Circle one: Applies/Does not Apply*
- 2) The student with sexual behavior problems will have informed and trained supervision at their bus stop if other students share the same bus stop. *Circle one: Applies/Does not Apply*
- 3) The student with sexual behavior problems will not wait for the school bus at the same stop as her/his victim(s). *Circle one: Applies/Does not Apply*
- 4) The student with sexual behavior problems will not ride the same bus as her/his victim(s). *Circle one: Applies/Does not Apply*
- 5) The student with sexual behavior problems will check in by (time) _____ each morning with (name of person) _____ and out at (time) _____ with (name or person) each afternoon. *Circle one: Applies/Does not Apply*
- 6) The student with sexual behavior problems will arrive and depart from school by means of: _____ *Circle one: Applies/Does not Apply*

- 7) The student with sexual behavior problems will arrive and depart from school at a designated location that will be monitored by an informed and trained supervisor. *Circle one: Applies/Does not Apply*
- 8) The student with sexual behavior problems will not be allowed to wander the hallways of the school unattended when they are to be in class. An approved school pass is required if the student with sexual behavior problems is to travel from one location of the school to another during instructional times. *Circle one: Applies/Does not Apply*
- 9) The student with sexual behavior problems is not permitted to be in the same location of any on-site day care centers. *Circle one: Applies/Does not Apply*
- 10) The student with sexual behavior problems is not to have contact with severe needs special education students. *Circle one: Applies/Does not Apply*
- 11) The student with sexual behavioral problems that is in grades K-8 will not be allowed in areas of the school that would bring them into contact with children 3 or more years their junior. *Circle one: Applies/Does not Apply*
- 12) The student with frottage problems (touching others in a sexual manner without permission) will need to have an escort from an informed and trained supervisor when traveling from one location of the school to another. *Circle one: Applies/Does not Apply*
- 13) The student with sexual behavior problems that is deemed highly impulsive will need to have an escort from an informed and trained supervisor when traveling from one location of the school to another. *Circle one: Applies/Does not Apply*
- 14) The student with sexual behavior problems that are deemed highly impulsive and/or have frottage problems will not attend school dances. *Circle one: Applies/Does not Apply*
- 15) Kindergarten through 8th grade students with sexual behavior problems should not volunteer or supervise other students that are three or more years their junior. *Circle one: Applies/Does not Apply*
- 16) High School students that have sexual behavior problems should not volunteer or supervise other students that attend middle school or grade school. *Circle one: Applies/Does not Apply*
- 17) High School students that have sexual behavior problems should not work at middle schools or grade schools. *Circle one: Applies/Does not Apply*
- 18) Middle School students that have sexual behavior problems should not work at grade schools. *Circle one: Applies/Does not Apply*
- 19) The student with sexual behavioral problems will not be allowed to be in a position of authority (e.g., crossing guard, class monitor, peer tutor, aid for younger kids, or referee for games). *Circle one: Applies/Does not Apply*
- 20) The student victim(s) and the student with sexual behavioral problems will not attend field trips together. Every effort should be made to try to make this occur. In the event that this is not possible, the students involved should attend the event, if possible, on different buses and participate in different tour groups. An informed and trained supervisor will accompany the student with sexual behavior problems on the field trip to promote safety. *Circle one: Applies/Does not Apply*
- 21) If the student with sexual behavioral problems is involved in extra- curricular activities that would require travel, an informed and trained supervisor will visually monitor the student. In most cases, the informed supervisor will be a coach or a teacher. If the informed and trained supervisor is not able to give the proper attention to the task of supervision, then the quality of supervision will be compromised and another informed and trained supervisor will be needed. *Circle one: Applies/Does not Apply*

- 22) The student with sexual behavioral problems will not be in the same classes as their victim(s). The student victim(s) should be given first priority of attending the desired class. This may not be possible in some smaller schools or rural areas. *Circle one: Applies/Does not Apply*
- 23) If the student victim(s) and the student with sexual behavior problems are in the same section of a class, they will not be paired together (e.g., lab partners, small class project groups) and will be allowed to sit in different locations to separate themselves from one another. *Circle one: Applies/Does not Apply*
- 24) The student victim(s) and the student with sexual behavior problems will not participate on the same sport teams, academic teams, or other extracurricular organizations affiliated with the school system. The student victim(s) should be given first priority of participating on the desired sport teams, academic teams, or other extracurricular organizations affiliated with the school system. *Circle one: Applies/Does not Apply*
- 25) If the student victim(s) and the student with sexual behavior problems are serving detentions or in school suspensions at the same time, they should be separated in different locations. *Circle one: Applies/Does not Apply*
- 26) The student with sexual behavior problems will attend lunch from: _____. If it is possible, the student victim(s) and the student with sexual behavior problems will have separate lunch periods. Every effort should be made to try to make this occur. In the event that this is not possible, the lunch will be visually monitored by an informed supervisor. The student with sexual behavior problems will sit separately from the victim student(s) during the lunch period. *Circle one: Applies/Does not Apply*
- 27) The student with sexual behavior problems will be required to sit separately from the student victim(s) at school assemblies, sporting events, and other school sponsored activities. *Circle one: Applies/Does not Apply*
- 28) The student with sexual behavior problems will be able to access the restrooms from (time) _____. *Circle one: Applies/Does not Apply*
- 29) An informed and trained supervisor is/is not (circle one) required for the student with sexual behavior problems to access the restroom. This informed supervisor(s) will be (name(s)) _____. *Circle one: Applies/Does not Apply*
- 30) The student victim(s) and the student with sexual behavior problems will not be in the same physical education class together nor will they share times where they would be required to shower or undress in the other's presence. *Circle one: Applies/Does not Apply*
- 31) If the student with sexual behavioral problems has problems with frottage (sexualized touch without consent or authorization), she/he will be restricted from contact sports. *Circle one: Applies/Does not Apply*
- 32) The student with sexual behavioral problems that are deemed highly impulsive will be restricted from contact sports. *Circle one: Applies/Does not Apply*
- 33) If the student with sexual behavioral problems is in a physical education or extracurricular activity that would require showering or the use of a therapeutic whirlpool, sauna, or steam room, an informed supervisor will provide visual monitoring. *Circle one: Applies/Does not Apply*
- 34) If the student with sexual behavioral problems is involved in activities that require them to change their clothing in locker rooms, an informed supervisor will be present. *Circle one: Applies/Does not Apply*
- 35) The student with sexual behavior problems may not access the inter/intra-net while on school grounds. *Circle one: Applies/Does not Apply*
- 36) A student with sexual behavior problems that drives to school will not be allowed to give car rides to other students that are not in high school. *Circle one: Applies/Does not Apply*

- 37) The student with sexual behavior problems will attend each scheduled daily class.
- 38) The student with sexual behavior problems will not attend school or any other school related events under the influence of any mind/mood altering chemicals.
- 39) The student with sexual behavior problems will not attend school or any other school related events with any materials that could be used as a weapon or is related to a weapon (e.g., knife, box cutter, mace, gun, ammunition).
- 40) The student with sexual behavior problems realize that she/he may be directed to leave special events or school if their behavior poses a risk to any person, animal or property, or of any informed supervisor or other school personnel have a reason to believe that they are violating their safety plan or other supervision or management agreement. *Circle one: Applies/Does not Apply*
- 41) The student with sexual behavior problems will follow district protocol for excused absences.
- 42) The student with sexual behavior problems will be required to comply with all terms and conditions set forth by any court, social service or other supervising agency while on school property or at any school event she/he is permitted to attend.
- 43) The student with sexual behavior problems will be able to access personnel in the building for assistance in coping with risk behavior or other support system issues. Those persons are: _____ . *Circle one: Applies/Does not Apply*
- 44) If a large student gathering occurs (e.g., play times, recess, school assemblies, etc.), there will be an adequate school staff to student ratio that will be able to provide visual monitoring of the student with sexual behavior problems.
- 45) Library materials will be scanned for sexual objectification material.
- 46) Substitute teachers must be made aware of general safety plans for the school and specific safety plans for students with sexual behavior problems.

Additional rules and/or amendments to the above mentioned school safety contract:

Possible consequences for violating this contract will include but may not be limited to the following: _____

(Student's name) _____ has read the above-mentioned contract and fully comprehend what is being asked of me. By signing this school safety contract, I understand that I am agreeing to follow all of the conditions of the above-mentioned school safety contract.

Note to school officials:

- 1) Please attach a current copy of the student's class and extracurricular activities schedule.
- 2) The school recognizes the fact that this contract, or a similar one, will need to follow the student if she/he transfers to s new school.

- 3) The school recognizes the fact that this contract will need to be updated when events in the student's life and circumstances change.
- 4) The multidisciplinary team can modify the above rules. Victim sensitivity and safety of all students will be considered top priority any time rules are amended, added, or deleted.
- 5) All participants that are affected by this contract will have immediate knowledge of any changes that are made in the above-mentioned contract.
- 6) Confidentiality of this contract is critical.
- 7) Every attempt should be made to make sure that students affected by this contract do not feel stigmatized.
- 8) Contract violations will be reported immediately to all participants that are affected by this contract.
- 9) All school personnel that are participating in this contract are aware of their Mandated Reporting Status.
- 10) Informed and trained supervisors must be willing to adhere to this contract.
- 11) An overly restrictive safety contract may be detrimental and may facilitate a negative self-fulfilling prophecy that could increase risk.
- 12) The results of a current sex offense specific evaluation/risk assessment should be used when constructing a safety contract. This will insure that the student with sexual behavior problems level of risk will match his/her appropriate level of supervision. If this important component is not taken into consideration, the safety contract may under or over supervise the student with sexual behavior problems yielding a less than adequate supervision plan.

Signatures/Dates/Work Phone Numbers Required Below:

Student

School Official

Probation Officer

Therapist

Parent/Guardian

Other

Other

Other

Contract Summary Sheet

--

Name of Student: _____

Date Completed: _____

Date to be reviewed: _____

Place an "X" in the box that is relevant for the item.

Item for Consideration	Item Applies	Item Does Not Apply
1. Seating assignment in bus		
2. Supervision at bus stop		
3. Will not wait at same bus stop with victim(s)		
4. Will not ride same bus with victim(s)		
5. Check in and checkout time procedure		
6. Transportation mode when arriving and leaving school		
7. Location when arriving and leaving school		
8. Movement procedure between locations		
9. Avoid on-site day care center		
10. No contact with severe special education students		
11. No contact with 3 years/more junior (only in k-8)		
12. Supervised movement for students with frottage problems		
13. Supervised movement for highly impulsive student		
14. Will not attend dances for highly impulsive student – frottage		
15. No volunteering with 3 years/more junior (only in k-8)		
16. No volunteering with middle/grade school (only high school students)		
17. No work at middle/grade school (only high school students)		
18. No work at grade school (only middle school students)		
19. Will not take positions of authority		
20. Not attend field trip with victim(s)		
21. Supervision for extracurricular activities travel		
22. Not in same class as victim(s)		
23. If in same class, will not be in close proximity with victim		
24. Not in same extracurricular activities as victim(s)		
25. Detention/suspension not in same location as victim(s)		
26. Different lunch than victim(s)		
27. Sit separate from victim(s) at events		
28. Restroom time schedule		

29. Restroom supervision		
30. No P.E. with victim(s)		
31. No contact sports for students with frottage problems		
32. Highly impulsive students – no contact sports		
33. Supervision – showering, whirlpool, sauna or steam room		
34. Supervision – changing clothes		
35. No Inter/intra-net		
36. No car rides for other students that are not in high school		
37. Will attend each daily scheduled class		
38. Not under the influence		
39. No weapons or weapons accessories		
40. Safety violations result in dismissal from events		
41. Will follow district protocol for excused absences		
42. Will comply with all terms and conditions set forth by any court, social service or other supervising agency when at school		
43. Contact person at school to assist with coping, etc.		
44. Supervision at large student gatherings		
45. Library materials scanned for sexual objectification material		
46. Substitute teachers aware of safety procedures		
Additional Items:		