



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

133562

**November 1990**



*The Utah Governor's Council on Juvenile Sex Offenders*

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*The Utah Governor's Council on Juvenile Sex Offenders*

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133562

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November, 1990  
Salt Lake City, Utah

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

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## **CHAPTER ONE**

### **PURPOSE OF REPORT**

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

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

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

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

## CHAPTER TWO

### DEFINITIONS

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

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

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

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

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

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

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

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

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

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

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

**Supervision:** physical control of the perpetrator.

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

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

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

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

## CHAPTER THREE

### THE DANGER OF JUVENILE SEXUAL OFFENDING

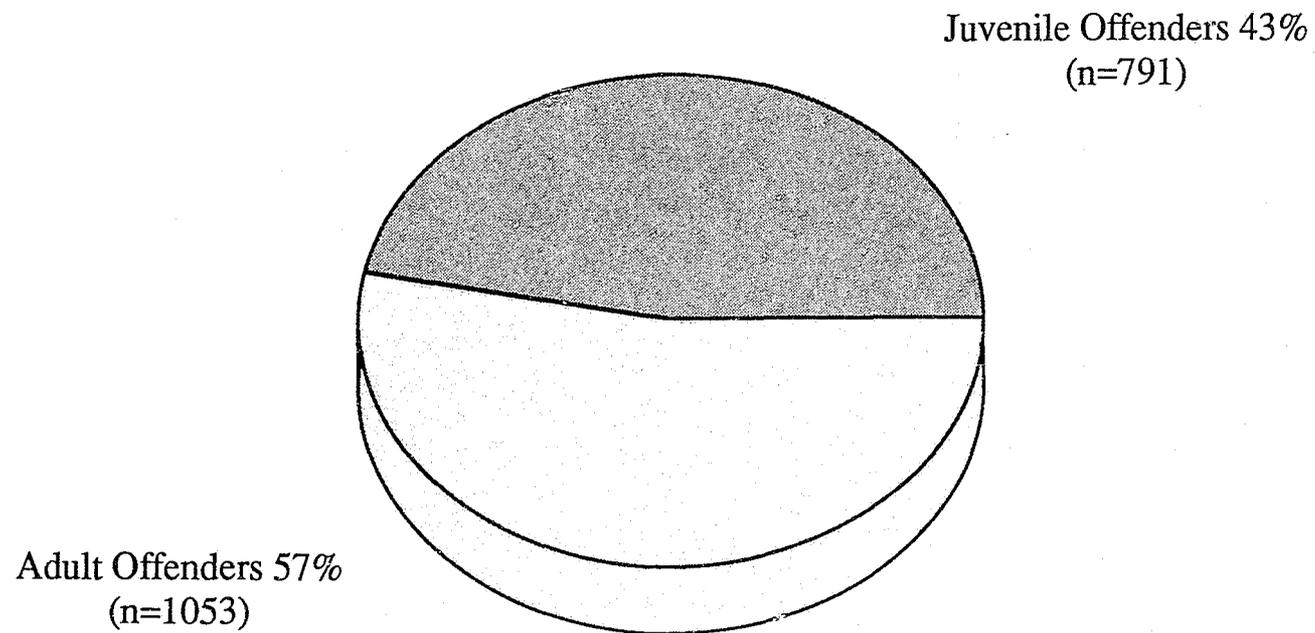
Juveniles who commit sexual offenses are a danger to our community. Harm to their victims ranges from abnormal sexualization to emotional traumatization to death from sexually related homicide. Not only does the victim suffer harm, but also his/her family. The harmful effects of sexual victimization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

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

1. Of all child sexual abuse victims, 43% were victimized by juvenile perpetrators (Department of Human Services).  
SEE CHART 3-1
2. The Juvenile Court received a 23.5% increase in referred juvenile sex offenses over the previous year (Juvenile Court).  
SEE CHART 3-2
3. Sex offenses committed by juveniles were of a serious nature. 74% of the referrals alleged a felony level offense (Ibid.).  
SEE CHART 3-3
4. The median age of juvenile sex offenders was 13 years (Ibid.).
5. Of the child sexual abuse referrals received by the Department of Human Services, 56 of the substantiated perpetrators were sexually reactive children under the age of nine; 153 were preadolescent sex offenders (ages nine through twelve); and 326 were adolescent sex offenders (ages thirteen through seventeen) (Department of Human Services).

SEE CHART 3-4

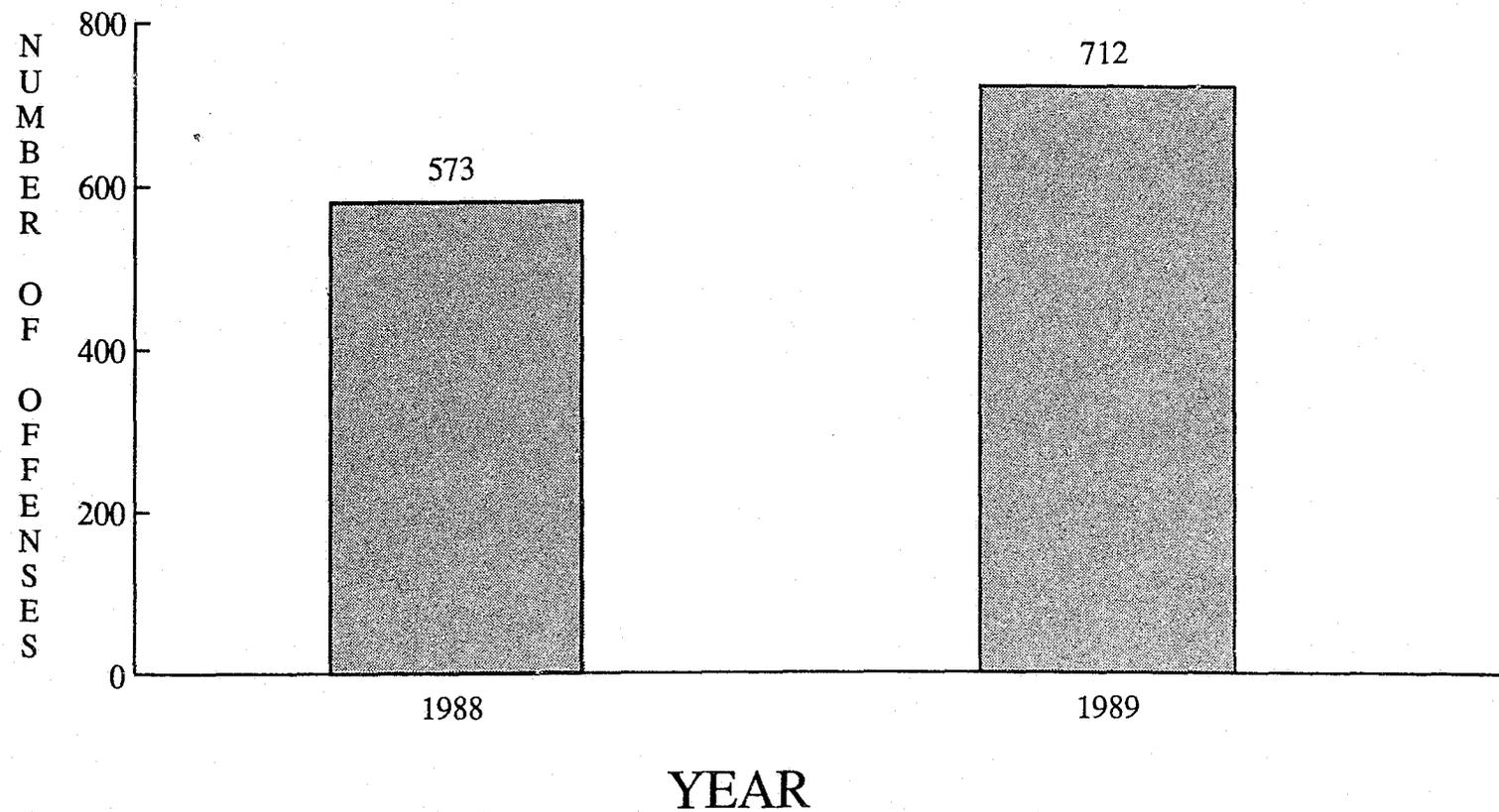
# Sexual Abuse Victims by Perpetrator Groups during 1989



43% of all victims were offended by juveniles

CHART 3.1

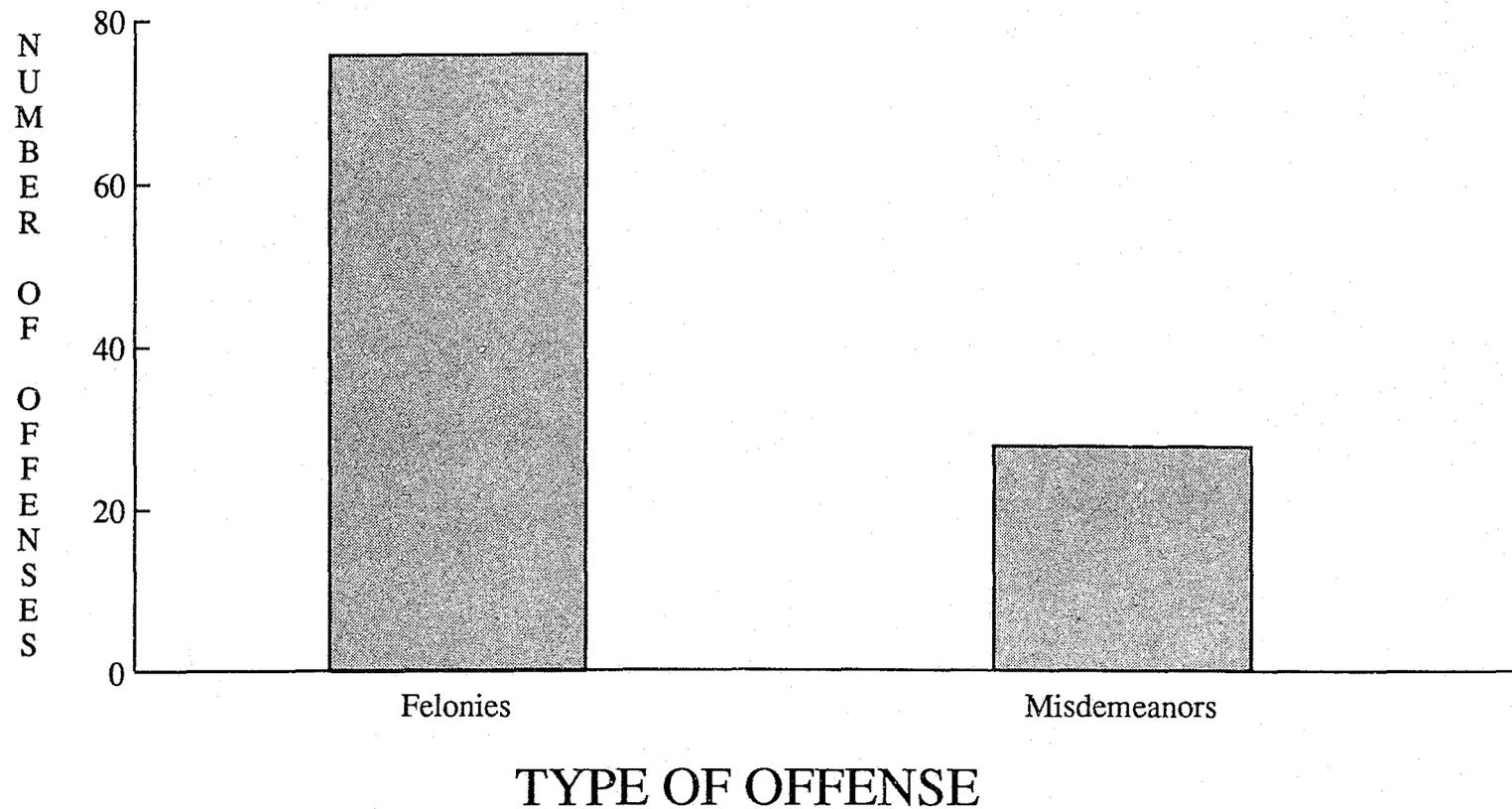
## Number of Sex Offenses Referred to Juvenile Court



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

CHART 3.2

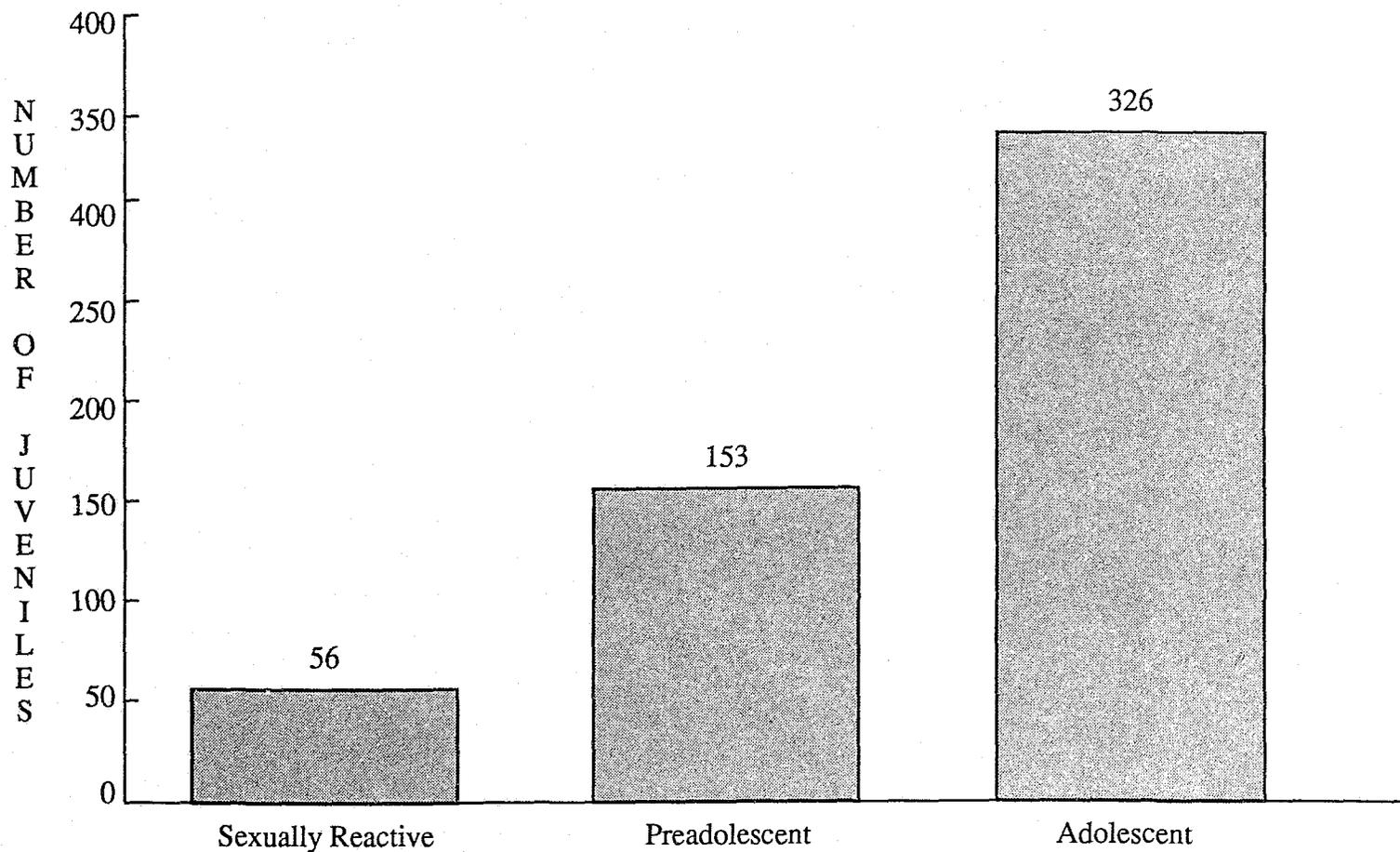
# Types of Juvenile Sex Offenses Felonies versus Misdemeanors



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

CHART 3.3

# Categories of Juvenile Sex Offenders



CATEGORIES OF JUVENILE SEX OFFENDERS

## CHAPTER FOUR

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

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

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

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

SEE CHART 4-1

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

SEE CHART 4-2

3. Victims of sexual abuse have three basic outcomes:

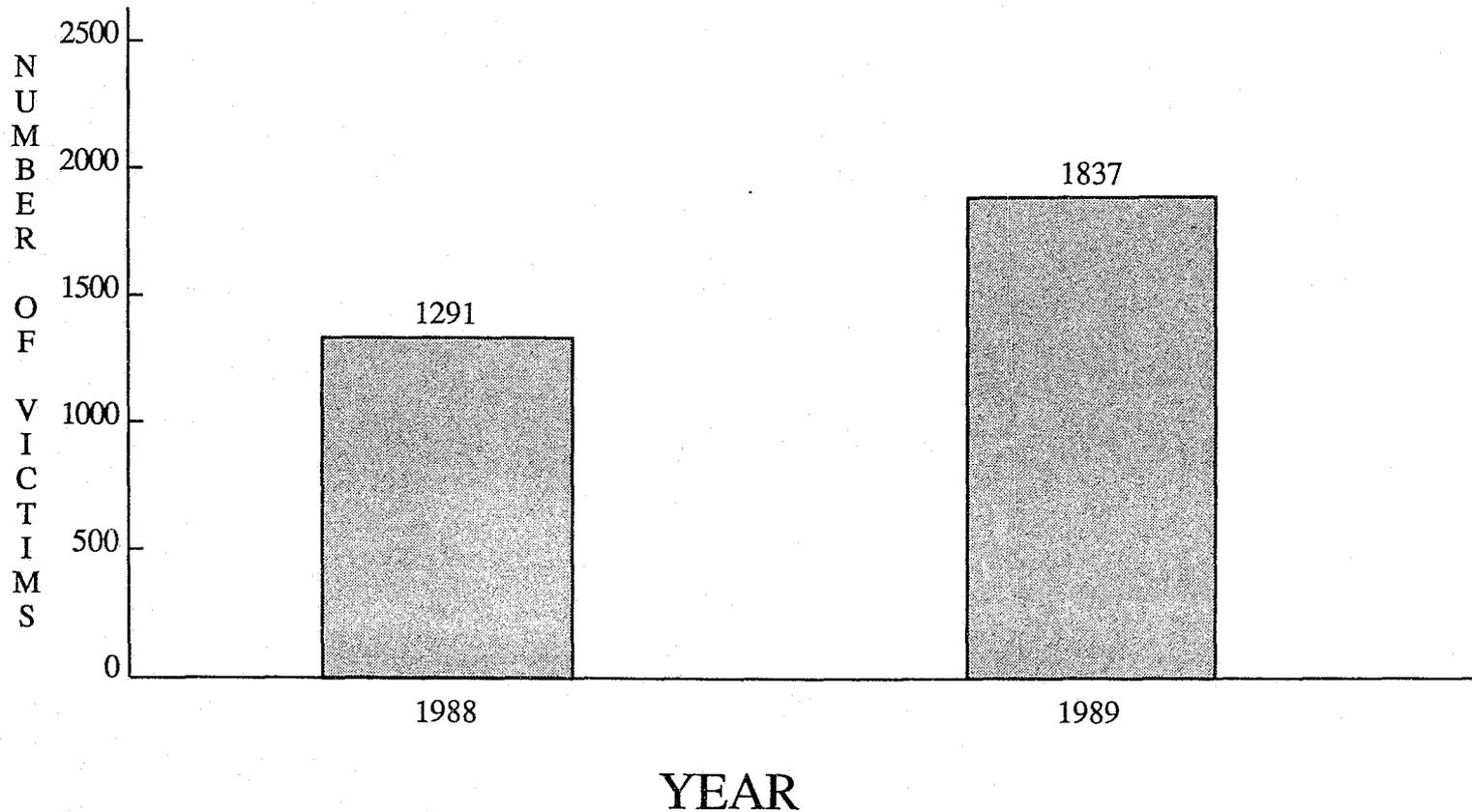
- a. They struggle through their victimization experiences, recover and find normalcy.  
- or -
- b. They develop a cycle of self victimization with chronic self destructive behaviors.  
- or -
- c. They develop a cycle of assaultive behavior against others.  
(Rasmussen et. al, 1990).

4. Research indicates sexual abuse is a learned behavior. and while not every sexually abused child becomes a sex offender, they are at increased risk of developing offending behaviors (Ryan, 1989).
5. In a recent study at the Utah State Prison, 94 to 96% of sex offenders reported they were sexually victimized as children (Department of Corrections, 1989).

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

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

## Number of Sex Offense Victims in 1988 and 1989



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

CHART 4.1

# Sexual Abuse Victim Age during 1989



1844 total victims

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

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

SEE CHART 4-3

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

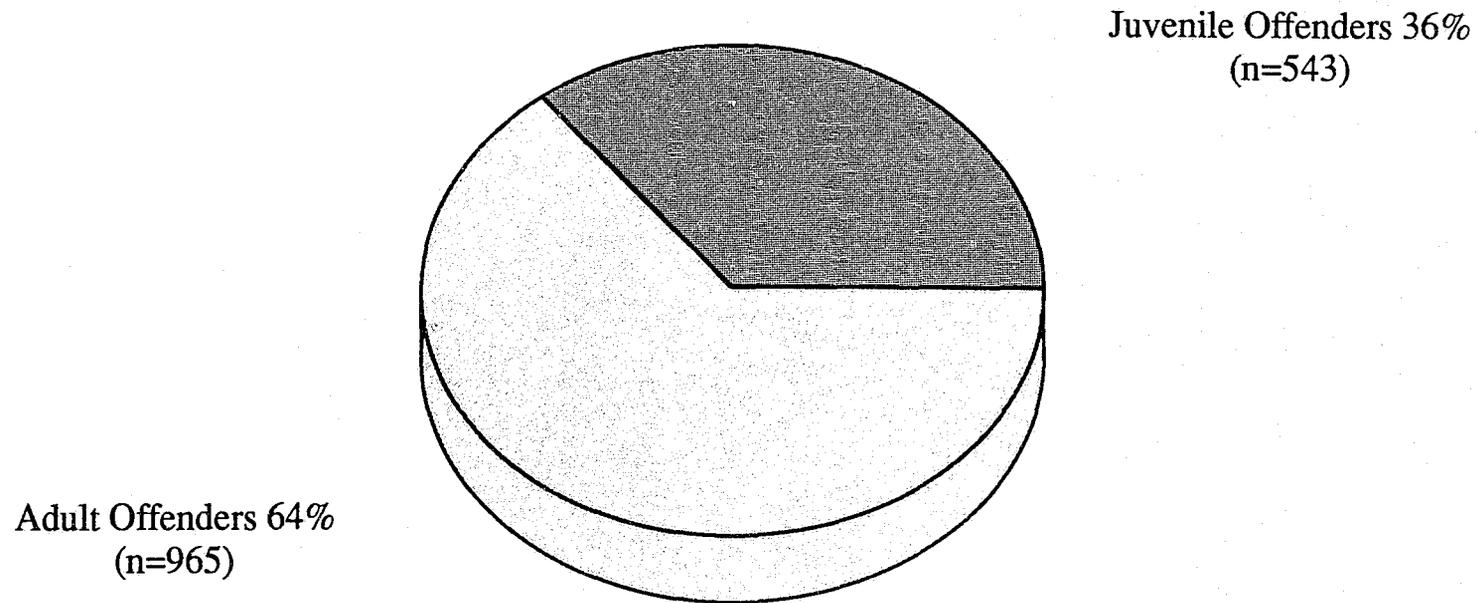
Increased numbers of referrals have intensified public demands upon the juvenile justice system to provide adequate and appropriate supervision and clinical intervention. The juvenile justice system has similar problems to the criminal justice system:

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

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

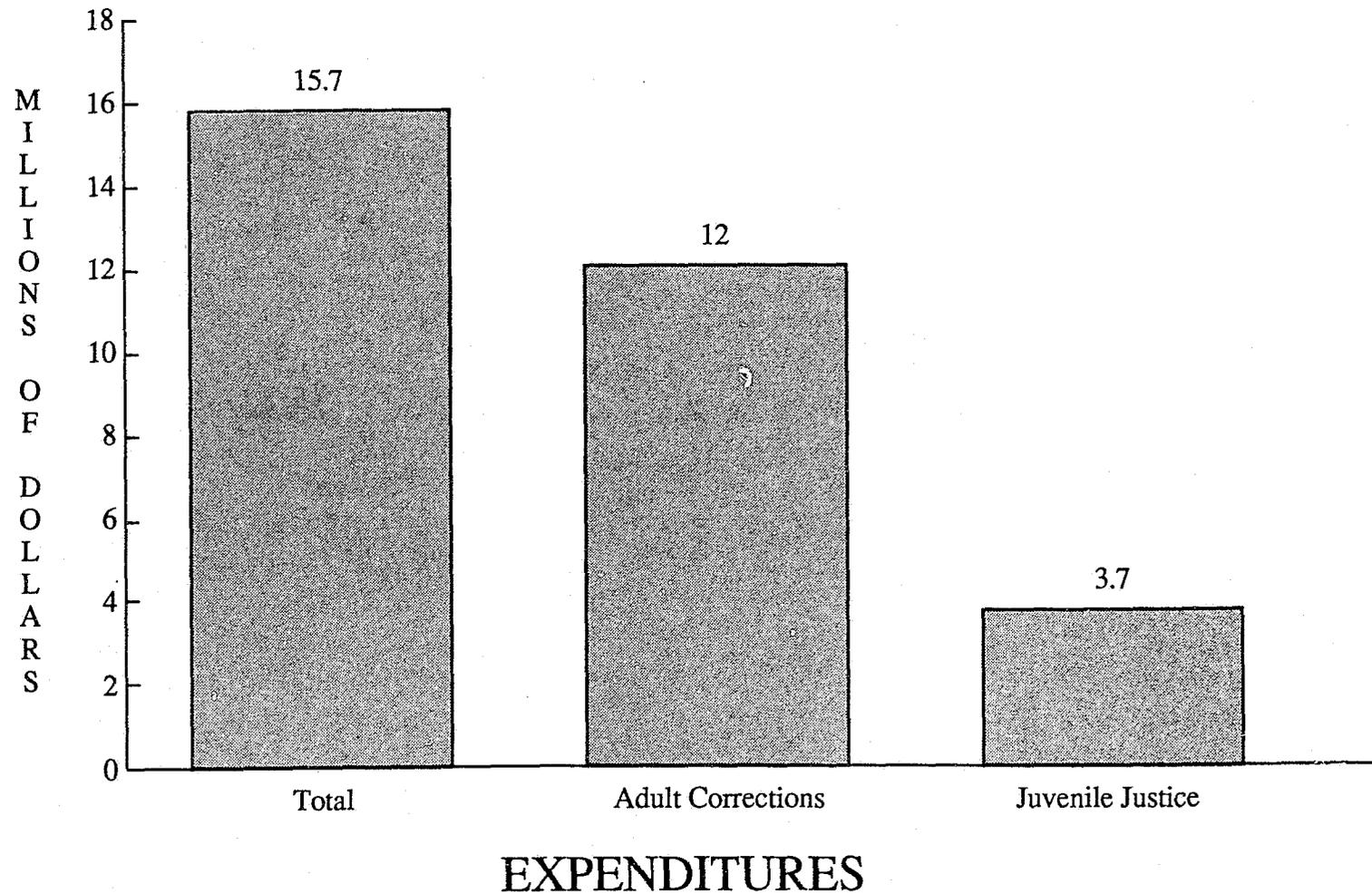
SEE CHART 4-4

# Juvenile and Adult Sexual Abuse Perpetrators during 1989



1508 total perpetrators

# Expenditures on Sex Offenders



Estimated by Utah Network in Juveniles  
Offending Sexually

CHART 4.4

## **CHAPTER FIVE**

### **UTAH'S SEXUAL ABUSE ISSUES**

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

## **CHAPTER SIX**

### **UTAH'S JUVENILE JUSTICE ISSUES**

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

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

**GOAL OF PROPOSED PLAN:**

Provide community protection from juvenile sex offenders.

**OBJECTIVES:**

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

**METHODS:**

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

## PRELIMINARY RECOMMENDATIONS

### Section 1. Designation of Juvenile Sex Offender Populations

Juvenile sex offenders should be classified into the following categories:

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

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

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

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

**Preadjudication:**

Juvenile Court Intake Processing:

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

**Post Adjudication:**

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

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

SEE CHART 7-1

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

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

SEE CHART 7-2

# AGENCY POPULATIONS Juveniles Offending Sexually

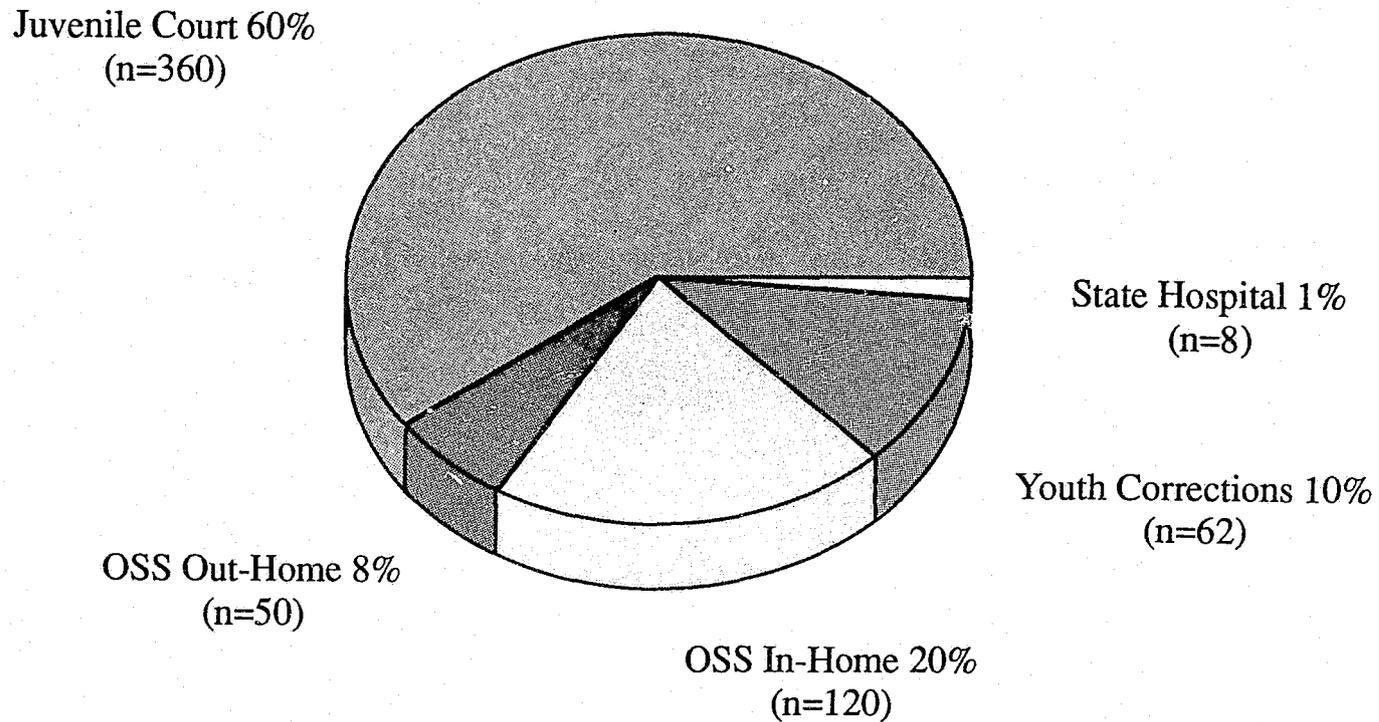
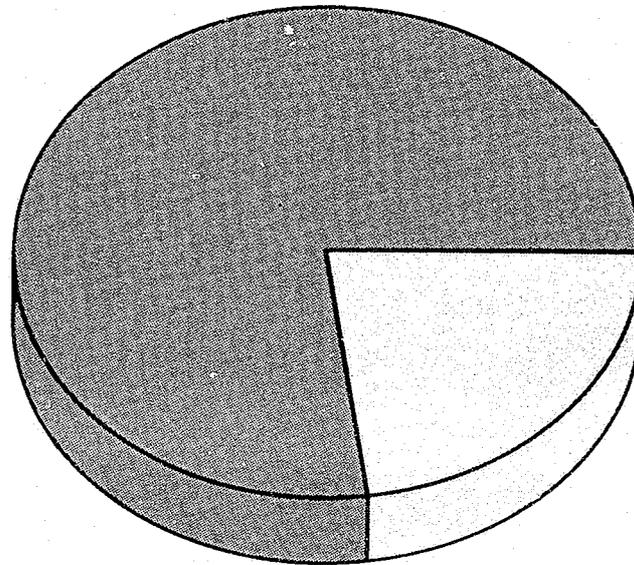


CHART 7.1

# TYPES OF PLACEMENTS Juveniles Offending Sexually

IN HOME 80%  
(n=480)



OUT OF HOME 20%  
(n=120)

**Types of Juvenile Sex Offenders/Agency Responsibility**

In Home Placements

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

SEE CHART 7-3

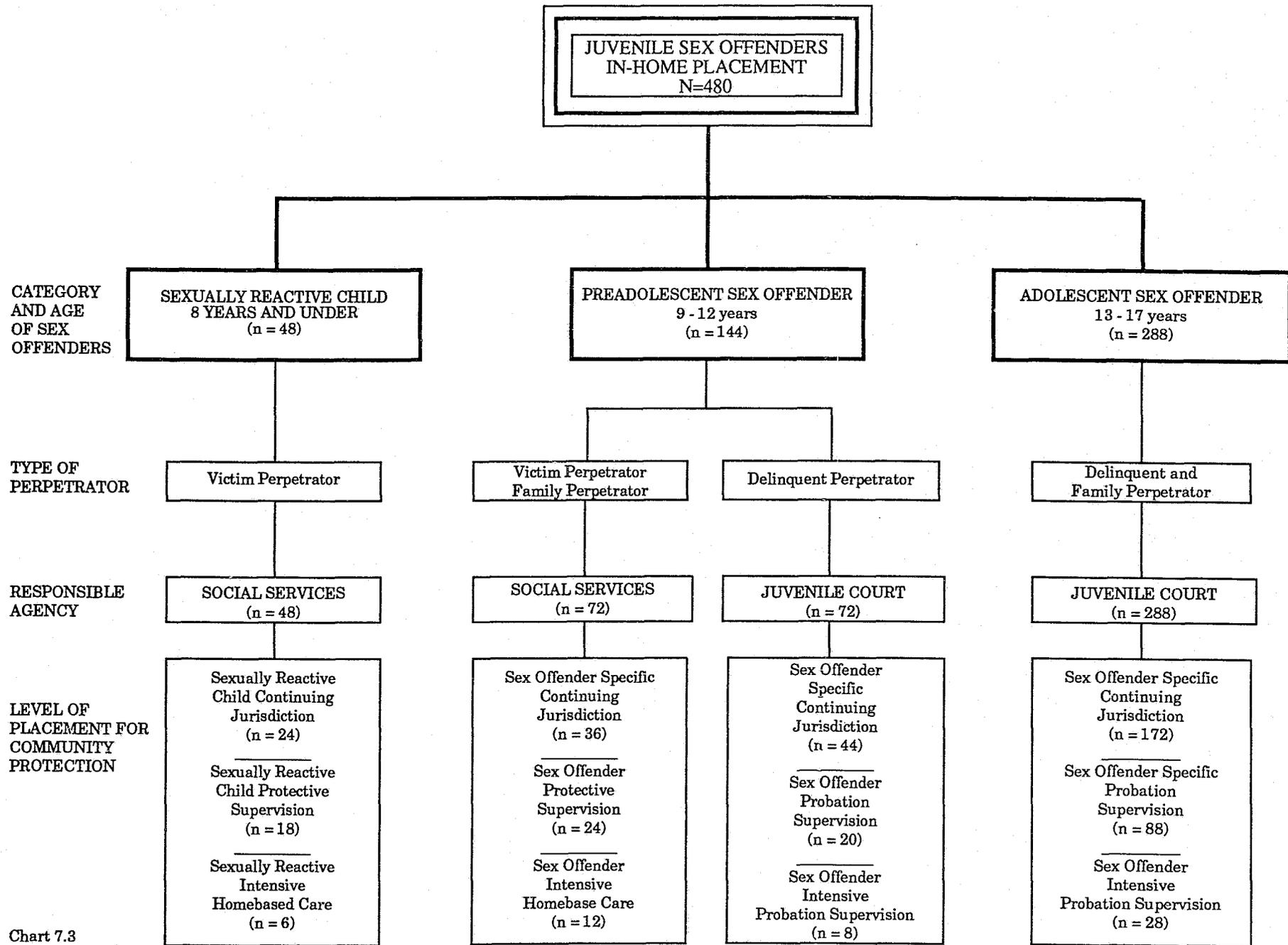


Chart 7.3

Out of Home Placements

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

SEE CHART 7-4



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

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

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

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

**In Home Placements:**

Level 1:

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

Court orders:

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

Level 2:

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

Court orders:

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

Level 3:

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

Court orders:

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

**Out of Home Placements:**

**Level 4:**

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

**Court orders:**

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

**Level 5:**

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

**Court orders:**

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

**Level 6:**

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

**Court orders:**

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

**Level 7:**

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

**Court orders:**

1. Youth Corrections sex offender specific secure custody

**Level 8:**

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

**Court orders:**

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

**Section 4. Uniform Risk Assessment**

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

Levels of Assessment:

Level 1:	Type of Assessment:	Juvenile Court sex offender specific
	Responsible Professional:	Juvenile Court intake officer
	When:	Intake process
Level 2:	Type of Assessment:	Corroborative
	Responsible Professional:	Sex offender specific clinicians
	When:	After Level 1, if more information is needed
Level 3:	Type of Assessment:	Sex offender specific psychological
	Responsible Professional:	Psychologist with sex offender specific expertise
	When:	After Level 1, if more information is needed
Level 4:	Type of Assessment:	Plethysmography
	Responsible Professional:	Sex offender specific clinician
	When:	After Levels 1, 2 or 3, if more information is needed
Level 5:	Type of Assessment:	Residential / Semi-Secure
	Responsible Professional:	Youth Corrections
	When:	After Levels 1, 2 or 3 or 4, if more information is needed

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

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

**RISK MANAGEMENT  
COMMUNITY PROTECTION PLACEMENT GUIDELINE**

Name of Juvenile: \_\_\_\_\_ Date of Assessment: \_\_\_\_\_

Custodian as evaluated: \_\_\_\_\_ Name of Evaluator: \_\_\_\_\_

Office: \_\_\_\_\_

**CURRENT OFFENSE**

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

**HISTORY**

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

**SUPERVISION**

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

**JUVENILE'S COMPLIANCE TO SUPERVISION**

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

**CLINICAL IMPLICATIONS**

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

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

Above categories have a+2 margin by evaluators

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

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

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

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

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

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

**Section 8. Juvenile Justice Sex Offender Units**

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

**Designation of Sex Offender Units:**

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

**Composition of Sex Offender Unit:**

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

**Duties of Sex Offender Unit:**

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

**Section 9. Legislative Funding for Required Placements and Staffing**

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

**APPENDIX**

STATE OF UTAH

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

CONTINUUM'S COMPONENT'S COSTS  
(estimated)

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

**JUVENILE COURT  
Expenditures for Juvenile Sex Offenders**

ESTIMATED 1989 EXPENDITURES:

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

Total Estimated 1989 Expenditures = \$242,000

**PROJECTED EXPENDITURES:**

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

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

**ESTIMATED 1989 EXPENDITURES:**

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

**PROJECTED EXPENDITURES:**

**Staff:**

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

**Custody Placements:**

Sexually Reactive Residential Treatment Center 14 beds     \$120.00/day x 365 x 14 beds =	\$613,200
Dual Diagnosis Residential Treatment Center 4 beds     \$105,00/day x 365 x 4 beds =	\$153,300
Sexually Reactive Specific Structured Family Family Perpetrators 16 beds     \$50,00/day x 365 x 10 beds =	\$292,500
Sexually Reactive Specialized Foster Care Family Perpetrators 14 beds     \$30.00/day x 365 x 14 beds =	\$153,300
Total Projected Expenditures =	\$1,645,800
<b>Total Increase in Expenditures =</b>	<b>\$227,750</b>

## DIVISION OF YOUTH CORRECTIONS Juvenile Sex Offender Expenditures

**ESTIMATED 1989 EXPENDITURES:**

**Youth Corrections Case Managers:**

40 Total Cases      20 case/worker 2 FTE x \$35,000 - \$70,000

**Custody Placements:**

Secure Facility

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

Sex Offender Specific

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

Group Home Enriched

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

**Organization Staffings/Coordinations**

\$10,000

**Total Estimated Expenditures      \$1,525,400**

**PROJECTED EXPENDITURES:**

**Sex Offender Unit**

Coordinator & Assistant \$90,000

**Case Managers**

62 cases      20 cases/workers 3.3 FTE x \$35,000 = \$115,500

**Custody Placements**

Secure Facility

10 beds      \$150.00/day x 365 days x 10 beds = \$547,500

Sex Offender Residential Treatment Center

26 beds      \$120.00/day x 365 days x 26 beds = \$1,138,800

Duel Diagnosis Residential Treatment Center

6 beds      \$105.00/day x 365 days x 6 beds = \$229,950

Sex Offender Specific Group Home

6 beds      \$65.00/day x 365 days x 6 beds = \$142,350

Sex Offender Specific Structured Family

8 beds      \$50.00/day x 365 days x 8 beds = \$146,000

Sex Offender Specific Proctor

6 beds      \$30.00/day x 365 days x 6 beds = \$65,700



## LEVELS OF ASSESSMENT

LEVEL I  
Juvenile Court Intake  
and  
Staffing  
\$\$ Calculated in Juvenile Court Budget

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

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

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

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

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

## LEVELS OF SUPERVISION AND CLINICAL INTERVENTION

### COSTS PER PLACEMENT

STATE HOSPITAL  
JUVENILE SEX OFFENDER UNIT  
\$180.00/day

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

SEX OFFENDER SPECIFIC  
RESIDENTIAL TREATMENT CENTER  
\$120.00/day

DUAL DIAGNOSIS  
RESIDENTIAL TREATMENT CENTER  
\$105.00/day

SEX OFFENDER SPECIFIC GROUP HOME  
\$65.00/day

SEX OFFENDER SPECIFIC STRUCTURED FAMILY HOME  
\$50.00/day

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

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

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

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

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

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

## BIBLIOGRAPHY

- Abel, G. G., Rouleau, J. & Cunningham-Rathner, J. (1986). Sexually aggressive behavior. In: W. Curran, A. L. McGarry, & S. A. Shah (Eds.) **Modern legal psychiatry and psychology**. Philadelphia: F. A. Davis.
- Groth, A. N., Longo, R.E., & McFadin, J.B. (1982). Undetected recidivism among rapists and child molesters. **Crime and Delinquency**, 128, 450-458.
- National Adolescent Perpetrator Network. (1988). Preliminary report from the National Task Force on Juvenile Sexual Offending. **Juvenile and Family Court Journal**, 39(2), 5-67.
- Rasmussen, L. A., Burton, J. E., & Christopherson, B. J., (1990, October). Interrupting precursors to perpetration in males ages four to twelve. **Proceedings of the Fifth Annual Training Conference on the Treatment of Juvenile Sex Offenders**. Albany, N.Y.
- Rasmussen, L. A. & Dibble, A., (research committee), The Utah Task Force of the Utah Network on Juveniles Offending Sexually. (1989, March). **The Utah report on juveniles sex offenders**. Salt Lake City, UT.: The Utah Network on Juveniles Offending Sexually.
- Ryan, G. (1989, September). Victim to victimizer: Re-thinking victim treatment. **Journal of Interpersonal Violence**, 4(3), 325-341.
- Stickrod, A. & Ryan G. (1987, January). Identifying the young sexual abuse perpetrator. **Interchange**, pp. 10-12.
- Utah Department of Corrections, Research and Planning (1989). Statistics regarding adult sex offenders.
- Utah Department of Human Services, (1989). **Child Abuse Registry**.
- Utah Juvenile Court, (1989). **Data Information System**.
- Utah Network on Juveniles Offending Sexually, (1990). Statistics regarding juvenile sex offenders and estimated expenditures on juvenile sex offender supervision and clinical intervention.