Coming Home

Transitioning Juvenile Sex Offenders from Corrections & Treatment to the Community

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Juvenile Sex Offenders

Juvenile sex offenders are defined as a person between the ages of 10 and 17 years old. Juvenile victims are under the age of 18.
Definition of Sexual Abuse

Unwanted sexual contact between two or more adults/minors

Any sexual contact between two minors with a large age difference

Sexual contact between an adult and a minor

Contact initiated by youth towards an adult
Criminal Sex Laws

**Fifth Degree** – Guilty if the person:
Engages in nonconsensual physical contact
Or
If the person displays lewd exhibition of genitals with a minor present

(Minnesota State Laws)
Criminal Sex Laws

Fourth Degree
The complainant is under thirteen years of age and actor is no more than thirty-six months older. These charges typically involve a victim who was unable to consent or vulnerable. Statutory rape cases will usually fall into this category.
Criminal Sex Laws

Third Degree
Similar to first degree in that it requires sexual penetration, but charges are described as aggravated contact rather than assault resulting in injuries.
Criminal Sex Laws

Second Degree
Does not require penetration but instead sexual contact. This charge is severe in that it involves violence, force, use of a weapon, and threat of violence. Charges may also be brought on if the victim was extremely young or unable to consent.
Criminal Sex Laws

First Degree

First degree criminal sexual conduct is considered the most severe in the state of Minnesota. This charge involves penetration and also includes specific sexual contact with a victim who is under the age of 13. May also be brought up if violence, force, or any other related injuries occurred.
Victims

- Anyone and everyone can be a victim of sexual assault
- Women and girls are 6x as likely to be victims than men or boys
- 67% of all victims are under the age of 18, and more than half of these victims are under the age of 12
- One in four girls will be assaulted before the age of 18
- One in seven boys will be assaulted before the age of 18
- Statistics may be low due to low level of reports

Most sexual offenses are committed by someone the victim knows.
Reporting to Authorities

Unfortunately, many sex crimes are not reported to authorities. Various reasons for this include the following:

- Embarrassment & a sense of shame and/or guilt
- Afraid of being harmed again
- Not wanting to gain attention from the public
- Blame
Once Convicted/Adjudicated

- Courts appoint various sentences depending upon State Laws and the facts of the case
- Jail or prison, juvenile correctional facility
- Treatment – inpatient or outpatient
- Community supervision
- Release with parole or no supervision
No Such Thing as a Typical Offender

- Male & female
- Young & old
- Married & single
- Educated & uneducated
- Prior criminal offenses or a clean record
- Wealthy or poor
- Any race or ethnicity
- Reasons for offense will vary, as will what interventions are required to help the offender
- No single factor can explain why someone offends sexually
Risk Factors for Sexual Offending

- Adjustment difficulties
  - Substance abuse, emotional problems, family instability
- Some offenders were previously victimized themselves, but most victims do not offend
- Developmental Changes that may occur during adolescence
  - Cognitive, moral, emotional, physical, sexual, personality
- Sexual preoccupation, compulsivity, deviant arousal
- Social isolation
- Pro-offending attitudes
Juvenile vs. Adult Offenders

- Sexual interests
- Brain development (not complete in adolescence)
- Impulsive behavior
- Family and peers influenced more heavily
- Social competency
- Less chance of recidivism
- Antisocial values less common
Juvenile Sex Offenders

Juvenile sex offenders make up roughly 20% of those arrested for sex offenses. More than 90% are male. Majority of juveniles who are charged for committing sex offenses do not commit more crimes. Juveniles who go to treatment are even less likely to commit more sex offenses. Supervision allows for support of the juveniles. Case managers can help with coping mechanisms, reaching out to schools, family and community members, and working with those who are responsible for juvenile offenders.
Recidivism Findings for Juveniles

- Rates are lower than adult sex offenders
- Lower sexual recidivism more common
- Non-sexual recidivism more likely
- Comprehensive approach to sex offender management is helpful
It Takes All of Us!

Defining the Comprehensive Approach to Sex Offender Management (Continued)

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

Fundamental Principles:
1. Victim-Centered Approach
2. Specialized Knowledge/Training
3. Public Education
4. Monitoring and Evaluation
5. Collaboration
Important Assessment Data Points

- Level of risk
- Mental health
- Cognitive functioning
- School performance
- Substance Abuse
- Parent/guardian/caregiver capacity
- Violence in the home
- Influences (peers or family)
- Access to victims
Treatment

• Sex offender specific treatment is an effective tool for preventing future victimization

• Differs from other mental health treatment

• Involves collaboration with professionals involved in sex offender management

• Balances safety of community with the offenders privacy
The Denying Sex Offender

• Denial is common among sex offenders, but admittance is vital to treatment

• Sex offenders who do not admit at some point cannot be treated

• Therefore, treatment of denial is usually necessary to make a client ready for sex offender treatment
Methods For Assessment

• **ERASOR – Estimate of Risk of Adolescent Sexual Offense Recidivism**
  This is a tool used by clinicians to assess whether or not a juvenile has a short term risk of re-offense. Used on offenders ages 12-18.

• **JSOAP II – Juvenile Sex Offender Assessment Protocol**
  This tool was designed to be used with boys ages 12-18 who have a history of sexually offending.

• **SOS NPRS – Sex Offense-Specific Treatment Needs & Progress Scale**
  This is a progress scale for youth who are going through treatment.
Reentry Aftercare Plan

- Treatment needs specialized for specific individual
- Educational needs
- Mental & emotional health
- Independent living skills
- Healthcare
- Community supervision & concerns
- Family & friend concerns
- Communication
- Using skills learned in treatment settings
- Positive reinforcement
- **COLLABORATION!**
Reunification

• Victim safety
• Initiation of process
• Gradual & preplanned
  - Home placement
  - Treatment
  - Supervised contact
  - Family supervision
  - Returning home
• Flexibility & collaboration
Registration

- Helps law enforcement to identify information about convicted sex offenders
- Allows for citizens to find information about registered sex offenders
- Some will have to register for ten years, while others may have to for life
- Community notification allows for community members to have access to information about sex offenders in the area. The level of risk an offender presents will affect how the community is notified.
Many offenders are able to live within a community with the proper supervision and treatment.

**Conditions of Supervision:**
- No contact or limited contact
- Limited or no internet access
- Restrictions (work, living, etc.)
- GPS (typically high risk, as this approach is costly)
- Treatment/therapy
Continuity of Programming Services

- Services should build upon previous programs
- Avoiding delays is absolutely critical
  - Appointments should be scheduled before release
- **All staff must work together**
- Making plans for reentry right after intake is crucial
- Early assessment
- Anticipate needs
Factors to Consider

- Behavior
- Risk level
- Safety of community
- Responsibility of youth
- Structure and support from parents/guardians
- Support network from community members
- Compliance
Challenges

- Limited placement options
- Requests from family
- Expectations of child welfare
- Large caseloads
- Limited long-term help from agencies involved
Management

• Engage legislators to promote policies
• Stable living situation
• Engage the public
• Investing in successful methods
• Assessment process that is continuous and effective
• Re-assess needs on a regular basis
• Meet with family members/therapist/peers to discuss particular needs
• Compliant with court orders and prevention planning
Conclusion

Defining the Comprehensive Approach to Sex Offender Management (Continued)

- Investigation, Adjudication, and Disposition
- Community Notification
- Registration
- Supervision
- Reentry
- Assessment
- Treatment
- Monitoring and Evaluation
- Public Education
- Specialized Knowledge/Training
- Victim-Centered Approach
- Collaboration

Fundamental Principles:
1. Victim-Centered Approach
2. Specialized Knowledge/Training
3. Public Education
4. Monitoring and Evaluation
5. Collaboration
Conclusion Continued..

- Everyone plays an important role
- Ongoing process
- Collaboration
- Informed decision making
THANK YOU!

We appreciate your attendance and hope that you were able to learn some valuable information!
Sources

- Minnesota State Laws
- CSOM - Center for Sex Offender Management: Fact Sheet. What You Need to Know About Sex Offenders.
  (www.csom.org)
- Association for the Treatment of Sexual Abusers (ATSA)
  (www.atsa.com)
- National Adolescent Perpetrators Network (NAPN)
- Office of Juvenile Justice and Delinquency Prevention (OJJDP)
- National Council of Juvenile and Family Court Judges (NCJFCJ)
- National Center on Sexual Behavior of Youth (NCSBY)
  (www.ncsby.org)