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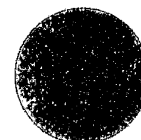

FAMILY CENTERED CASE MANAGEMENT WITH SEXUALLY AGGRESSIVE YOUTH

Final report of the Sexually Aggressive Youth Project

112383

REGION 3
DIVISION OF CHILDREN, YOUTH & FAMILY SERVICES

JULY 31, 1987

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FAMILY CENTERED CASE MANAGEMENT WITH SEXUALLY AGGRESSIVE YOUTH

REGION III

Division of Children, Youth and Family Services

Department of Social and Health Services

State of Washington

July 31, 1987

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EXECUTIVE SUMMARY

In January 1986 the Division of Children and Family Services Region III identified sexually aggressive children as presenting a major problem for case management and out-of-home placement policy and practice. A committee was organized with the following tasks assigned: (a) to develop an issues paper; (b) prepare definitions of sexually aggressive behaviors; (c) make recommendations regarding local placement issues and policy related to case management; and (d) define liability issues.

Throughout the spring of 1986 the committee began research and study. A case study (data collection) instrument was developed and utilized in gathering information from 42 cases region-wide. Local office practice and experience was reviewed and documented along with certain community characteristics including, for example, prosecutinal standards, treatment resources and methods. By the fall of 1986 the committee had developed a working definition of sexually aggressive youth, defined certain liability issues, and proposed some specific changes in both case management practice and policy consistent with research findings and current literature. These findings were presented in a written report.

Early indications from the committee's work suggested that there was considerable need to improve caseworker's ability to consistently assess the sexually aggressive youth's risk to re-offend. The need to appropriately assess risk was most evident as it related to decisions to place children out of home or to pursue case management activities while enabling the child to remain in the home. Further, there was clearly a need to develop a consistent basis from which to identify children who were exhibiting sexually aggressive behavior, particularly as this applied to the pre-adolescent child.

The initial findings and recommendations from the committee were endorsed by regional administration. The committee went forward with the added task of developing and implementing a staff training project and also collected post-training data to consider the effect of training and to add further to the overall case sample. The one-day training was presented to 158 caseworkers, supervisors and managers in small groups of fifteen to twenty-five participants. The training included a review of relevant literature, values clarification, and case management techniques. Treatment methods were also reviewed including family systems theory but including behavioral, cognitive and social skills training, as well as sex education components. The committee had also developed practice tools including a Risk Assessment Protocol and an out-of-home placement planning form. These

tools were introduced in training and applied to case examples through group exercise.

After staff training, two members of the committee were designated as consultants to caseworkers and supervisors for cases involving sexually aggressive youth. Post-training data collection continued through June 1987 and provided some positive results in terms of change in casework practice and identification of sexually aggressive children.

The most striking feature in post-training results was found in the reduction of out-of-home placements. While the overall placement rate went down by 13.7 percent, two local offices experienced in excess of a 30 percent reduction in placement rates. In light of both agency and legislative intent to keep families intact, this result has significant implications for statewide consideration. The other finding of major importance was the increased identification of younger aged children described as exhibiting sexually aggressive behaviors. Given the prevailing belief that early intervention is critical in terms of successful remediation and protection of potential victims, caseworkers improved ability to identify the sexually aggressive child takes on added importance.

Other findings related to a variety of demographic features served to add both qualitatively and

quantitatively to the body of research and clinical information useful to both the caseworker and public agency administration. However, like many research projects, developing and demonstrating an effective intervention is only the first step in considering future directions. It is unlikely that the gains demonstrated will be sustained without an ongoing commitment of time and resources for these youth.

ABSTRACT

An 18-month study of sexually aggressive youth in a five county region in Washington State examined data on 25 variables including demographics, type of offense, risk assessment and case management practices with children served by the Division of Children, Youth and Family Services of the Department of Social and Health Services. Sexually aggressive youth are defined as children who engage in coercive sexual behaviors with other children. The survey population included adjudicated and non-adjudicated children receiving services from programs provided by the agency. The staff training and regional case consultation components of the project contributed to increased consistency and more comprehensive case management practices. The project identified many pre-adolescent sexually aggressive children. A high rate of victimization among the child perpetrators and factors related to sexually aggressive behavior were also identified. The importance of early intervention with children evidencing sexual behavior disturbances utilizing family centered practices was emphasized. Problems related to resource deficits and policies and practices within the agency are identified, together with recommendations for changes to improve agency practices.

FAMILY CENTERED CASE MANAGEMENT

WITH SEXUALLY AGGRESSIVE YOUTH

Final Report: Region III S.A.Y. Project

July 31, 1987

This is a summary report of findings and recommendations regarding Family Centered Case Management with Sexually Aggressive Youth (SAY). It marks the completion of an 18-month study of SAY who received services with Region 3 of the Division of Children, Youth and Family Services (CYFS), Department of Social and Health Services (DSHS), State of Washington.

The report is organized in terms of a project description and overview, and a list of case management issues and related variables which became the focus of the project. Also included is a summary of literature and research findings, data analysis, and a discussion of implications for agency policies and practices with sexually aggressive youth.

PROJECT DESCRIPTION

Background

In January, 1986, a statewide survey of casework supervisors in CYFS identified service provision to dependent offenders, particularly juvenile sex offenders, as a major problem. These cases were reported to present difficulties in terms of the intensive casework required, a lack of adequate treatment and placement resources, foster parent and casework staff fears concerning recidivism, and the highly specialized knowledge required to ensure appropriate case plan decisions.

In response to this perceived area of need, a work group was established to identify issues and develop recommendations regarding case practices related to SAY youth. Project staff had the task of identifying current casework practices and problems, collecting and analyzing data on the population served by the agency, and recommending changes in regional policies and service delivery practices with these youth.

Baseline Study Groups

Caseworkers and supervisors in Region 3 were asked to identify all CYFS clients receiving casework services during the previous calendar year who had been identified

as exhibiting sexually aggressive behavior. Criteria utilized to describe sexually aggressive behavior included sexual contact as touching of genitals or intercourse. Aggression was defined as physical force used to accomplish the act. Coercion utilizing direct or implied threat to accomplish sexual contact/penetration or to prevent report was included in the construct definition of aggression. Coercion could also be implied by inequality in physical size, age differential, developmental sophistication, or deception.

After screening, 42 children were identified for inclusion in the study. The referrals came from a five county region encompassing urban, suburban and rural areas of the state. Twelve cases were referred but not included because of a lack of evidence of a coercive or exploitive component of the youth's behavior.

Data Collection, Case Management Issue Identification

Study instruments were designed to collect data on 25 variables in the following categories: demographics, offense and victimization issues, placement and case planning decisions, perceived level of risk for re-offense, and legal and case status for each identified SAY.

Project staff examined case records and conducted interviews with the assigned caseworkers to supplement information from the case files. Agency supervisors,

managers and administrators were interviewed to identify areas of concern related to current policies and practices, both region-wide and within each local office.

Literature Search

Literature was reviewed in the topic areas of sexually aggressive youth, adolescent sex offenders, evaluation and treatment of SAY, family dynamics as related to sexually aggressive behavior by children, case management models, risk assessment with SAY and their families, normative and deviant child sexuality and victim trauma.

Articles were identified through a computerized search for published articles related to adolescent sex offenders and their families. Also reviewed were books and papers authored by recognized authorities in the field of sexual abuse and sex offending behaviors, studies of normative and deviant child sexuality and notes from project staff who had attended professional conferences and trainings.

The local treatment community provided many unpublished monographs and study findings related to assessment and treatment of SAY, along with examples of evaluation and treatment models currently in use. The Snohomish County Juvenile Court Adolescent Sex Offender Treatment Program provided demographic, prosecution and treatment data related to their work with adjudicated offenders. The University of Washington provided copies of

monographs related to work with families of juvenile offenders and a risk assessment protocol that was developed in the (now terminated) Juvenile Sex Offender Treatment Program.

A bibliography of information sources is listed in Appendix I.

CASE MANAGEMENT ISSUES

Service Providers

The literature clearly addresses the importance of the provision of treatment and evaluation services to SAY and their families by professionals with recognized expertise in the field. The project identified some children who were not receiving treatment for specific behavioral problems, and other who had not been formally evaluated for their sexually aggressive behavior.

Based on literature identifying components and models of family centered and behaviorally specific assessment and treatment of SAY, project staff prepared a list of criteria by which caseworkers could evaluate assessment and treatment services being provided to CYFS clients. (Refer to Appendix II.) Local providers with clinical expertise and treatment philosophies consistent with these criteria were identified as referral resources.

Casework Practices and Policies

Local office and region-wide casework practices were examined in light of the current literature. These practices included placement and reunification decisions, risk assessment, use of placement and treatment resources, and overall case planning. Practices were identified which were inconsistent across the region or which were at variance with those identified in the literature.

A review of the baseline data indicated several inconsistencies. Some low risk SAY were removed from their homes despite the fact that no potential victims resided there. Conversely, some high risk SAY remained in their homes with victims present. The rate at which children were placed out of the home varied widely from office to office. Some children identified as SAY were engaging in age appropriate normative sexual behavior. Other children had engaged in behaviors indicative of serious deviant patterns. Case planning in either case was in some instances inadequate to the childs' treatment needs. Finally, there was a wide range in caseworkers' perceptions of victim trauma, a factor which heavily influences placement and reunification decision making.

These case management issues were primary motivating factors in the decision to implement a region-wide training program for casework staff.

PROJECT INTERVENTION

Training

Project staff developed a training program which was presented to all caseworkers, supervisors and managers in the Region, as well as selected community professionals, in a series of (ten) one day trainings. Each training session was made up of groups of 15-25 participants. Training topics included an orientation to SAY literature, values clarification and education regarding normative and deviant child sexuality and risk assessment utilizing perpetrator, victim and family factors. Lastly, the training included sections on placement planning and decision making, assessing the likely level of emotional trauma to victims in different situations and case planning.

The training utilized didactic presentations, values clarification exercises, sample cases and group discussion. The goals of the training were to increase individual worker knowledge and proficiency and regional consistency in case management practices.

Post-training evaluations by participants reflected generally favorable responses to the material presented. Workers reported that the training provided practical and useful information, particularly in the areas of case planning and risk assessment. Appendix III contains the full report on the evaluation of training.

Project staff also developed a resource manual containing pertinent articles and information about SAY, guidelines, case aids, and instruments which were presented at the trainings. A copy of the training manual was provided to each local office as a reference tool.

Instruments/Case Planning Aids

Project staff developed instruments and case planning aids to assist caseworkers in risk assessment and developing appropriate case plans. These included a Risk Assessment Tool which identified risk factors and provided behavioral descriptors for the SAY, family functioning, and vulnerability of the victim. A Case Plan Decision Tree and an Out of Home Placement Planning information sheet were provided to guide caseworkers in case plan decisions. Finally, a Case Plan Matrix was developed. This matrix identified differential levels of services for families, SAY's and victims according to identified risk assessment factors. Refer to Appendix III for copies of these instruments.

Regional Consultants

To aid in implementation of the new material, two project staff were designated as Region 3 SAY consultants. They were available to caseworkers, supervisors and managers to assist in assessing risk and case plan issues,

and to provide a source of information, program support and referrals. At the conclusion of the project, one consultant was identified to provide this service on an ongoing basis. The consultants prepared interim reports from the project which identified process and consultation issues.

POST-TRAINING DATA COLLECTION AND ANALYSIS

During the six month period following completion of the staff training sessions. Caseworkers were instructed to notify the regional consultants of all newly identified SAY cases. The consultants collected data on each case, documented the presenting problem and case plan issues, and provided assistance in developing appropriate case plans. A total of 32 new cases were identified post-training.

Data from this study indicate that there are quantitative and qualitative differences between the SAY population served by CYFS and the population of adjudicated offenders identified in most of the current literature. The different characteristics of children served by the division have considerable impact in terms of agency policies and practices.

Age of SAY

Historically, SAY literature has focused on the adolescent offender (age 13 to 17), and within the juvenile justice system. This is the presumed age range in which children are held accountable. There is growing evidence that sexually aggressive behavior patterns may emerge in the pre-teen years, a concept which is supported by study findings.

For the study sample, the 6 to 12 year age range represented 19.5 percent and 34.3 percent of the pre- and post-training groups respectively. In contrast, adolescents represented 80 percent and 66 percent of the pre- and post-training groups.

TABLE I: AGE OF THE SEXUALLY AGGRESSIVE YOUTH

Age of SAY		Pre-Training	Post-Training	Combined
6 - 8	N	2	3	5
	%	4.9%	9.3%	6.8%
9 - 12	N	6	8	14
	%	14.6%	25.0%	19.2%
13 - 15	N	24	11	35
	%	58.5%	34.4%	47.9%
16 - 17	N	9	10	19
	%	22.0%	31.3%	26.1%
Total	N	41	32	73
	%	100%	100%	100%

While it is not surprising that the bulk of the study population were adolescents, the project identified children as young as age seven who had engaged in coercive sexual behavior with younger victims. By utilizing behavioral criteria, as opposed to legal definitions, CYFS caseworkers have identified a significant group of children who previously have been under-reported and underserved. Following training, caseworkers were able to discriminate between inappropriate sexual behavior and sexual behavior that was defined as deviant. Appropriate identification of deviancy as opposed to inappropriate or normative sexual behavior resulted in screening out of inappropriate referrals, and earlier identification of serious sexually aggressive behaviors in both teens and pre-teens.

Legal Status/Adjudication

The literature on adolescent offender treatment support the need for external structure and motivation for SAY and their families to engage in appropriate treatment. Historically, the provision of external structure has been the role of the juvenile courts through imposition of sanctions and court ordered treatment, either in residential facilities or on an outpatient basis. Of the study sample, however, approximately 42 percent were not charged and adjudicated.

TABLE II: LEGAL STATUS

Age of SAY		1986	1987	Combined
Charged/ Adjudicated	N	27	12	39
	%	65.9%	37.5%	53.4%
No Charges	N	11	20	31
	%	26.8%	62.5%	42.5%
No Data	N	3	0	3
	%	7.3%	0	4.1%
Total	N	41	32	373
	%	100%	100%	100%

Possible explanations for this data include the proportion of SAY identified who were below the age at which prosecution is likely to occur, the number of newly identified cases which had not yet been through the legal system, and the use of behavioral (as opposed to legal) criteria for identifying cases. Of those cases not charged, 20 percent were not prosecuted because of evidentiary problems and 30 percent were not charged due to the young age of the victim.

Many children identified as SAY who are not referred to the legal system will still require significant levels of intervention. There needs to be a broader recognition in the family courts, legislature and community at large that the non-adjudicated sexually aggressive youth is generally without adequate or appropriate resources. Current dependency statutes seldom are effective in working with the involuntary client or family. Even adjudicated youth often complete criminal court requirements prior to

successful completion of treatment. If DCFS is expected or intends to serve these youth, the question of legal structure and often the need for secure setting will need to be addressed.

Even if a youth is charged and adjudicated, frequently the charge does not reflect the actual behaviors engaged in during the sexual assault. Rape behaviors are often charged as indecent liberties. Caseworkers and treatment specialists cannot rely on the adjudicated charge for information about the assault. Court documents must be supplemented with the original police report and victim statements concerning the offense.

Referral Source/Point of Entry

All programs within CYFS are impacted by this population. For SAY who are abusing siblings, or who have potential victims in the home, Children's Protective Services (CPS) is the major point of entry. Adolescents who present problems of disruption and conflict in the home (whether the disruption is a direct result of the discovery of their offending behavior or is a contributing factor in their offense) are referred to Family Reconciliation Services (FRS). Some SAY become (or are already) dependents and are served by Child Welfare Services (CWS).

TABLE III: SOURCE OF REFERRAL TO CYFS
BASELINE STUDY GROUP

Source	N	%	Comments
Parent(s)	14	31.1%	Includes self-referrals at the direction of other professionals
Private Professionals	7	15.6%	Psychologists, therapists
Law Enforcement/ Prosecutors	6	13.3%	
Foster Home	5	11.1%	Dependent children in placement
Victim Report	4	8.9%	
Group Home	3	6.7%	Dependent children in placement
Schools	3	6.7%	
Other	3	6.6%	
TOTAL	45	100%	Includes (4) cases later screened out

Based on study data and interviews with caseworkers and other professionals within the region, there is clearly a perception that CYFS is the place of first and last resort for children who exhibit sexually aggressive behaviors and who are unable to live with their families.

The agency is expected to deal with children first reported for sexually aggressive behavior, those who are in treatment and appear to present a risk to others in the home, those who cannot remain at home and require placement, and even children who have not successfully completed treatment while incarcerated in juvenile

institutions but cannot go home, and are now due for return to the community.

CYFS therefore is serving a population with a wide variation in age, degree of presenting deviant behavior patterns, risk to the community and service needs. Given limited resources and services, CYFS staff must be prepared to accurately assess risk and needs and to develop appropriate case plans intended to reduce risk for further victimization. Caseworkers must recognize issues involved in providing services to this population and case plans should reflect variation in service need.

Family Composition

Family composition and related system dynamics have been noted in the literature as a factor associated with sexually aggressive behavior by children. Evidence points to several identified family systems, each with potential presenting problems. (Lake Union Associates, 1986.)

Single parent families are frequently faced with high levels of financial and emotional stress, inability to provide adequate supervision of children and a tendency to place adult responsibilities on older siblings (the process of parentification). Role confusion and covert sexualization of children are coupled with decreased external inhibitors for sexually aggressive behavior.

Blended families must address issues of boundaries, role clarification and parental authority systems. The presence of step-siblings without clear expectations for the nature of interrelationships (combined with sometimes unclear power and authority hierarchies) may produce an environment in which children are not inhibited sufficiently from engaging in incestuous behavior. This may be exacerbated by power, anger and control issues within the family.

Members of chaotic families may have histories of untreated and ongoing trauma from incest and victimization experiences. The lack of structure and resultant confusion and neglect experienced by children, coupled with victimization, makes children vulnerable to developing dysfunctional coping behaviors.

Rigid, authoritarian families may repress appropriate sexuality while fostering aggressive patterns of coping behavior.

With the CYFS study population, only 15.1 percent of SAY were living with both natural parents at the time of their reported sexually aggressive behavior.

TABLE IV: FAMILY COMPOSITION

Family Type		1986	1987	Combined
Single Parent	N	17	6	23
	%	41.5%	18.8%	31.5%
Blended	N	9	12	21
	%	21.9%	37.5%	28.8%
Out of Home Placement	N	10	6	16
	%	24.4%	18.8%	21.9%
Natural Parents	N	4	7	11
	%	9.8%	21.9%	15.1%
No Data	N	1	1	2
	%	2.4%	3.1%	2.7%
Total	N	41	32	73

Study data reflected a large number of SAY who were living in a potentially stressed and/or conflicted environment. This is particularly significant in terms of the agency's role in providing intervention with families in crisis. CYFS caseworkers are in the position to identify and assess the needs of families and to provide services to ameliorate conditions which contribute to sexually aggressive behavior by children.

TABLE V: GENDER OF SAY

Gender		1986	1987	Combined
Male	N	37	27	64
	%	90.2%	84.4%	87.7%
Female	N	4	5	9
	%	9.8%	15.6%	12.3%
Total	N	41	32	73
	%	100%	100%	100%

The proportion of male to female sexually aggressive youth is relatively consistent across the age spectrum, and with gender results reported in other studies. Several caseworkers expressed concern that the population of female SAY is under-reported. Therapists in a state juvenile institution who treat female adolescent sexual abuse victims report that most clients admit to engaging in some form of sexually aggressive behavior with younger children. Another possible explanation, based on reports by caseworkers, is that male clients have a greater tendency to externalize their responses to traumatic experiences, while females are more likely to internalize them. Females are more likely to engage in other types of behavior such as suicide, prostitution, drug and alcohol abuse.

This data is by no means conclusive, and this issue needs further investigation. The discovery that there are under-reported rates of sexually aggressive behaviors by females, could have a major impact on future casework and resource allocation, given the lack of treatment resources available for this group.

OFFENSE DATA

Number of Victims

In the total study sample, only 5.5 percent of the child perpetrators had more than five reported victims. However, 40 to 60 percent of the child perpetrators had 2 to 5 victims by the time they came to the attention of a social agency for the first time. It is not clear to what extent these reports are accurate in terms of the difference between reported and actual number of victims. However, therapists report additional disclosures when perpetrators actually engage in therapy.

TABLE VI: NUMBER OF VICTIMS

# of Reported Victims		1986	1987	Combined
(1)	N	21	11	32
	%	51.2%	34.4%	43.8%
(2 - 5)	N	17	20	37
	%	41.5%	62.5%	50.7%
(6 - 10)	N	2	1	3
	%	4.9%	3.1%	4.1%
(10+)	N	1	0	1
	%	2.4%	0	1.4%
Total	N	41	32	73
	%	100%	100%	100%

There was a wide range of deviant behavior patterns, from one-time incidents of fondling to children who had

repeatedly victimized numbers of others. Two SAY were responsible for 54 reported victims. Caseworkers report that there were additional suspected victims sufficient to approximately double the number of reported victims.

Adult offender literature indicates that adult offenders commit hundreds of offenses during a deviant lifetime. Statistics on adolescent offenders have shown that many begin exhibiting sexually aggressive behavior in the pre-adolescent years, and that many of these incidents go unreported. (Becker, 1986.) It is therefore speculated that the actual number of victims and incidents is likely to be considerably higher than data presented in this report would indicate.

One ameliorating factor is the relatively recent focus in the professions and in the popular media on sexual abuse. While the number of reports has risen, and with it the need to screen out incidents of non-coercive sexual behavior which are reported as abusive, it appears that sexually aggressive behavior is being reported earlier in the development of a child's deviant pattern. The findings in this study indicate that some younger sexually aggressive children have well established behavioral and cognitive problems which require early and intensive intervention.

The literature speaks to the powerful reinforcement that occurs with sexual behavior, and to the importance of

early intervention. To the extent that appropriate intervention and treatment reduces the risk for subsequent sexually aggressive behavior, the CYFS population comes to the attention of the agency at a point where intervention has the potential of reducing the number of victims of sexual abuse.

Offender/Victim Age Differential

Early speculations by project staff regarding relative ages of victims and aggressors suggested that the CYFS population consisted primarily of children engaging in molesting behavior using actual or implied authority, verbal coercion and verbal threats as opposed to forcible rape. This must be distinguished from legal definitions of sexually aggressive behavior which define statutory rape on the basis of penetration coupled with age differential. It does not minimize the serious nature of the SAY's behavior, but rather suggests that the SAY population in CYFS on the whole consists primarily of adolescents who are child molesters and pre-adolescent children who are sexually reactive. This tends to be confirmed by data, in that reports of sexually aggressive behavior (particularly for the adolescent) involved an SAY significantly older than the victim.

TABLE VII: AGE DIFFERENCE BETWEEN PERPETRATOR AND VICTIM

Age Difference		1986	1987	Combined
5-10 years	N	24	19	43
	%	58.5%	59.4%	59.0%
0-5 years	N	15	11	26
	%	36.6%	34.4%	35.6%
Other	N	2	2	4
	%	4.9%	6.2%	5.4%
Total	N	41	32	73
	%	100%	100%	100%

Only two SAY aggressed against older persons, and a similarly small proportion of the study population were reported to have used forcible compulsion in their offense. A behavioral description of actual incidents had to depend on offender and/or victim reports, both of which are often minimized. Nonetheless, 28 percent of those cases charged were convicted for criminal offenses less severe than the actual behavior. Data on charges filed in the juvenile courts were effectively invalidated by charging practices which included charging for lesser offenses (such as indecent liberties when penetration had occurred) and plea bargaining charges downward.

Victim Relationship to Offender

The SAY in the study population aggressed primarily against family members, and in almost all cases the victim was known to the SAY prior to the offense.

TABLE VIII: VICTIM RELATIONSHIP TO CHILD PERPETRATOR

Victim's Relationship to SAY	Combined N	1986/1987 %	Comments
Family member residing in the home	42	58.3%	Siblings
Extended family residing in the home	6	8.3%	Cousins, etc. (3rd party)
Extended family not in the home	3	4.2%	Cousins, etc. (3rd party)
Neighbor/Friend	13	18.1%	Babysitter (3rd party)
Other	8	11.1%	No Data
Total	72	100%	

Seventy-two percent of SAY lived in homes with potential victims and the potential victims were younger children. Not all of the children in a family were reported as victims; often one child was targeted within the home or the SAY was aggressing against children outside the home. In terms of protection issues, however, until a proper assessment is made, all younger children accessible to the SAY were considered potentially at risk. This argues for a comprehensive assessment of risk factors presented, both individually by the SAY and within the family environment, at the earliest possible point of contact with the CYFS system.

Offender Sexual Abuse History

Literature regarding SAY reports a high incidence of histories of sexual and other abuse, generally in the 60 percent range for SAY, 80 percent when other family members are included (cite).

TABLE IX: CHILD PERPETRATORS' HISTORY OF SEXUAL ABUSE

History of Sexual Abuse		1986	1987	Combined
Yes	N	21	24	47
	%	56.1%	75.0%	64.4%
No	N	17	4	21
	%	41.5%	12.5%	28.8%
No Data	N	1	4	5
	%	2.4%	12.5%	6.8%
Total	N	41	32	73
	%	100%	100%	100%

Within the total CYFS study population, 64 percent of the SAY reported sexual abuse histories. The post-training group reported abuse histories at the rate of 75%. It should be noted that estimates ranging much higher (75-90%) have been noted for SAY in treatment programs. As many of the post-training group were recently identified cases, it is likely that: (1) caseworkers were more accurately identifying SAY with victimization histories; and (2) during treatment, SAY were more likely to make disclosures of abuse histories not previously disclosed.

The implication here, in terms of casework and treatment issues, is that victimization (primarily sexual),

although not shown to be a causative factor, appears strongly associated with subsequent sexually aggressive behavior. Literature related to victimization of children indicates that young children engaging in sexually aggressive behavior are often experiencing a post-traumatic disorder marked by stereotypical repetitions of their own victimization. These children are often referred to as "sexually reactive." Older (adolescent) SAY evidence sexually aggressive behavior without such a direct connection to abuse histories, but literature stresses that underlying histories of unresolved trauma and victimization are major contributing factors. (Groth, et al, 1982) This suggests that, from a prevention point of view, that ensuring treatment for victims of sexual abuse may contribute to a decrease in the potential for subsequent sexually aggressive behavior.

Offender Criminal History

Of the total study population (N=73), fifty children had no known histories of previous serious criminal behavior and no reported subsequent criminal behavior. Criminal behavior was defined as sex offenses or other offenses which presented a risk to others such as violent and/or assaultive behavior. Property crimes were not included.

Of the 23 who had engaged in serious criminal activities either prior to coming to CYFS attention or following referral to CYFS, 13 were involved in sexually aggressive behaviors only. The remaining 10 had a combination of reported offense behaviors that presented risk to others. Of these 10, nine of the children were placed out of their homes.

TABLE X: PERPETRATOR OFFENSE HISTORY

Offense History		1986	1987	Combined
None	N	27	23	50
	%	65.9%	71.9%	68.5%
Sex Only	N	8	5	13
	%	19.5%	15.5%	17.8%
Major	N	6	4	10
	%	14.6%	12.5%	13.7%
Total	N	41	32	73
	%	100%	100%	100%

New reports of sexually aggressive behavior by children in the study following referral to CYFS occurred in 10 cases; five by hildren with previous serious histories and five by children with no previous serious histories. Note that these figures all constitute reports of behaviors or known histories, and may not necessarily constitute all offenses or behaviors which have occurred.

The implication here is that the majority of SAY within CYFS (86.3%) engage in sexually aggressive behavior

as the primary or sole presenting problem. A relatively smaller percentage (13.7%) exhibit a wide range of serious problematic behaviors, of which sexual aggression may be only one of several precipitating incidents leading to CYFS intervention. Caseworkers report that a relatively small percentage of children with multi-problem patterns of behavior account for a large portion of their workload. This is particularly true for FRS workers, who deal with families in crisis and are frequently presented with requests for placement.

Risk Assessment

The relative levels of risk for re-offense (high, moderate, low) presented by SAY in the study, as rated by assigned caseworkers, remained consistent between pre- and post-training groups.

TABLE XI: LIKELIHOOD OF RE-OFFENSE OCCURRING

Level of Risk		1986	1987	Combined
High	N	17	14	31
	%	41.5%	43.7%	42.5%
Moderate	N	14	11	25
	%	34.1%	34.4%	34.2%
Low	N	9	6	15
	%	22.0%	18.8%	20.6%
No Data	N	1	1	2
	%	2.4%	3.1%	2.7%
Total	N	41	32	73
	%	100%	100%	100%

These assessments were made on the basis of available information, which varied depending on the case status, the length of time in contact with CYFS, worker knowledge, and whether the child had received a formal evaluation. The pre-training group was assessed without the use of instruments except in cases where the child has been formally evaluated by an outside consultant. The post-training group was assessed utilized the risk assessment instrument developed during the project, in most cases prior to formal evaluation and treatment.

Generally, it appears that in high risk cases caseworkers assessed risk for SAY with some degree of accuracy whether using their own assessment skills and/or professional therapists' opinions (as in the pre-training group) or utilizing the risk assessment instrument developed during by project staff (as in the post-training group). Assessment of low and moderate risk to re-offend was much less consistent in the pre-training group. There was improved accuracy of risk assessment post-training. Of the ten cases in which sexual re-offense occurred following referral to CYFS, 90 percent had been appropriately assessed at high risk and one at moderate risk.

Between 75 and 78 percent of all SAY served by the agency were classified at moderate or high risk to re-offend. The likelihood of re-offending must be reassessed at frequent decision points as new information and

interventions have been implemented as part of the case plan. However, at least at intake, intensive and comprehensive assessment should occur to identify particular offender, family and victim factors that would guide the case management strategy.

Feedback to trainers and consultants during the post-training portion of the study indicated that caseworkers using the SAY Risk Guidelines were able to more clearly identify specific factors and information upon which to base their case planning. Specific high risk issues were identified and appropriate interventions were planned to reduce the risk of re-offense.

Level of Risk/Number of Victims

The perceived level of risk presented by SAY appears to be associated with the reported number of victims.

TABLE XII: NUMBER OF VICTIMS BY PERPETRATOR LIKELIHOOD TO RE-OFFEND

# of Victims/ Risk Level	Low	Moderate	High
6+	0	0	4
2 - 5	4	14	19
1	11	11	8
Total	15	25	31

While the majority of perpetrators who have more than one victim were identified in the moderate to high risk category of likely to re-offend, there were several perpetrators who had more than one victim who were identified as low risk. The combination of characteristics present in those cases should be reviewed. Repetition of any type of abusive event has been associated with likelihood of re-offense. Usually, one would not expect a low likelihood of re-offending in a case where there are repeated offenses/victims.

The literature speaks to the process of reinforcement for deviant sexual behavior that occurs with repeated offenses, and to the risk presented for subsequent offenses by individuals with histories of repeated sexually aggressive behavior.

In the CYFS population, caseworkers assessed children with two or more reported victims at higher risk overall than those with one reported victim. In doing risk assessments, the number of known victims is only one of many factors considered, and is not necessarily the primary determinant of risk. Assessment of risk should be based on a combination of family, perpetrator, and victim factors.

Children with no other known offenses, with low to moderate risk factors present, may undergo what is called the "suppression effect," that is, the tendency to avoid engaging in sexually aggressive behavior for a limited time

ollowing discovery. The presence of such an effect could influence and/or mitigate the need for immediate and traumatic disruption of a child caused by removing him/her from the home. The presence of an inhibitor may temporarily reduce risk while specific services are introduced to further reduce likelihood of re-offending. This concept should be considered within the context of an overall assessment of risk factors and the development of specific plans to ameliorate those risks, and should not be a replacement for appropriate evaluation and treatment services.

PLACEMENT

One major area of concern expressed by CYFS staff was the frequency and nature of out-of-home placements. The agency is dealing with a difficult-to-place population that may evidence severe behavior problems. The problematic behaviors of SAY youth coupled with an increase in reported cases, limited resources would indicate that the agency must adopt specific guidelines regarding appropriate services to these youths.

The SAY is a small proportion of the overall agency caseload, yet may require a considerable portion of the available resources. As an example, one dependent SAY with a significant history of offending behavior was placed in a

group facility where he required 24-hour continuous supervision. His presence precluded placing any other children there who could potentially be victimized. This one case effectively limited the use of five beds simultaneously by preventing placement of other children in available bed space.

The decision to place children, and under what circumstances, is a careful balance between risk factors, case planning requirements and resource management. The following statistics on SAY placements during the 18 months of the study support the idea that consistent, specific services are needed for this population.

Frequency of Placements

Study findings showed that SAY were placed out of their homes in approximately two-thirds of the cases, however, fewer youths were placed out of home *after* the training than before.

TABLE XIII: NUMBER OF CHILD PERPETRATORS PLACED

Placements		1986	1987	Combined
Placed	N	30	19	49
	%	73.1%	59.4%	67.1%
Not Placed	N	11	13	24
	%	26.9%	40.6%	32.9%
Total	N	41	32	73
	%	100%	100%	100%

The length of time in placement varied from less than 72 hours to more than two years. In almost all cases where a child remained in a placement beyond the short term, return home was not anticipated for an extended period of time. This is particularly significant when making initial decisions to place SAY. While clinical and protection concerns may indicate the need for at least a brief period of time out of the home to allow for evaluation and risk assessment, long term out of home care is not always indicated, especially if there are no potential victims in the child perpetrator's own home. Placement must be balanced against the possibility that this disruption may well preclude reunification with the family.

Placement Rates by Office

There was considerable variation in placement rates between offices.

TABLE XIV: PLACEMENT RATE BY OFFICE

Office		1986 Placed/ Served	1987 Placed/ Served	Combined % Placed/ Served
1	N	9/13	3/9	
	%	69.2%	33.3%	54.5%
2	N	11/13	5/10	
	%	84.6%	50.0%	69.6%
3	N	6/7	6/8	
	%	85.7%	75.0%	80.0%

* No data/other offices

For the post training group, there was a sharp drop in placement rates in the two offices which had easiest access to the regional consultants. Caseworkers consulted about risk factors presented by new cases and were able to identify those in which risk factors could be addressed and sufficiently reduced through case plan interventions without removing the SAY from the home.

An example of this process is an adolescent who was removed from his home temporarily after disclosure that he had fondled a step-sibling on two occasions. He had no previous history of deviant behavior and the sibling was not fearful or evidencing observable trauma. The family cooperated in a case plan to assist in the prosecution of the offense, participated in evaluation and treatment, and maintained a plan to prevent unsupervised contact between the children. This allowed the SAY to be returned to the home and prevented further disruption of an already strained family system.

Type of Placement

Of the 49 children who received placement services, 67.3% were placed in a CYFS licensed facility.

TABLE XV: TYPE OF PLACEMENT

Type of Placement	N	%
Receiving/Foster Home	21	42.9%
Crisis Residential Center	12	24.4%
Relative	9	18.4%
Other	7	14.3%
Total	49	100%

SAY placed in receiving/foster care were placed in family homes where other children could be or were placed. When risk factors precluded other children residing in the home, the placement effectively reduced the number of resources. When other children were in the home, the potential for subsequent sexually abusive behaviors was present as well, unless the population in the home was limited to children not likely to be victimized.

SAY placed in the crisis residential centers (CRC's) often were those with significant behavior problems and presented too high of a risk to be placed in family homes. Their stays were often lengthy, far in excess of the policy of 10-day interim stays intended for these facilities. If a bed was not available in the CRC's, however, these high risk youths were at times placed in family receiving homes despite the presence of potential risk to other children.

Behaviors in Placement

Once placed in CYFS facilities, SAY evidenced a wide range of adjustments to placement. The nature, frequency and degree of problems appear to be in part associated with past histories of reported major behavior problems (sexual crimes, violent/assaultive).

TABLE XVI: BEHAVIORS WHILE IN PLACEMENT

Past History of Major Problems		1986/1987 Placed	1986/1987 Problems in Placement
Yes	N	31	18
	%	62.0%	50.0%
No	N	18	15
	%	78.2%	83.3%

SAY with significant histories of major behavior problems were placed at a higher rate and experienced a higher frequency of adjustment problems than SAY without histories. Overall, the SAY placed with CYFS are more symptomatic than those not placed and are more likely to continue to act out. Nevertheless, the data suggests that a particular portion of the CYFS population could be expected to require considerable time and resources. Of the 33 say who experienced problems in placement, 22 of these evidenced patterns of multiple behavior disturbances, while eight others engaged in aggressive/ threatening behaviors.

TABLE XVII: PROBLEMATIC BEHAVIORS WHILE IN PLACEMENT

Behavior Reported	Only Problem	Multiple* Problem
Aggressive/non-sexual	4	11
Aggressive/sexual	4	7
Non-Aggressive/sexual	1	6
Runaway	2	9
Drug/Alcohol	0	4
Truancy	0	9
Criminal Offense	0	0
Total	11	46

Combinations of two or more of the above listed behaviors = 22

* Youths in placement exhibited combinations of problems listed.

For the SAY population in CYFS, two-thirds receive placement services, and two-thirds of those placed experience significant adjustment problems while in placement. Previous history of placement problems was one indicator of likely future problems in placement.

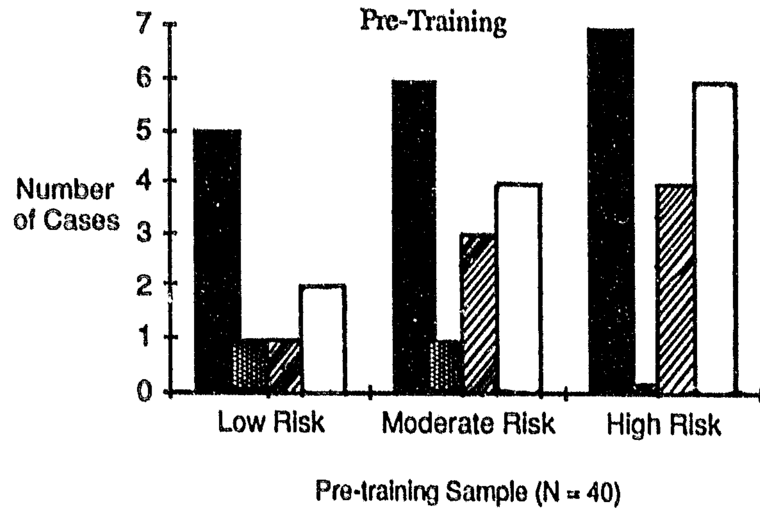
Placement by Risk Assessment

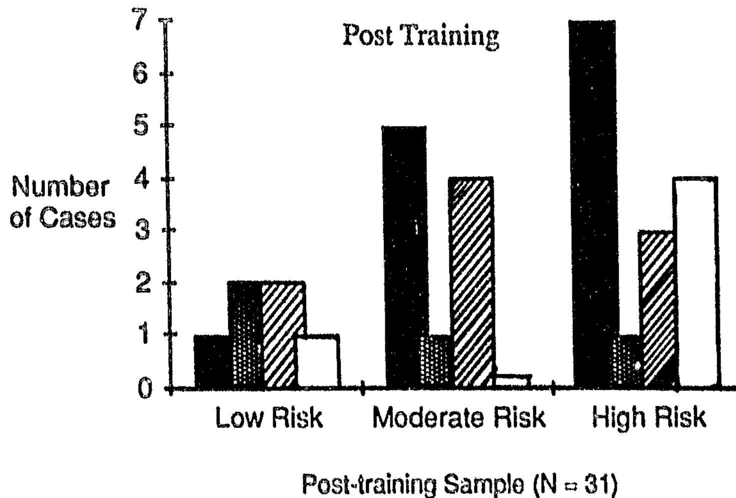
A major issue in placement decision making is whether a potential victim resides in the home of the SAY. Prudence would dictate that in general, high and moderate risk SAY should not remain in the home with potential victims in the absence of mitigating factors, at least not until after a full and complete evaluation has been completed. Low risk to re-offend SAY should be considered for continued placement at home, especially if there is no potential victim in the home.

Data show that for the post-training study group, fewer low risk SAY were placed out of the home when a potential victim resided there, while moderate to high risk SAY continued to be placed. When no potential victim resided in the home, low and moderate risk SAY were not placed as frequently in the post-training group, while high risk SAY continued to be placed. Although statistical significance is not possible to determine, the trends in the data indicate movement in the desired direction, that is, reduction in out of home placement unless placement was necessary for the protection of potential victims in the home. (See Figure 1)

Placement by Risk and Potential In-home Victim

Figure I. Placement by risk to re-offend and potential victim in the home or absence of potential victim in the home.





NOTE
- Placement, victim (potential) in home
- No placement, no victim (potential) in home
- No placement, victim (potential) in home
- Placement, no victim (potential) in home

RECOMMENDATIONS

There appears to be clear evidence that training with casework staff had significant impact in areas of placement practice and rates as well as early identification of sexually aggressive behaviors in younger children. Although the incidence of sexually aggressive youth in the agency client population is comparatively small, their impact is considerable, and can be expected to remain an ongoing concern. It is recommended that the policies, casework practice model, and related "tools" developed in this project be incorporated into the agency's overall staff training plan. This should be available to all new staff and training should also be extended to existing staff who have completed care or institute training. Training may be expected to address only clinical practice issues while other concerns will require attention from supervisory, management, and administrative staff.

During the research survey process and in interpreting data, several problematic features in many case scenarios became evident. For example, many youth, both adolescent and pre-adolescent, were either not adjudicated or, if adjudicated, had completed their court-ordered supervision. It is generally held by the treatment community, and often consistent with caseworkers' experience, that sexually

aggressive youth and their families require a formal external structure to facilitate treatment compliance. Traditionally, this situation has been considered only in terms of supervision provided by the juvenile court subsequent to criminal adjudication. However, within the DCFS population of sexually aggressive youth as many as 60 percent of these children are not adjudicated and are without court supervision. In this instance, they also lack access to treatment dollars usually available to adjudicated youth. The need for formal supervision will generally not be disputed. The question of what agency, or combinations of agencies (such as DCFS and juvenile courts) are responsible for developing supervision and treatment resources will require additional consideration. This will be a complicated and difficult task which will be met with questions regarding treatment needs as related to a parent's ability and willingness to adequately arrange for treatment. It is recommended that a task force be developed to address the issue of securing intervention and treatment for certain non-adjudicated/non-supervised sexually aggressive youth. This task force should include DCFS staff, juvenile court personnel, treatment providers, youth advocates, and a representative from the AAG. It is also recommended that Charging Practices legal definitions be reviewed. Behaviors exhibited in the identified, un-adjudicated CYFS population are felony charges for adult

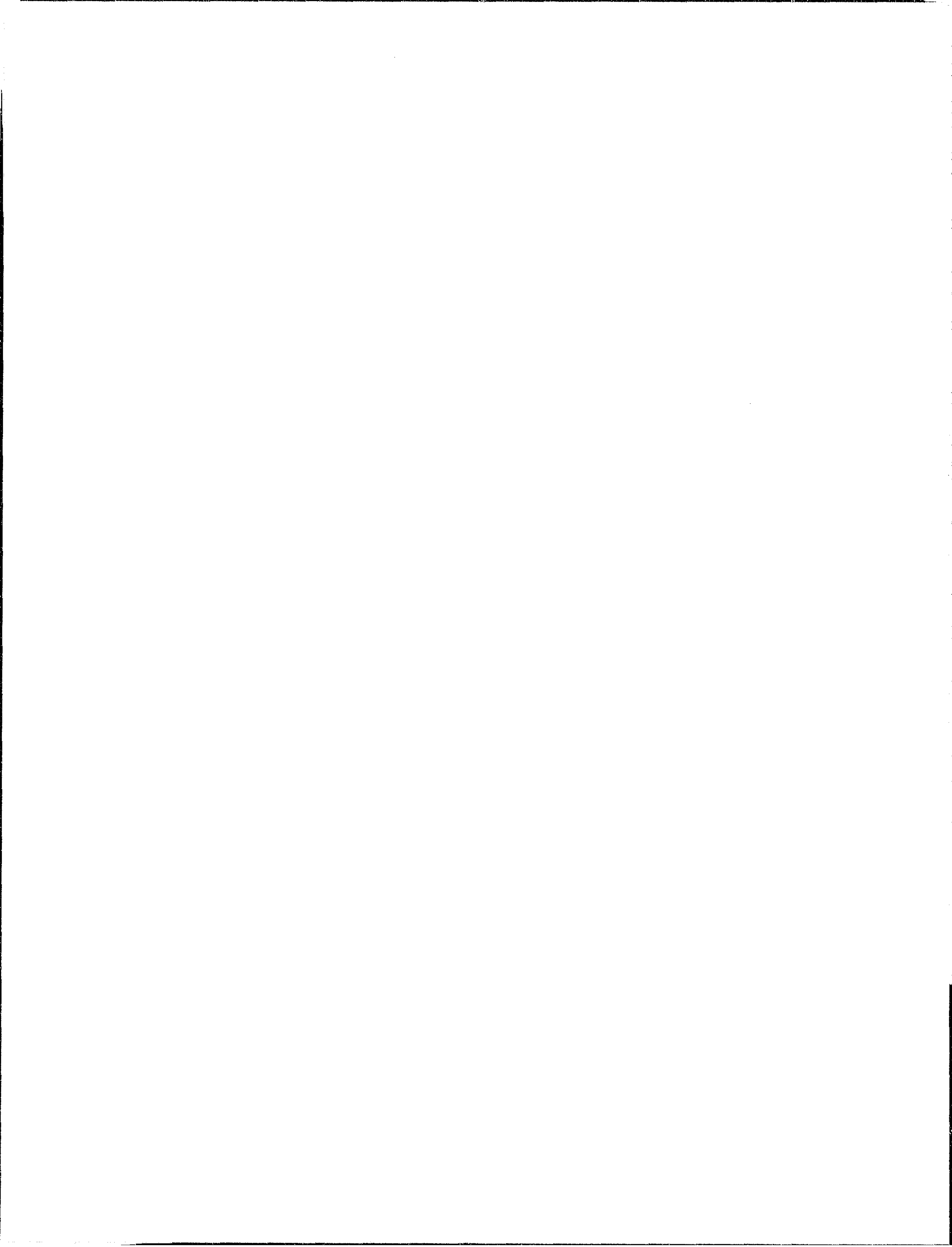
perpetrators. It may be appropriate to consider taking this task to a special interest group and lending support to that group. A recently formed state chapter of the National Adolescent Perpetration Network might be an appropriate resource.

A problem related to the non-adjudicated sexually aggressive youth is found in third party abuse situations. Although the division's policies regarding third party abuse are established, there is often a perception from the lay and professional community that identification of an adolescent/ youth third party perpetrator would often justify an investigation in terms of the perpetrator's family's ability and willingness to provide supervision and arrange treatment. <u>It is recommended that this issue of third party abuse by sexually aggressive youth be included in the objectives of the task force noted above</u>. If the division is not going to provide services to youths identified in third party situations, it is recommended that, at minimum, intake staff provide appropriate information and referral services to families.

Another problem identified by caseworkers, which is not limited to the sexually aggressive youth population, concerns residential treatment facilities and the level of security and supervision provided. Our state agency and certainly other professional, community and advocate groups are reexamining the need for secure residential facilities

for incorrigible youth. It may be of considerable importance to consider how many of the incorrigible youth have histories of sexually aggressive behaviors. Potential providers may find a disproportionate number of these youth will be sexually aggressive and will require special treatment efforts. When surveying treatment programs nationwide it is worthwhile to note a number of states and programs which develop residential facilities exclusively for the sexually aggressive child. The model of an exclusive residential facility remains the subject of debate yet should be viewed as a consideration to follow or avoid according to a thoughtful analysis. It is recommended that planning for secure residential facilities include consideration in terms of potentially serving sexually aggressive youth.

Finally, given the complicated and comparatively new practice with sexually aggressive youth, it is recommended that specialized staff on a regional basis be designated to provide consultation and resource development services to casework, supervisory and management staff. It could be argued that the change in placement rates are results of training combined with case consultation. It was also acknowledged during training that some workers do not have a special interest in working with sexually aggressive children and that case assignments will need to acknowledge both worker interest and skill.



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APPENDIX I.A

SEXUALLY AGGRESSIVE YOUTH RISK ASSESSMENT GUIDELINES

ASSESSMENT CATEGORIES

A. Family and Environmental Characteristics	B. Sexually Aggressive Youth Characteristic	C. Victim Vulnerability Index
(1) Level of Isolation	(1) Prior History	(1) Degree of Trauma
(2) Geographical Isolation	(2) Level of Aggression	(2) Verbal Ability to Report
(3) History of Violence	(3) Level of Sophistication	(3) Victim's Level of Assertiveness
(4) Families Method of Dealing with Anger	(4) Level of Coercion	(4) Victim's Awareness of Appropriate Sexual Behavior
(5) Attitudes Toward Sex	(5) Level of Empathy for Victim	(5) Victim's Level of Intellectual Functioning
(6) Limits Regarding Privacy	(6) Escalation	(6) History of Physical of Sexual Abuse
(7) History of Abuse	(7) Resistance	
(8) Access to Victim	(8) Denial	
(9) Current Stressors	(9) History of Psychiatric Disturbance	
(10) Confused Parent Roles	(10) History of Chronic Substance Abuse	
(11) Absence of One Parent	(11) History of Physical Sexual Abuse	
(12) Parents Attitude to Offense	(12) Social Skills	
	(13) Knowledge About Sex	
	(14) Level of Intellectual Functioning	

FAMILY AND ENVIRONMENTAL CHARACTERISTICS

Level of Isolation

1.	Family is extremely closed to using outside resources or supports		Family is willing to seek support but needs assistance		Family has established a system of supports and seeks assistance when needed
	5	4	3	2	1

Geographical Isolation

2.	Family is geographically isolated due to transportation or		Family is willing to seek support but needs assistance to obtain it		The family is in close proximity or has easy access to supports
	5	4	3	2	1

History of Violence

3.	There is a history of domestic violence and excessive physical discipline		Family has recognized violence as a problem and has taken steps to reduce this		There is no history of family violence
	5	4	3	2	1

Method of Dealing with Anger

4.	Family is not able to express hostility and anger openly		With support the family is capable of opening up and discussing problems together		Feelings and problems are discussed openly within the family
	5	4	3	2	1

Attitude Toward Sex

5.	Family exhibits discomfort verbally or behaviorally when the topic of sex is brought up		Family has not discussed sex but is open to sex education		Family has discussed age appropriate information about sex with children
	5	4	3	2	1

Limits Regarding Privacy

6.	There is an absence of privacy within the family	There is some confusion regarding privacy and personal space but family is willing to modify current practices	Family has clear rules and expectations about privacy

5 4 3 2 1

History of Abuse

7.	One or more family members have been domestic violence or sexual abuse and have not received treatment	One or more family members have been victims of domestic violence or sexual abuse and have had treatment	There is no history of sexual abuse or domestic violence within family

5 4 3 2 1

Access to Victim

8.	Victim is in the home and the aggressor has periods of unsupervised access to victim	There is a realistic plan for supervision of the aggressor and protection of the victim	The aggressor has no access to the victim

5 4 3 2 1

Current Stressors

9.	Family is undergoing high levels of stress in one or more areas - unemployment, death, marital difficulties, etc.	Stressors which exist within the family are being dealt with by a specific plan	There are no significant stressor within the family

5 4 3 2 1

Confused Parent Roles

10.	The aggressor has assumed a parenting or spousal role with a parent	Family acknowledges role confusion and can develop a plan where the children are not required to assume the parental role	Parental roles are clearly defined and assumed by both parents

5 4 3 2 1

Absence of One Parent

11.	One parent is physically or emotionally unavailable to the other parent or the child	The parent or parents have emotional or physical deficits which effect their parenting ability, but would take action if necessary to protect the victim	The parents are meeting each others emotional needs, or getting their needs met by someone other than the child and are therefore available to meet child's emotional needs.

5 4 3 2 1

Parents Attitude to Offense

12.	Parents deny or minimize the victims description of the event	Parents do not deny the behaviors but they do minimize the trauma or don't acknowledge the full extent of the problem	Parents fully acknowledge the severity and extent of the abuse based on the victim's statement

5 4 3 2 1

SEXUALLY AGGRESSIVE YOUTHS
CHARACTERISTICS

Prior History

1.	Youth has had previous untreated conviction and/or has had sex offender treatment in the past	Youth has had previous history of sexually aggressive behavior	No previous history and circumstances of this offense would not lead you to suspect previous history

5 4 3 2 1

Level of Aggression

2.	Youth has a substantial prior history of physically aggressive and/or acting out behaviors	Youth has some history of physical aggression and acting out behaviors but these actions did not present a significant level of harm to others	Youth has no previous history of anti-social behavior, physical aggression or law violations

5 4 3 2 1

Level of Sophistication

3.	Sexually aggressive behavior was pre-planned for the express purpose of obtaining sexual gratification, i.e., could be ritualistic and predatory	Youth takes advantage of situation to exhibit sexually aggressive behavior but does not necessarily seek it out, or, youth places himself in situation where opportunity to offend would arise	Youth's descriptions of situational factors leading up to event, and known facts about the event, indicate the behaviors were not previously planned

5 4 3 2 1

Level of Coercion

4.	Youth used verbal threats or physical force to accomplish	Act was accomplished through use of authority or verbal persuasion	Act was accomplished without coercion

5 4 3 2 1

Level of Empathy for Victim

5.	Youth was totally unresponsive to victim's expressions of distress		Youth responded to overt signs of distress from victim and stopped his behavior at this point		Youth recognized harmful effect of actions on victim and stopped
	5	4	3	2	1

Escalation

6.	Youth's history indicates sexually aggressive behaviors are repetitive and possibly escalating in severity and/or frequency		Minimal history of sexually aggressive behavior		This incident is the first documented offense/or indication of sexually aggressive tendency
	5	4	3	2	1

Resistance

7.	Youth refuses to cooperate with evaluation and treatment		Youth resists full disclosure but exhibits some willingness to cooperate		Youth is open and cooperative
	5	4	3	2	1

Denial

8.	Youth denies involvement in offense despite conviction and victim's statements		Youth acknowledges some but not all details of the offense, but minimizes seriousness or responsibility for behaviors		Youth openly acknowledges involvement in and details of offense
	5	4	3	2	1

History of Psychiatric Disturbance

9.	Youth has significant impairment in thought processes such that they are unable to control their behavior, i.e., fire-setting, torturing animals.		Youth has some history of psychiatric behavioral disturbance, but has exhibited some ability to control actions		Youth has no history of behavioral or psychiatric illness
	5	4	3	2	1

History of Chronic Substance Abuse

	5	4	3	2	1
10.	Youth has history of drug/alcohol related convictions and/or has been in drug/alcohol treatment and specifically used alcohol/drugs to aid in commission of offense		There is some evidence of substance abuse including use of alcohol or drugs prior to sexually aggressive act		Youth has minimal history of drug and/or alcohol usage

History of Physical/ Sexual Abuse

	5	4	3	2	1
11.	Aggressive youth is an untreated victim of multiple acts of sexual and/or physical abuse		Youth is victim of sexual or physical abuse or there is a history of violence or sex abuse in family		No history of sexual or physical abuse

Social Skills

	5	4	3	2	1
12.	Youth perceives himself as a loner or reject. Has little peer contact		Youth who has some peer involvement but who has exhibited difficulties in getting along with others		Youth who indicates peer support group and one who participates in peer group activities

Knowledge About Sex

	5	4	3	2	1
13.	Youth has age inappropriate attitudes, knowledge about sex which reinforces violent or coercive sexual activity		Youth lacks basic knowledge and has confused ideas about sexual behavior		Child has age appropriate knowledge about sexual behavior that fits within the norms of the community in which they live

Level of Intellectual Functioning

	5	4	3	2	1
14.	Child is developmentally disabled		Child is average intelligence but is functioning below age appropriate level at school		Child is average or above average intelligence and is function- at least at age appropriate grade level in school

VICTIM VULNERABILITIES INDEX

<u>Degree of Trauma</u>

1.	Victim exhibits multiple behavior changes as a result of sexual aggression	Some evidence of fearfulness or other behavior changes such as age/developmental regression, nightmares, or bedwetting	The victim has experienced an act of sexual aggression but there are no observable disturbed behaviors attributed to the sexual act

5 4 3 2 1

<u>Verbal Ability to Report</u>

2.	A victim who does not have verbal skills that would allow disclosure	A victim who has some verbal skills but may not be able to give specific details	A victim who has sufficient verbal skills that would allow them to disclose

5 4 3 2 1

<u>Victim's Level of Assertiveness</u>

3.	A child who is physically and verbally unable to assert opposition or repel aggressor	A child who is able to express verbal/physical resistance, but who has less physical strength than aggressor	A child who clearly asserts verbal and physical resistance

5 4 3 2 1

<u>Victim's Awareness of Appropriate Sexual Behavior</u>

4.	A child who does not recognize inappropriate sexual activity	A child who has some confusion about good or bad touch and confusion about reporting	A child who clearly knows the difference between good and bad touch and is willing to report

5 4 3 2 1

Victim's Level of Intellectual Functioning

5.	Child is developmentally disabled		Child is of average intelligence but is functioning below age appropriate level at school		Child is average or above average intelligence and is functioning at least at age appropriate level in school
	5	4	3	2	1

History of Physical in Sexual Abuse

6.	Untreated victim of multiple acts of sexual abuse or physical abuse		Incomplete treatment of sexual or physical abuse		No history of sexual or physical abuse
	5	4	3	2	1

APPENDIX I.B

SEX OFFENDER/SEXUAL BEHAVIOR DECISION PROCESS AND CHECKLIST

OVERVIEW: Placement decisions regarding sexual behavior and/or offenses by children may be required pursuant to an original CPS referral and investigation, for a child already in an out of home placement or for a previously reported offender who may present a risk to others.

Decisions regarding placements and service plans will be in part determined by a risk assessment of the offender, his family and potential victims, the extent to which a service plan may reduce risk to potential victims and constraints imposed by the legal system and agency policies.

This decision process and checklist is not intended as a rigid policy, but rather as a structured process to aid DCFS caseworkers in the decision process when dealing with children's sexual behaviors and/or offenses.

INSTRUCTIONS: This instrument should be viewed as a 'decision tree.' The appropriate areas may be checked off to reflect that available information has been considered where applicable. Guidelines and general information are included in the text.

I. DETERMINE NATURE OF SEXUAL BEHAVIOR

____ Consult legal status and definitions of normal child sexual behavior

____ (A) NORMAL BEHAVIOR - Educate caretakers regarding normal child sexual behavior

____ (B) ABNORMAL BEHAVIOR - (Not offense type) - Investigate whether behavior resulted from victimization or modelling by others. Refer caretakers to counseling or parenting resources if indicated. If offense is disclosed, refer or continue investigation.

____ (C) OFFENSE BEHAVIOR - Go to II - CONTACT POTENTIAL

II. POTENTIAL FOR OFFENDER/VICTIM CONTACT

____ (A) NO CONTACT - Victim is non-family; case of third party abuse with no likelihood of further contacts. See GUIDELINES.

____ (B) CONTACT POSSIBLE - Victim is family member who does not reside with offender or victim lives in vicinity of offender with potential for contacts but is not likely to be placed at risk. See GUIDELINES.

____ (C) CONTACT PROBABLE - Victim resides with offender or has potential for ongoing close or unsupervised contact. See GUIDELINES, go to III - RISK ASSESSMENT.

GUIDELINES RE: CASEWORK ACTIONS

OFFENDER - Refer to law enforcement/prosecution or treatment resources as indicated. Determine if other victims or potential victims exist. Ensure supervision of offender and take steps to protect potential victims (i.e., no unsupervised contact pending legal action, court supervision or treatment). Determine if offender has been victimized.

VICTIM - Refer to treatment resources and victim assistance services. If recent or significant abuse, refer to or ensure medical treatment. Assess family's ability to protect from further abuse. VICTIM TREATMENT IS STRONGLY RECOMMENDED TO REDUCE POTENTIAL FOR SUBSEQUENT OFFENSES BY VICTIM. This decision depends on the degree of victim awareness of nature of offense and trauma.

FAMILY - Support and monitor as indicated.

RISK ASSESSMENT - Use of risk assessment (following) may assist in case plan development for other than in-home offenses. Refer also to Case Plan Matrix.

III. COMPLETE RISK ASSESSMENT INSTRUMENTS

IV. REVIEW PLACEMENT GUIDELINES

____ Placement of known offenders by DSHS in homes with potential victims may result in liability issues.

____ In the absence of other alternatives, leaving an offender in his own home will provide for shared responsibility between parents and DSHS in providing protection for in-home victims or potential victims. A key component is the provision of services to the family to facilitate protection of the victim.

____ Untreated offenders should not have contact with victims or potential victims unless directly supervised by a responsible adult.

____ In cases or intra-familial sex abuse, the offender's parents have the primary responsibility to protect the victim through supervision and/or out of home placement resources for the offender as indicated by the risk assessment and the caseworker's judgment.

____ If the family is unwilling or unable to protect an actual or potential victim, DSHS may have to consider removing the victim.

____ If an offender is placed out of the home at the request of the family, they must be willing to engage in the service plan. Other options should be exhausted prior to placement by DSHS.

____ Placement options and service plans are products of the assessment and decision process, which is used to determine the extent to which those plans can ensure victim protection, facilitate offender supervision and treatment, and maintain the long term integrity of the family.

V. PLACEMENT OPTIONS/SERVICE PLANNING CONDITIONS

____ (A) IN HOME OFFENSE (Intra familial) - Go to VI.

____ (B) OFFENSE IN OUT OF HOME PLACEMENT - Go to VII.

____ (C) RETURN KNOWN OFFENDER BACK TO COMMUNITY - Go to VIII.

VI. IN HOME OFFENSE

____ (A) DETERMINE NEED TO SEPARATE OFFENDER AND VICTIM

____ HIGH RISK: Separation indicated until both parties have received treatment and therapists support return home.

____ MODERATE RISK: Separation indicated through adjudication or, if not adjudicated, until assessment of family's response to service plan and ability to protect victim.

____ LOW RISK: Separation optional dependent on protection and risk issues, legal system requirements, service plan.

____(B) IF PLACEMENT IS INDICATED, DETERMINE OPTIONS

____ Offender remains in home with 'add-on' services to facilitate service plan and protection of victim (ex: day care, home based services, homebuilders).

____ Offender is placed with relative or parent out of victim's home, no other potential victims present, supervision plan in effect.

____ Offender is placed in detention by law enforcement.

____ Offender is placed by DSHS, family is involved in service plan.

____ Family is unwilling to participate in service plan or protect victim, victim is removed from the home.

VII. OFFENSE IN OUT OF HOME PLACEMENT

____ (A) DETERMINE NEED TO REMOVE OFFENDER

____ HIGH RISK: Removal of offender from access to victim or potential victims imperative to protect other children in home/facility.

____ MODERATE RISK: Removal indicated as in high risk category unless victim access is minimal (i.e., no potential victims currently in residence).

____ LOW RISK: Removal suggested unless circumstances and assessment indicate minimal risk of trauma or risk of reoccurrence.

____ (B) PLACEMENT OPTIONS

____ HIGH RISK: Offender is moved to alternate placement where no potential victims are or will be in residence.

____ HIGH RISK: Offender is moved to setting capable of providing adequate controls and supervision (i.e., group care).

____ MODERATE RISK: Offender is moved to new placement, 'add-on' services are provided to reduce potential risk at new placement.

____ LOW RISK: Offender remains in current placement, 'add-on' services are provided as needed.

____ OTHER: Offender is committed to Juvenile Rehabilitation.

____ OTHER: Offender is returned home, family has responsibility for supervision and/or placement. Refer to risk assessment and in-home placement procedures (VII).

VIII. OFFENDER RETURNING TO COMMUNITY

____ (A) REFERRAL SOURCE, PLACEMENT CONDITIONS

____ DEPENDENT CHILD, CWS ongoing case.

____ ADJUDICATED OFFENDER, not under court supervision, CPS intake.

____ ADJUDICATED OFFENDER, under court supervision, CPS intake.

____ UNADJUDICATED OFFENDER

____ (B) DETERMINE AND ACCESS SOURCES OF AVAILABLE INFORMATION AND CONSULTATION

____ Risk assessment using current level of functioning.

____ Feedback regarding offender's response to treatment from therapists, probation or parole officer, institution staff, etc.

____ Coordinate with involved professionals in decision process

____ (C) REFER TO (VI) OR (VII), IN HOME OR OUT OF PLACEMENT DECISION OPTIONS AS INDICATED

ADDITIONAL NOTES:

APPENDIX I.C

CASE PLANNING GUIDELINES

HIGH RISK

OFFENDER/AGGRESSOR:

- CONTINUOUS SUPERVISION PLAN IN EFFECT
- NO CONTACT WITH POTENTIAL VICTIMS
- PLACEMENT WITH VICTIM NOT RECOMMENDED UNTIL BOTH TREATED AND THERAPISTS AGREE
- REFER FOR TREATMENT AS SOON AS POSSIBLE: BEST FORM OF MONITORING

FAMILY SERVICES:

- HIGH PRIORITY FOR SERVICES PROVIDED OR ACCESSED BY DSHS
- ENSURE TREATMENT FOR ALL INDICATED FAMILY MEMBERS: PARENTAL SYSTEM, SIBLINGS, TO ENSURE PROTECTION AND ADDRESS FAMILY DYNAMICS RELATED TO OFFENSE BEHAVIOR
- PROVIDE ONGOING SUPPORT THROUGH LEGAL SYSTEM/PROCESS
- ACTIVIST/PROACTIVE ROLE IN PROVIDING SERVICES

VICTIM SERVICES:

- ENSURE TREATMENT FOR VICTIM BY VICTIM ORIENTED THERAPIST INCLUDING PROTECTION ISSUES
- NO CONTACT WITH OFFENDER UNTIL BOTH TREATED. UTILIZE LEGAL ORDERS AS INDICATED BY DEGREE OF RISK AND PROTECTION NEEDED
- ALERT CARETAKER TO LONG TERM FOLLOW UP NEEDS: POTENTIAL FOR SEXUAL AGGRESSION, LATER DYSFUNCTIONS OR PROBLEMS AS CHILD ENTERS NEW DEVELOPMENTAL STAGES

MONITORING PLAN:

- INTENSIVE MONITORING REGARDING COMPLIANCE WITH COURT ORDERS, TREATMENT PLANS, ETC.
- MAINTAIN LEGAL AND/OR ENFORCEABLE CONTRACTS, I.E., DEPENDENCY ORDERS, CPS, CONTRACTS, NO CONTACT ORDERS, PROBATION OR PAROLE SUPERVISION
- CONTINUE AS LONG AS HIGH RISK CONDITIONS EXIST WHEN POSSIBLE

NOTES:

CASE PLANNING GUIDELINES
MODERATE RISK

OFFENDER/AGGRESSOR:

- SEPARATION FROM VICTIM UNTIL EVALUATED REGARDING RISK OF REOFFENSE, NEED FOR TREATMENT
- SUPERVISION DURING AT RISK PERIODS
- NO UNSUPERVISED CONTACTS WITH POTENTIAL VICTIMS
- PLACEMENT WITH VICTIM IF APPROPRIATE SERVICE PLAN IN EFFECT AND RISK REDUCED
- TREATMENT RECOMMENDED

FAMILY SERVICES:

- REFER TO TREATMENT/SUPPORT RESOURCES
- ASSESS NEED FOR FAMILY TREATMENT TO ADDRESS SYSTEM DYNAMICS RELATED TO OFFENSE
- IN HOME SERVICES PROVIDED AS NEEDED TO REDUCE RISK LEVEL
- EDUCATE AND SUPPORT REGARDING LEGAL SYSTEM
- FACILITATE/ENSURE TREATMENT PLAN IMPLEMENTATION FOR SERVICES

VICTIM SERVICES:

- EVALUATION REGARDING TREATMENT NEEDS, TREATMENT AS INDICATED BY AGE AND DEGREE TRAUMA
- ENSURE NO CONTACT WITH OFFENDER UNLESS NOT TRAUMATIC AND ADEQUATELY SUPERVISED
- PROTECTION PLAN IN EFFECT
- MONITOR FOR NEW INDICATIONS OF TRAUMA OR DISTRESS (DELAYED REACTION)

MONITORING PLAN:

- MAINTAIN MONITORING UNTIL TREATMENT PLAN IN EFFECT AND RISK REDUCED
- IF OFFENDER AND VICTIM IN CONTACT, INCREASED MONITORING INDICATED

NOTES:

CASE PLANNING GUIDELINES
LOW RISK

OFFENDER/AGGRESSOR:

- PLACEMENT WITH VICTIM MAY BE APPROPRIATE DEPENDING ON DEGREE OF TRAUMA, LEVEL OF SUPERVISION, FAMILY DYNAMICS AND RESPONSES, AGES OF CHILDREN
- NO UNSUPERVISED CONTACT WITH POTENTIAL VICTIMS
- ENSURE MONITORING OF BEHAVIORS AND POTENTIAL DANGER SIGNALS FOR REOFFENSE
- EVALUATE REGARDING NEED FOR TREATMENT FOR SEXUALLY AGGRESSIVE BEHAVIORS

FAMILY SERVICES:

- REFER TO SERVICES AND RESOURCES AS INDICATED
- FOLLOW UP TO SUPPORT AND ASSESS NEEDS AFTER INITIAL CONTACTS
- PROVIDE EDUCATION REGARDING LEGAL SYSTEM, PROCESS

VICTIM SERVICES:

- EVALUATION OF VICTIM TRAUMA BY CASEWORKER OR THERAPIST AS INDICATED
- ENSURE DEGREE OF PROTECTION AND SUPERVISION AVAILABLE
- ALERT CARETAKERS REGARDING SIGNS OF INCREASED DISTRESS OR TRAUMA NEEDING ATTENTION

MONITORING PLAN:

- CONTACTS DEPENDENT ON FAMILY NEEDS FOR CASEWORKER SUPPORT AND MONITORING
- FAMILY MAY BE FUNCTIONAL ENOUGH TO ADDRESS NEEDS ADEQUATELY WITHOUT EXTERNAL STRUCTURE

NOTES:

LOW RISK

OFFENDER/AGGRESSOR:

PLACEMENT WITH VICTIM MAY BE APPROPRIATE DEPENDING ON DEGREE OF SUPERVISION, FAMILY DYNAMICS AND RESPONSES, AND AGES OF CHILDREN
NO UNSUPERVISED CONTACT WITH POTENTIAL VICTIMS
ENSURE MONITORING OF BEHAVIORS AND POTENTIAL DANGER SIGNALS FOR REOFFENSE
EVALUATE REGARDING NEED FOR TREATMENT FOR SEXUALLY AGGRESSIVE BEHAVIORS

FAMILY SERVICES:

REFER TO SERVICES AND RESOURCES AS INDICATED
FOLLOW UP TO SUPPORT AND ASSESS NEEDS AFTER INITIAL CONTACTS
PROVIDE EDUCATION REGARDING LEGAL SYSTEM, PROCESS

VICTIM SERVICES:

EVALUATION OF VICTIM TRAUMA BY CASEWORKER OR THERAPIST AS INDICATED
ENSURE DEGREE OF PROTECTION AND SUPERVISION AVAILABLE
ALERT CARETAKERS REGARDING SIGNS OF INCREASED DISTRESS OR TRAUMA NEEDING ATTENTION

MONITORING PLAN:

CONTACTS DEPENDENT ON FAMILY NEEDS FOR CASEWORKER SUPPORT AND MONITORING
FAMILY MAY BE FUNCTIONAL ENOUGH TO ADDRESS NEEDS ADEQUATELY WITHOUT EXTERNAL STRUCTURE

MODERATE RISK

OFFENDER/AGGRESSOR:

SEPARATION FROM VICTIM UNTIL EVALUATED REGARDING RISK OF REOFFENSE, NEED FOR TREATMENT SUPERVISION DURING AT RISK PERIODS
NO UNSUPERVISED CONTACTS WITH POTENTIAL VICTIMS
PLACEMENT WITH VICTIM IF APPROPRIATE SERVICE PLAN IN EFFECT AND RISK REDUCED
TREATMENT RECOMMENDED

FAMILY SERVICES:

REFER TO TREATMENT/SUPPORT RESOURCES
ASSESS NEED FOR FAMILY TREATMENT TO ADDRESS SYSTEM DYNAMICS RELATED TO OFFENSE
IN HOME SERVICES PROVIDED AS NEEDED TO REDUCE RISK LEVEL
EDUCATE AND SUPPORT REGARDING LEGAL SYSTEM
FACILITATE/ENSURE TREATMENT PLAN IMPLEMENTATION FOR SERVICES

VICTIM SERVICES:

EVALUATION REGARDING TREATMENT NEEDS, TREATMENT AS INDICATED BY AGE AND DEGREE TRAUMA
ENSURE NO CONTACT WITH OFFENDER UNLESS NOT TRAUMATIC AND ADEQUATELY SUPERVISED
PROTECTION PLAN IN EFFECT
MONITOR FOR NEW INDICATIONS OF TRAUMA OR DISTRESS (DELAYED REACTION)

MONITORING PLAN:

MAINTAIN MONITORING UNTIL TREATMENT PLAN IN EFFECT AND RISK REDUCED
IF OFFENDER AND VICTIM IN CONTACT, INCREASED MONITORING INDICATED

HIGH RISK

OFFENDER/AGGRESSOR:

CONTINUOUS SUPERVISION PLAN IN EFFECT
NO CONTACT WITH POTENTIAL VICTIMS
PLACEMENT WITH VICTIM NOT RECOMMENDED UNTIL BOTH TREATED AND THERAPISTS AGREE
REFER FOR TREATMENT AS SOON AS POSSIBLE: BEST FORM OF MONITORING

FAMILY SERVICES :

HIGH PRIORITY FOR SERVICES PROVIDED OR ACCESSED BY DSHS
ENSURE TREATMENT FOR ALL INDICATED FAMILY MEMBERS: PARENTAL SYSTEM, SIBLINGS, TO ENSURE PROTECTION AND ADDRESS FAMILY DYNAMICS RELATED TO OFFENSE BEHAVIOR
PROVIDE ONGOING SUPPORT THROUGH LEGAL SYSTEM/PROCESS
ACTIVIST/PROACTIVE ROLE IN PROVIDING SERVICES

VICTIM SERVICES:

ENSURE TREATMENT FOR VICTIM BY VICTIM ORIENTED THERAPIST INCLUDING PROTECTION ISSUES
NO CONTACT WITH OFFENDER UNTIL BOTH TREATED. UTILIZE LEGAL ORDERS AS INDICATED BY DEGREE OF RISK AND PROTECTION NEEDED.
ALERT CARETAKER TO LONG TERM FOLLOW UP NEEDS: POTENTIAL FOR SEXUAL AGGRESSION, LATER DYSFUNCTIONS OR PROBLEMS AS CHILD ENTERS NEW DEVELOPMENTAL STAGES

MONITORING PLAN:

INTENSIVE MONITORING REGARDING COMPLIANCE WITH COURT ORDERS, TREATMENT PLANS, ETC.
MAINTAIN LEGAL AND/OR ENFORCEABLE CONTRACTS, I.E., DEPENDENCY ORDERS, CPS CONTRACTS, NO CONTACT ORDERS, PROBATION OR PAROLE SUPERVISION
CONTINUE AS LONG AS HIGH RISK CONDITIONS EXIST WHEN POSSIBLE

APPENDIX I.D

CASE PLANNING GUIDELINES

RISK LEVEL	PLAN COMPONENT	OFFENDER'S RESIDENCE	OFFENDER SUPERVISION AND TREATMENT	VICTIM SERVICES	FAMILY SERVICES	CASE MONITORING
HIGH		-Separate offender from any potential victim. -Placement with victim not recommended prior to completion of treatment and therapist approval	-Continuous (24 hour) supervision -No contact with victim or potential victims -Refer for treatment as soon as possible--treatment is one of the best supervision tools	-Treatment plan for victim, referral therapy (age appropriate) -No contact order, restraining order, if needed, remain in effect until treatment completed for ____ parties.	-Ensure treatment as indicated for family members (ex. non-offending siblings) -High priority for services to be provided or assessed by DSHS -Ongoing support through legal process. Activist role in networking services for family	-Intensive monitoring regarding compliance with treatment plan, court orders, etc. -Maintain legal status or enforceable contract, i.e., dependency, CPS contract, no court orders -Continue while high rise status exists i.e., until treatment process sufficient or court supervision in place
MODERATE		-Separation from victim or potential victims until an assessment is made -May be placed with victim if appropriate service plan is in effect and risk is reduced	-Supervision during at risk periods during the day (i.e., not in school or at work) -No unsupervised contacts with victim or potential victims	-Victim treatment referral to evaluate need for treatment -Treatment as indicated by age and degree of trauma -Ensure no contact with offender unless not traumatic and adequately supervised	-Refer to treatment/ support resources -In-home services provided as needed -Educate and support through legal process	-Ensure that treatment plan is implemented -Maintain contact until treatment plan in effect, risk reduced or offender adjudicated
LOW		-Placement with victim may be appropriate depending on degree of trauma; offender and family resources, ages of children	-Monitoring of behavior and potential danger signals -No unsupervised contact with victim(s)	-Evaluation of victim by caseworker -Ensure degree of protection and supervision by parent(s) or caretaker(s)	-Referral to resources and services as indicated -Provide education regarding legal process	-Contacts dependent on family needs and willingness for caseworker support. Families may handle ok without additional help.

APPENDIX II

EVALUATION FACTORS

1. OFFENSE DATA

   a. Victim account of offense

   b. Police account of offense

   c. Offender account of offense

   d. Any other collateral information

   e. Explanation of discrepancy between accounts

   f. Offender antecedent behavior prior to offense - estimation of seriousness, level of sophistication, level of coercion, use of disinhibors.

   g. Post offense behavior

2. OFFENDER CHARACTERISTICS

   a. Mental Status - demographics

   b. Complete sexual history

      - normal/deviant
      - reported/unreported sexual activity
      - age of onset
      - fantasies

   c. Significant developmental/social behavior history

      - history of physical/sexual abuse
      - physical health
      - social relationships
        - family of origin/extended family
        - peers
        - other adults, male/female
        - chemical dependency
        - psychiatric problems
        - community involvement - school
          - social groups

d. Criminal history

e. Attitude toward victim (
)**Cognitive distortions
f. Attitude toward offense (

g. Cognitive style - level of defensiveness

h. Level of cooperation with evaluation

3. SITUATIONAL CONSIDERATIONS

a. Access to victims

b. Adjudication vs non-adjudication

c. Presence of functioning adult ally in environment, other anchor points in community

d. Level of crisis in environment

e. Type of treatment needed and availability in community

f. Previous treatment

g. Parents' attitude toward offense/offender

4. RECOMMENDATIONS

a. Amenability to treatment, specific basis for judgment

b. Risk to community

c. Recommendation regarding family disruption or reunification. Specific treatment gains/failures that would affect either.

d. Elements of monitoring plan