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**A COMPARISON OF SEXUALLY AGGRESSIVE YOUTH  
ON OPEN/ACTIVE DCFS CASELOADS  
REFERRED FOR CHILD PROTECTION ACT TREATMENT  
COMPARED TO YOUTH ELIGIBLE FOR TREATMENT,  
BUT NOT REFERRED**

152514

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**JANUARY 1992**

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## EXECUTIVE SUMMARY

In 1989 the Washington State Legislature passed ESSHB 6259, the Community Protection Act (CPA), which increased the penalty for sexually offending behavior, provided treatment resources for high risk sexually aggressive youth and provided additional resources for the treatment of victims of sexual abuse. Section 305 ESSHB 6259 authorized 1.196 million dollars in specialized treatment funds for youths identified as sexually aggressive who are currently served in DCFS programs. To be eligible for the treatment funds the youth had to have committed a sexually aggressive act, and must have been a victim of abuse him/herself. Lastly, the youth had to be in the care and custody of DSHS. It was thought that these funds would be sufficient to provide treatment resources for sixty (60) high risk youth.

This report provides a comparison of the characteristics of youth who received treatment utilizing CPA funds compared to similar youth currently on open DCFS caseloads who were eligible for the funds, but who received services under normal DCFS service mechanisms. The data on the characteristics of sexually aggressive youth include a description of their families, risk factors, sexually offending and other behaviors, victim characteristics, and services authorized. Lastly, this report will conclude with a discussion of the policy and practice implications for this data, and a set of recommendations regarding service delivery to these youth.

This evaluation is descriptive and formative in nature. The purpose of the evaluation is to provide DCFS administrative and field staff with information about the characteristics of the youth served within DCFS, and to provide some preliminary information on case management practices related to sexually aggressive youth. Outcomes related to the provision of treatment to sexually aggressive youth were not evaluated in this research. An additional study would need to be conducted to examine long term outcomes for these youth. The data collected in this project could serve as a baseline for such an evaluation. The data from this evaluation also provides a basis for recommendations regarding policy and program issues related to providing services to a population of children who are sexually aggressive towards other children. An examination of this issue is particularly relevant since an overwhelming majority of sexually aggressive youth in this study are in DCFS placements.

This study identified 691 sexually aggressive youths on open/active DCFS caseloads. These youths have serious dysfunctional families and behavioral histories, and continue to exhibit serious dysfunctional behaviors while in the care and custody of DCFS. All of the youth identified in this study were eligible for specialized treatment resources available under the Community Protection Act. Thirteen percent of the children eligible were referred for services during the first year.

Most of these youths are not held accountable for their behaviors through arrest and prosecution. The major outcome of their behavior is referral to DCFS and removal from their families. Sometimes these youth are removed for their own protection, and sometimes to protect others. However, once in DCFS custody these children continue to exhibit seriously disturbed behaviors including verbal, physical and sexual aggression.

Despite the small percentage of youth who were actually charged for their sexually aggressive behavior, these youth were responsible for nearly 4,000 known or suspected incidents of sexual aggression. Youth who were referred for CPA treatment were responsible for 1,957 known sexually aggressive acts, and youths who were not referred for CPA treatment were responsible for 1,952 known sexually aggressive acts.

Most of the youth were referred to victim oriented treatment providers despite the current trend in sex offender treatment which holds that offending behaviors must be dealt with before the offenders own victimization. This orientation is consistent with emerging "accountability" models. In this light, few of the sexually aggressive youth in DCFS are held accountable by the justice system, DCFS, or the treatment community. This lack of accountability may be due to policies, lack of knowledge/understanding about the issues and/or, lack of resources. Regardless of the reason for the current approach to service, it appears timely to re-examine the current approach to assessment and service delivery for these youth. This re-examination should include all the systems associated with these youth (juvenile justice, prosecutors, social services, probation/parole and community providers).

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ACT TREATMENT COMPARED TO YOUTH ELIGIBLE FOR TREATMENT,  
BUT NOT REFERRED

I. INTRODUCTION

This report is one of three reports that describe the results of a study of the characteristics of youth served in the Division of Children and Family Services (DCFS) who are considered to be sexually aggressive. The first report provides a description of the characteristics of sexually aggressive youth (SAY) currently served on open/active DCFS caseloads, comparing SAY under age 12 to SAY over the age of 12. This report focuses on a description of sexually aggressive youth who were referred for treatment under the provisions of the 1990 Community Protection Act, and provides a comparison of treatment vs. non-treatment youth. The third report provides analysis of the expenditure of treatment funds.

II. DEFINITION OF SEXUALLY AGGRESSIVE YOUTH

The youth in this report are characterized as sexually aggressive as opposed to juvenile sex offenders because most of the youth are not adjudicated even though their behaviors are consistent with definitions of sexual offenses as outlined in RCW 9.94A.030. Those youth in the study who have been adjudicated, have completed their sentence and are referred to DCFS post-institutionalization, for services. For the purposes of this report, sexually aggressive behavior includes rape, molest and non-contact sexual acts such as exposure, public masturbation, or peeping. (See Appendix A, pages A1 & A2 for actual definitions used).

In 1989 the Washington State Legislature passed ESSHB 6259, the Community Protection Act (CPA), which increased the penalty for sexually offending behavior, provided treatment resources for high risk sexually aggressive youth and provided additional resources for the treatment of victims of sexual abuse. Section 305 ESSHB 6259 authorized 1.196 million dollars in specialized treatment funds for youths identified as sexually aggressive who are currently served in DCFS programs. To be eligible for the treatment funds the youth had to have committed a sexually aggressive act, and must have been a victim of abuse him/herself. Lastly, the youth had to be in the care and custody of DSHS. It was thought that these funds would be sufficient to provide treatment resources for sixty (60) high risk youth.

In order to determine the context from which the treatment youth were selected, DCFS initiated an exploratory research project. The purpose of the research was to:

1. Determine the number and characteristics of youth meeting the definition of sexually aggressive who are on current, active, child welfare caseloads in the State of Washington.
2. Conduct a preliminary evaluation of the implementation of the provisions of the act that provided for treatment of high risk sexually aggressive youth, and examine the characteristics of the youth receiving services under the Community Protection Act treatment funds compared to a similar population of youth who were receiving business as usual from DCFS.

A parallel evaluation of the expenditure of CPA treatment funds for sexually aggressive youth was also conducted by Dr. Joanne Ray, Eastern Washington University, Cheney, Washington. That evaluation was funded by the Washington Institute for Public Policy (WIPP).

### III. DESCRIPTION OF THE STUDY

This report provides a comparison of the characteristics of youth who received treatment utilizing CPA funds compared to similar youth currently on open DCFS caseloads who were eligible for the funds, but who received services under normal DCFS service mechanisms. The data on the characteristics of sexually aggressive youth include a description of their families, risk factors, sexually offending and other behaviors, victim characteristics, and services authorized. Lastly, this report will conclude with a discussion of the policy and practice implications for this data, and a set of recommendations regarding service delivery to these youth.

This evaluation is descriptive and formative in nature. The purpose of the evaluation is to provide DCFS administrative and field staff with information about the characteristics of the youth served within DCFS, and to provide some preliminary information on case management practices related to sexually aggressive youth. Information and comments provided by evaluators during the course of a formative evaluation often result in changes in the final program design. Outcomes related to the provision of treatment to sexually aggressive youth were not evaluated in this research. An additional study would need to be conducted to examine long term outcomes for these youth. The data collected in this project could serve as a baseline for such an evaluation. The data from this evaluation also provides a basis for recommendations regarding policy and program issues related to providing services to a population of children who are sexually aggressive towards other children. An examination of this issue is particularly relevant since an overwhelming majority of sexually aggressive youth in this study are in DCFS placements.

#### IV. SAY ENTRY INTO DCFS PROGRAMS

Children enter into and receive services from the Division of Children and Family Services through three program "doors":

##### A. Child Protective Services (CPS)

Children enter the Child Protective Services program when there is a report to DCFS that a child has been abused and/or neglected, or that a child is at imminent risk of child abuse and/or neglect. In the case of sexually aggressive youth, families may be referred to CPS because there is a victim age child in the home and there is concern that this child may be victimized, or revictimized by the SAY. On the other hand, sexually aggressive youth themselves may be abused and/or neglected by their caretakers, and are referred to DCFS for protection.

##### B. Family Reconciliation Services (FRS)

Children enter the Family Reconciliation program when either a child or parent requests services from DCFS to help them resolve family conflict. SAY generally enter the Family Reconciliation Services (FRS) program when there is no victim age child in the home, and there is no allegation, or indication of child abuse/neglect toward the SAY, but the sexually aggressive behavior has caused a family conflict that the family themselves are unable to resolve without assistance. The FRS program is voluntary and provides crisis intervention services of limited duration.

##### C. Child Welfare Services (CWS)

Sexually aggressive youth may enter the CWS program because they have no parent/guardian who is willing or able to provide care and protection for them. In this instance, many youth are in the care and custody of DCFS for the provision of placement services.

#### V. STATEWIDE CHARACTERISTICS OF SEXUALLY AGGRESSIVE YOUTH SERVED IN DCFS

In order to determine the context from which the SAY treatment youth were selected, DCFS initiated an exploratory research project to determine the number of sexually aggressive youth on current, active child welfare caseloads in the State of Washington. The case count provided data on the total number of youth statewide, identified by caseworkers as sexually aggressive on open active DCFS caseloads. The second component of the study was to provide a description of sexually aggressive youth, their families, risk factors associated with the youth and their families, and a

description of services authorized. This data was to serve as a context against which to compare the SAY children who were referred to and received treatment under the CPA authorized funds.

A. Method

In October, 1990, DCFS caseworkers statewide were asked to identify by name and case number, any sexually aggressive youth on their caseloads who met the legislative definition of eligibility for CPA treatment funds. In order to be eligible for the count, the youth had to be an open and active case, they had to have committed a sexually aggressive act, be victims of child abuse and/or neglect themselves, and be in the care and custody of DSHS.

B. Characteristics of Identified SAY on DCFS Caseloads

A total of (691) sexually aggressive youth were identified during the October, 1990 case count. These youth were present in the CPS, FRS, and CWS programs! Four general characteristics of these youth were collected as part of the statewide count. These characteristics were location, gender, age and ethnicity. A brief description of the youth will be provided here. (For greater detail see Appendix A, page A3)

In general, SAY were distributed regionally proportionate to the child population in each region. The majority of the identified youth were between the age of 13-18 (67%), however, one in three youths were under the age of 12. Overwhelmingly, the identified youth were male (84%), and most were Caucasian (76%). It is interesting to note, that one in four of these youth were children of color, and over half of the children of color were from bi-racial families.

VI. DESCRIPTION OF STUDY SAMPLE

A. Non-CPA Treatment Sample

For the purposes of this study, a random sample of approximately 200 sexually aggressive youth statewide were selected for an extensive case review. These 200 youth were not referred for special treatment utilizing CPA treatment funds. The sample was stratified by the six regions statewide so that the findings would be considered generalizable to the total population of sexually aggressive youth served by DCFS. During the course of the study, 17 of the original random sample became CPA treatment cases and were transferred to the treatment group for analysis. The remaining 183 cases were included in the analysis of DCFS sexually aggressive CPA non-treatment youth. It should be noted, however, that CPA non-treatment group does not mean these children did not receive



treatment services. CPA treatment children received additional services over and above "business as usual" interventions.

B. CPA SAY Treatment Sample

Eighty-eight SAY referred and approved for treatment from July 1, 1990 through May, 1991 were included in the CPA "treatment" group. The following is a summary description comparing the characteristics of SAY in the CPA non-treatment and treatment groups. (For greater detail see Appendix A, pages A4-A14, which includes graphs and charts for each of the descriptive categories discussed)

C. Characteristics of CPA and Non-CPA Sexually Aggressive Youth

1. Demographic Description of SAY (Appendix A, page A4)

While the majority of SAY statewide were over the age of 13 (73%), significantly more youth under the age of 12 were referred for CPA treatment (46%). There were no disproportionate gender or ethnic differences between CPA treatment and CPA non-treatment youth.

About half the children came from single parent homes, and one in three had behavioral histories that included fire setting, bed wetting and animal cruelty or animal mutilation. In summary, the only demographic difference between youth who were referred for treatment compared to those who were eligible for referral was that SAY under the age of 12 were significantly more likely to be referred to the CPA treatment than older SAY.

2. Case Characteristics (Appendix A, pages A5-A7)

Nearly two out of three sexually aggressive youth entered DCFS via the CPS program. Slightly more of the CPA treatment group entered via CPS, which may be related to the number of younger SAY referred for treatment. Younger youth may be more likely to enter DCFS via the CPS program because more of them are identified as potential victims of child abuse and neglect as well as perpetrators.

Both CPA treatment (83%) and CPA non-treatment SAY (77%) were themselves victims of multiple types of abuse, and nearly 3 out of 4 of these youths had a previous CPS contact with DCFS before the contact that initiated their current, open case. Over 50 percent of these youth had already had two or more contacts with DCFS before the current referral. Less than 10 percent of the SAY had been in the DCFS service system for less than six months.

There was a significant difference in legal status between the two groups of SAY. CPA treatment SAY were significantly more likely to be in dependency status, and significantly less likely to be legally in the custody of their parents. This finding is not surprising, since one of the legislative eligibility criteria was that the youths had to be in the care and custody of DSHS. However, some children can be in DCFS placements and still be in parental custody, and some children can be in the Department of Social and Health Services (DSHS) custody and be placed with their parents. Further analysis of this variable is required to clarify the issues associated with legal custody status.

Sexually Aggressive Youth referred for CPA treatment (38%) were just as likely to be legally charged for their behavior when compared to SAY not referred for CPA treatment. However, only one out of three youth in either group were actually charged for their sexually aggressive behavior, and, even if they were charged, between 25 percent and 35 percent of those charged were actually charged with a lesser included offense, as opposed to charged for actual behaviors alleged to have been committed.

3. Sexually Aggressive Behavior (Appendix A, pages A8 & A9)

Despite the small percentage of youth who were actually charged for their sexually aggressive behavior, these youth were responsible for nearly 4,000 known or suspected incidents of sexual aggression. Youth who were referred for CPA treatment were responsible for 1,957 known sexually aggressive acts, and youths who were not referred for CPA treatment were responsible for 1,952 known sexually aggressive acts.

Even though the number of known incidents of sexual aggression, is similar proportionately, the youth who were referred for treatment committed an average of 22 known incidents compared to an average of 11 known incidents for youth who were not referred for treatment utilizing the special treatment funds.

This magnitude of incidents equates to a total of 755 victims for the non-treatment group and a total of 627 victims for the treatment group. Slightly more than 50 percent (742) of the victims were females compared to 46 percent (640) male victims. While over half of the incidents reported were non-touching sexually aggressive acts such as public masturbation or exposure, or sexually

explicit/aggressive language, the remaining incidents included touching offenses, with 294 reported rapes, and 626 molests for the CPA treatment youth and 254 reported rapes and 761 molests for the CPA non-treatment group.

4. Services Provided to Sexually Aggressive Youth (Appendix A, pages A10-A14)

About one in five youth from both groups were committed to the Division of Juvenile Rehabilitation (DJR), and the remainder were involved in community service or other types of sanctions. Virtually all of the youth in this study were in placement, in fact, nearly three out of four were involved in two to five placement types during the current episode of involvement with DCFS. There were no significant differences between the two groups either in types of placements or reason for placement. Most frequently these youths were placed for the protection of other children, a need to supervise these youth for protection of the youths themselves, or because other resources were not available.

While in placement these youth exhibited a significant number of dysfunctional behaviors. Two out of three youths exhibited five or more behaviors including verbal, physical and sexual aggression, property damage, and non-violent criminal behavior. Youths not referred for CPA treatment were significantly more likely to exhibit runaway behaviors and to use alcohol/drugs than the youths who were referred for CPA treatment. Nearly 50 percent of youth from both groups exhibited school behavior problems.

Virtually all youth identified as sexually aggressive were referred to at least one type of service while involved with the agency. Youth referred for CPA treatment funds were significantly more likely to receive more than one type of service referral, and were significantly more likely to be referred for both victim oriented assessment (69%) and offender specific assessments (92%).

Most commonly, both treatment and non-treatment youth were referred to community mental health centers for general mental health counseling.

5. Family, Youth and Victim Risk Factors (Appendix B)

a. Family Risk Characteristics

Both treatment and non-treatment families had histories of domestic violence and excessive

*any info on the case*

physical discipline, including histories of child abuse/neglect. Nearly 50 percent of the families had one or more family members who had an untreated history of sexual abuse. Two out of three families had one or more parents who were physically or emotionally unavailable to the child. Although considered to be related to sexual abuse, few families were assessed regarding their attitudes toward sexual behavior. However, these families did tend to minimize the extent of their child's behavior.

b. Youth Risk Characteristics

The SAY referred for treatment had higher risk scores on all factors except history of substance abuse. These youths were rated as more sophisticated, using higher levels of coercion, showing less empathy for their victims, showing patterns of escalation, and more likely to deny their behaviors. The youth not referred for special treatment had significantly higher levels of substance abuse reported. This risk factor alone could be problematic, because it is believed that substance abuse releases inhibitors which could increase the likelihood that a youth might reoffend.

c. Victim Risk Characteristics

Victims of the youth who were referred for treatment appeared to be more likely to have been prior victims of abuse, with lower levels of functioning. In general, the victims for both groups of youth were unable to protect themselves verbally or physically. The victims, in general, were functioning below age level at school, exhibited some behavioral problems, had themselves already been previously victimized and had not received treatment for their prior victimization.

6. Summary of Characteristics of SAY Referred for Treatment Compared to SAY Not Referred for Treatment

Almost all of the 691 youth identified as sexually aggressive youth in the October, 1990 case count were eligible for referral to the SAY treatment project authorized by ESSHB 6529. During the first year of project operation 88 youth were referred for treatment. This descriptive analysis revealed that there were some differences and similarities between the SAY referred to the CPA treatment project compared to those youth who

were not. The major demographic differences were related to location, age and family size. There was a geographic disparity in referral with most of the youth referred from single offices within regions. The majority of youth referred to the treatment project were younger and from large families where there were younger siblings in the home. The sexually aggressive youths themselves were victims of multiple types of abuse and had exhibited significantly disturbed, non-sexual behavior, prior to referral to the agency on their current referral.

The majority of youth had a prior agency contact. The youth entered primarily through the CPS system because they themselves were potentially victims of abuse, or there were victim age children in their family home who required protection from the youth. The SAY referred to the treatment project were significantly more likely to be in the legal custody of DCFS.

Between the two groups, these youth were responsible for nearly 4,000 known incidents of sexual aggression. About one-half of these incidents were classified as rape or molest behaviors, the remaining incidents were classified as non-touching sexual acts. The youth referred to the SAY treatment project had twice as many known or suspected incidents compared to the SAY who were not referred. There were an average of 22 documented incidents of sexual aggression for the treatment group compared to an average of 11 for the youth not selected for the treatment project. The approximately 4,000 documented incidents of sexual aggression recorded in DCFS case files and psychiatric evaluation reports equate to 1,382 victims, with slightly more female victims (742) compared to male victims (640). The non-treatment group had an average of four victims, and the youth referred for CPA treatment had an average of seven victims at the time of this study.

Ninety-four percent (94%) of the non-treatment youth were reported as committing a new incident after their current case was opened with DCFS, and 86 percent (86%) of the CPA treatment youth were also documented as committing a new offense post case opening. Despite the significant numbers of incidents of sexual aggression and the number of identified victims only one in three of these youth were prosecuted, and of those charged, an additional 33 percent (33%) were charged with a lesser included offense. Few of these youth are actually held accountable for their behavior.

The youth referred to the treatment project were significantly more likely to be referred for offender

specific assessments compared to the non-selected youth. The youth not selected were much more likely to be referred to non-offender specific community based counseling. Generally, these youths are treated as victims, not offenders.

The majority of CPA experienced multiple DCFS placements. The number of placements was related to the significant levels of dysfunctional behavior exhibited by these children. These youths come from dysfunctional, violent families, with the risk factor analysis indicating a greater degree of dysfunction present in the families selected for the CPA treatment project. These families had histories of domestic violence, untreated victim histories, and prior incidents of sexual victimization. The youth not selected for the SAY treatment referrals exhibited more runaway and substance abuse related behaviors.

The youth in either group selected vulnerable children who had often been previously victimized. Their behaviors show a pattern or escalation. It appears that the youth referred for treatment were younger, but their behaviors in terms of escalation and frequency had increased at a more rapid pace than the older youth.

## VII. POLICY AND PRACTICE IMPLICATIONS/RECOMMENDATIONS

### A. Policy and Practice Implications

This study identified a significant number of sexually aggressive youths on open/active DCFS caseloads. These youths have serious dysfunctional families and behavioral histories, and continue to exhibit serious dysfunctional behaviors while in the care and custody of DCFS. All of the youth identified in this study were eligible for specialized treatment resources available under the Community Protection Act. Thirteen percent of the children eligible were referred for services during the first year.

Not all of the children in this study will become pedophiles, or adult molesters. Some children are exhibiting sexually reactive behavior to their own victimization. The majority of these children have experienced multiple types of abuse and in many of the families there is at least one untreated victim of sexual abuse.

Most of these youths are not held accountable for their behaviors through arrest and prosecution. The major outcome of their behavior is referral to DCFS and removal from their families. Sometimes these youth are removed for their own protection, and sometimes to protect others. However, once in

DCFS custody these children continue to exhibit seriously disturbed behaviors including verbal, physical and sexual aggression.

*deal  
w/ offenders  
behaviors*

Most of the youth were referred to victim oriented treatment providers despite the current trend in sex offender treatment which holds that offending behaviors must be dealt with before the offenders own victimization. This orientation is consistent with emerging "accountability" models. In this light, few of the sexually aggressive youth in DCFS are held accountable by the justice system, DCFS, or the treatment community. This lack of accountability may be due to policies, lack of knowledge/understanding about the issues and/or, lack of resources. Regardless of the reason for the current approach to service, it appears timely to re-examine the current approach to assessment and service delivery for these youth. This re-examination should include all the systems associated with these youth (juvenile justice, prosecutors, social services, probation/parole and community providers).

B. Recommendations

1. DCFS take the lead in establishing an advisory council for the purpose of examining current issues associated with children who are sexually aggressive toward other children.

As part of that review the following areas should at least be examined:

- a. Law enforcement policies regarding the arrest of juveniles.
- b. Prosecutorial policies regarding prosecution of SAY.
- c. Availability, adequacy and consistency of offender treatment specialists.
- d. Availability, adequacy of placement resources for these youth.

That the Advisory Group develop comprehensive recommendations regarding coordinated public/private response to these children.

2. DCFS should consider specialized training in the area of SAY for staff. A goal of having at least one specially trained staff within each DCFS unit would be optimal.

3. A SAY treatment/case management model should be developed and adopted specifying standards for investigation and assessment of risk, evaluation, treatment, monitoring/supervision, etc. The model should incorporate agency standards, i. e., family focused, least restrictive, culturally responsive.
4. DCFS should not assume that credentialing of sex offender evaluators will insure adequate evaluations and treatment. The case management model should specify exactly what is expected in evaluations, treatment and foster care milieu for incorporation in contract specifications.



APPENDIX A

## DEFINITIONS OF SEXUAL ABUSE OFFENSES

In the area of child sexual abuse, Washington's statutory scheme is based on three central factors: the age of the victim; the intrusiveness of the act (intercourse vs. contact) and the relationship between the child and the perpetrator.

Rape of a Child first degree, second degree, or third degree involves an offender having sexual intercourse (broadly defined) with a child. There is no requirement of force or coercion. The crime is proved by showing the age of the victim, the age of the offender, and the act of intercourse. For Rape of a Child first degree, the victim is under 12 and the offender more than 24 months older than the child. Rape of a Child second degree is when the victim is 12 or 13 and the offender is more than 36 months older. It is Rape of a Child third degree when the child is 14 or 15 and the offender more than 48 months older than the victim. For all of these crimes it is not a defense that the offender did not know the victims age. It is a defense the offender must prove, that he reasonably believed the victim to be older based on representations by the victim.

Child Molestation in the first degree, second degree and third degree is committed when the offender has "sexual contact" with the child (as opposed to sexual intercourse as required for Rape of a Child). Sexual contact is the touching of a child's intimate parts for the purpose of sexual gratification. The touching may be over the child's clothing, as long as the state can prove the touching was for sexual gratification. The age of the victim and age differentials between victim and offender are the same as for Rape of a Child first degree, second degree and third degree. Under both the Rape of a Child and Child Molestation statutes, each act of sexual assault may theoretically be separately charged. Tens, if not hundreds of counts could be charged. As a practical matter, most prosecutors charge three to five counts for long term abuse situations and then also ask for an aggravated sentence based on the pattern of contact.

Incest in the first degree and second degree require the victim be under 18 and the offender be in a familial relationship: parent, step-parent: grandparent, sibling, etc. Incest in the First Degree is committed when the offender has sexual intercourse with the child; second degree Incest requires only sexual contact. The incest statutes substantially overlap the Child Rape and Child Molestation statutes. It is in the prosecutors discretion to charge either the appropriate level of Rape of a Child or Incest First Degree, or both; arising from the abuse of, for instance, the 10 year old daughter of the offender. Most prosecutors use the Rape of a Child and Child Molestation statutes where possible, and charge incest when the victim is 16 and 17 years of age and the other statutes do not apply.

## DEFINITIONS OF SEXUAL ABUSE OFFENSES (Cont.)

Sexual Misconduct with a Minor first degree and second degree criminalize intercourse (first degree) and sexual contact (second degree) with 16 and 17 year old victims by persons in a "significant relationship" to the child. These statutes are designed to criminalize sexual contact with minors by people who are in a position of trust to the minor in the eyes of the community: teachers; coaches; counselors, etc.

The final catch-all statute is the gross misdemeanor crime of Communicating With a Minor For Immoral Purposes. Any "communication", words, gestures, writings, etc., that can be shown to have been for an immoral purpose, is chargeable under this law, if the child is under 18.

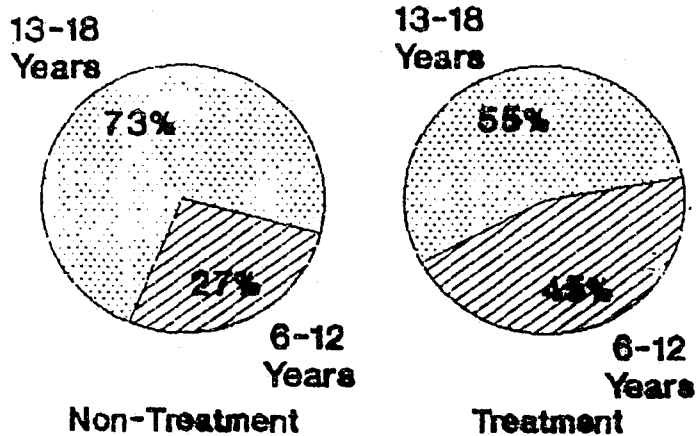
As indicated, these statutes can be, and frequently are charged together, in various combinations, to encompass a series of abusive contacts with a single child. In addition to these statutes in which the gravamen of the crime is the child's age, forcible rape of a child may also be charged where the element of forcible compulsion can be proven. The penalties range widely, with a single count of Rape of a Child I carrying a presumptive sentencing range of 51-68 months in prison, all the way down to Child Molestation 3 carrying a presumptive range of one to three months in the county jail.

**AGE AND ETHNICITY OF SEXUALLY AGGRESSIVE YOUTH  
IDENTIFIED ON OPEN CHILD WELFARE CASELOADS\*  
BY REGION  
OCTOBER 1990**

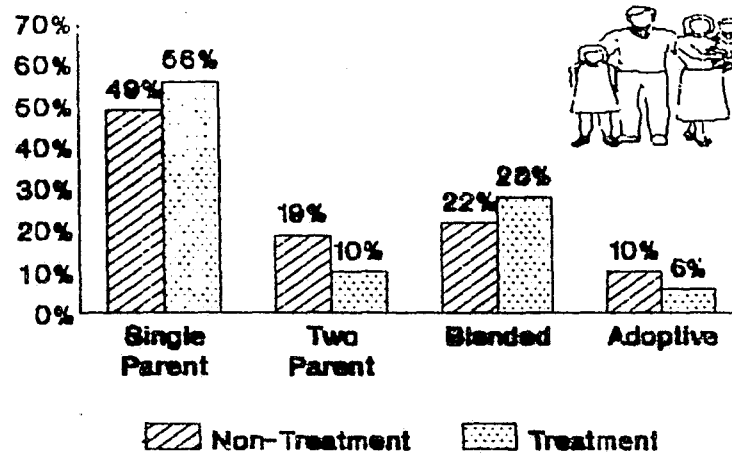
REGION	1		2		3		4		5		6		TOTAL	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
AGE	< 12		16 34%		37 36%		90 43%		45 35%		45 37%		263 38%	
	13		31 66%		65 65%		118 57%		82 65%		78 63%		428 62%	
<b>TOTAL</b>	84		47		102		208		127		123		691	
ETHNICITY:	Caucasian		35 70%		82 80%		140 67%		93 73%		107 87%		525 76%	
	Children of Color		12 26%		20 20%		68 37%		34 27%		16 13%		166 24%	
<b>TOTAL</b>	84		47		102		208		127		123		691	

\* Does not include youth in Juvenile Rehabilitation although some youth may have previously been in DJR.

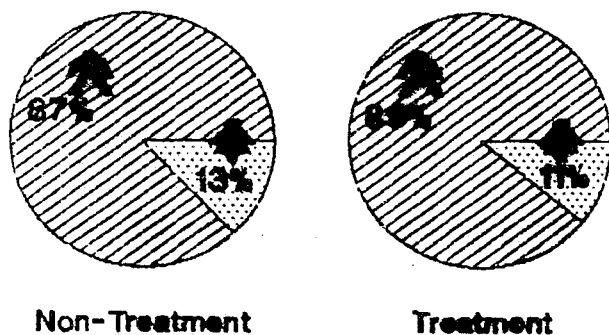
### AGE



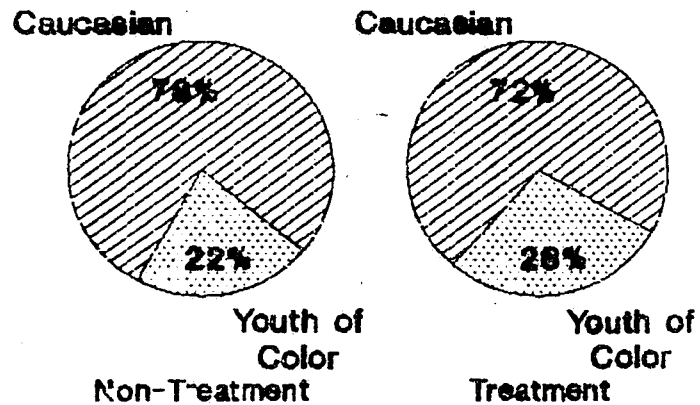
### FAMILY COMPOSITION



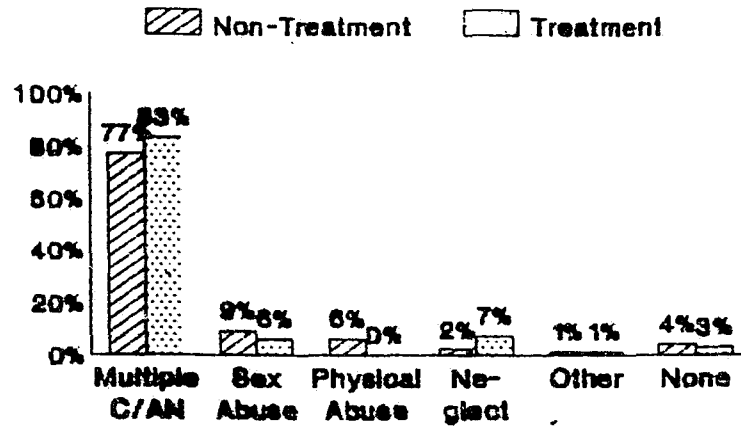
### GENDER



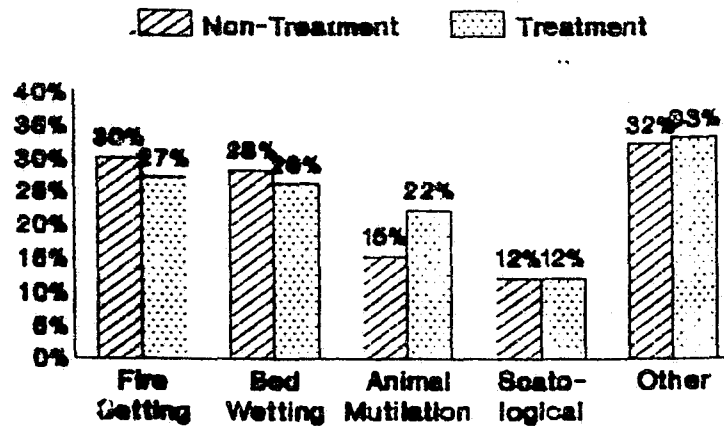
### ETHNICITY



# S.A.Y. VICTIMIZATION

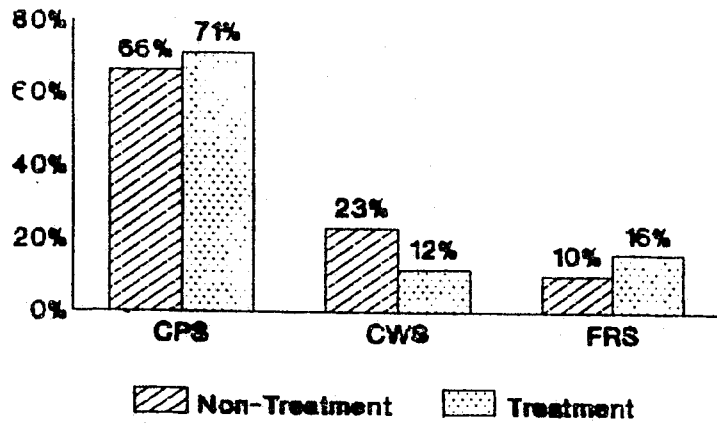


# BEHAVIORAL HISTORY \*

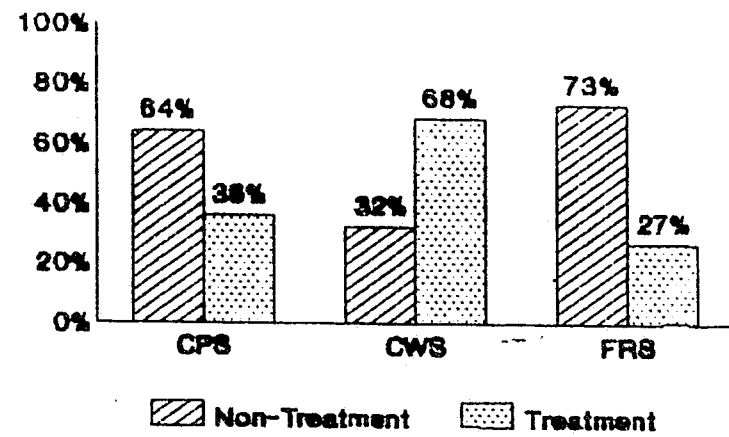


\* Could exhibit more than 1 behavior

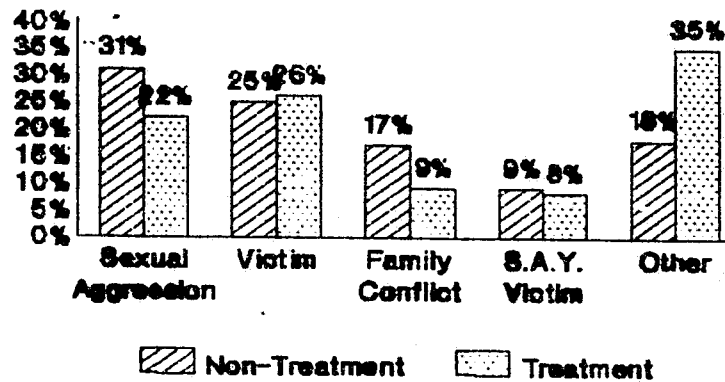
### ENTRY PROGRAM



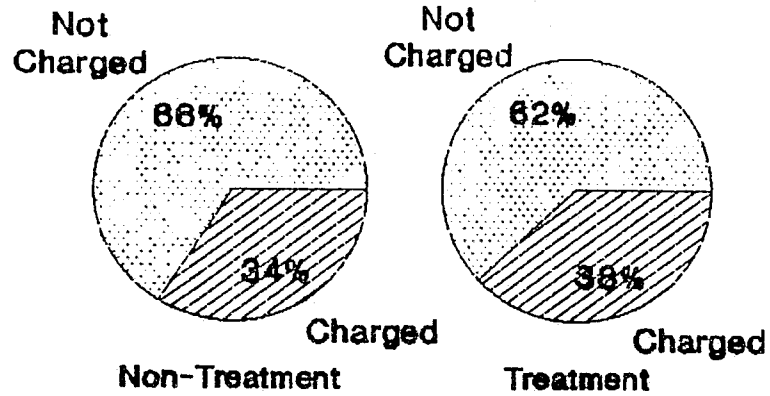
### PRIOR DCFS CONTACT



### REASON FOR REFERRAL TO DCFS

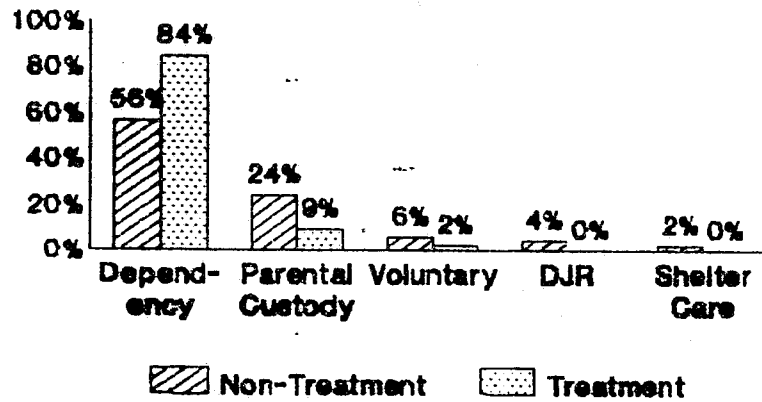


## CHARGE STATUS



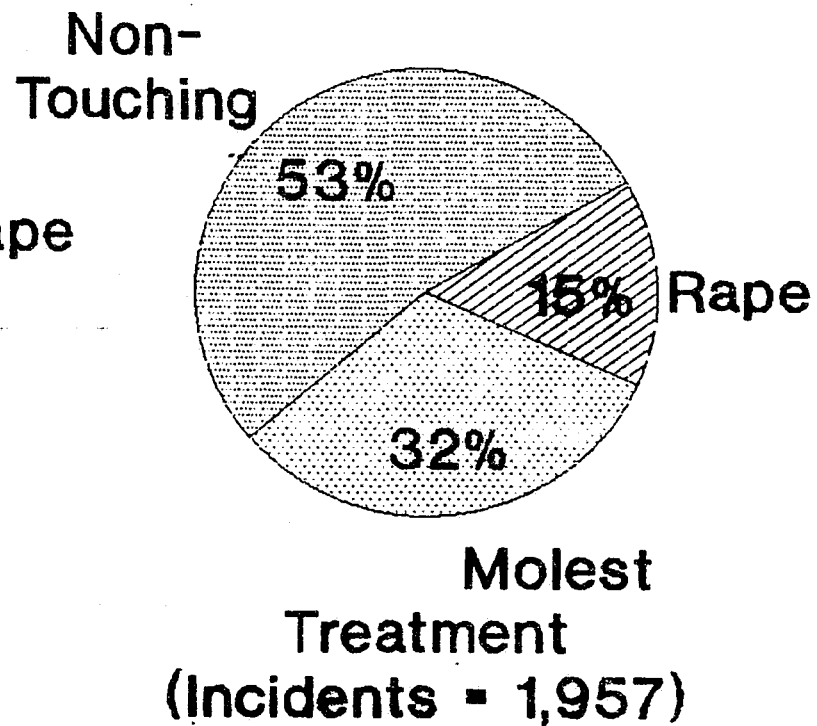
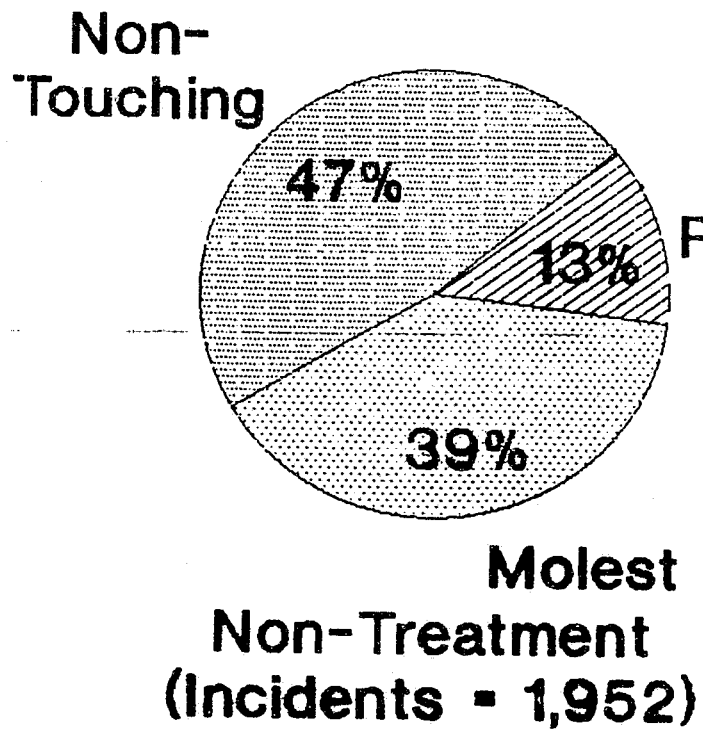
A-7

## LEGAL STATUS FOR PLACEMENT

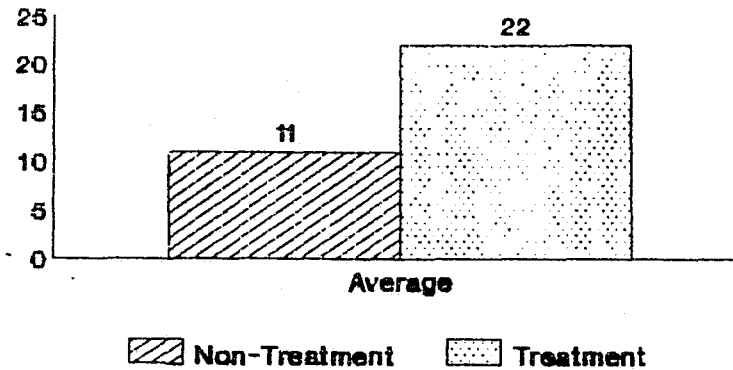




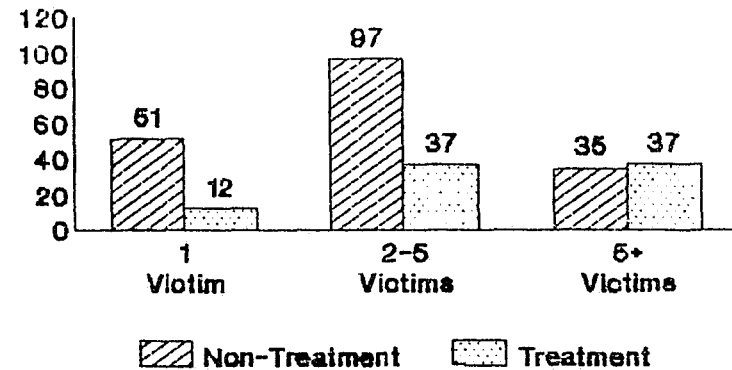
# Total Incidents of Sexual Aggression



### AVERAGE NUMBER OF REPORTED INCIDENTS

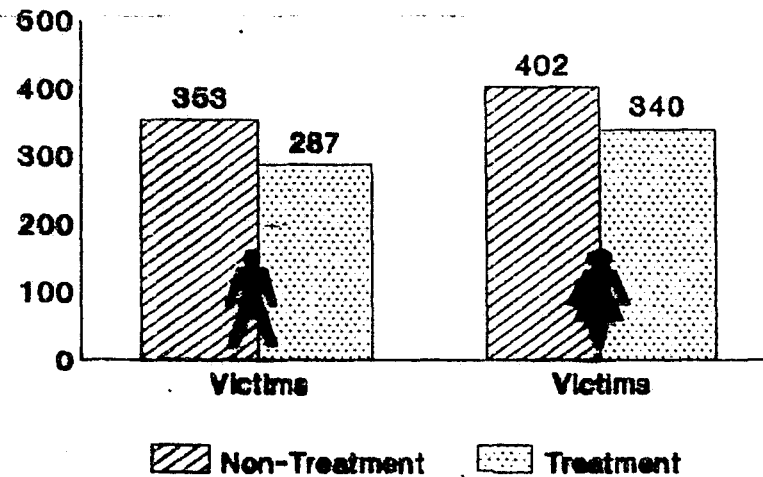


### NUMBER OF VICTIMS PER YOUTH

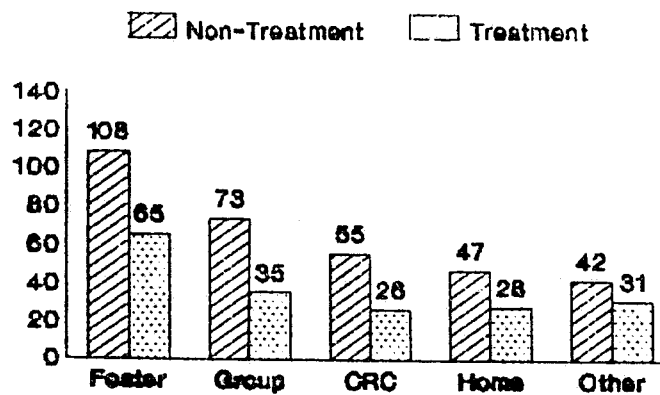


A-9

### TOTAL NUMBER OF VICTIMS



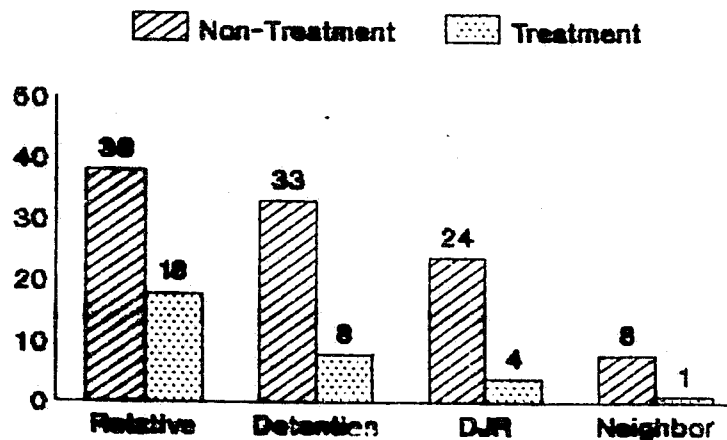
## TYPES OF PLACEMENT\*



\*Could be more than 1 placement

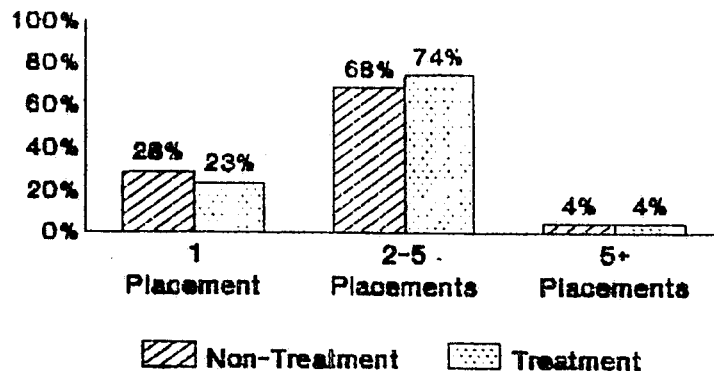
A-10

## TYPES OF PLACEMENT\*

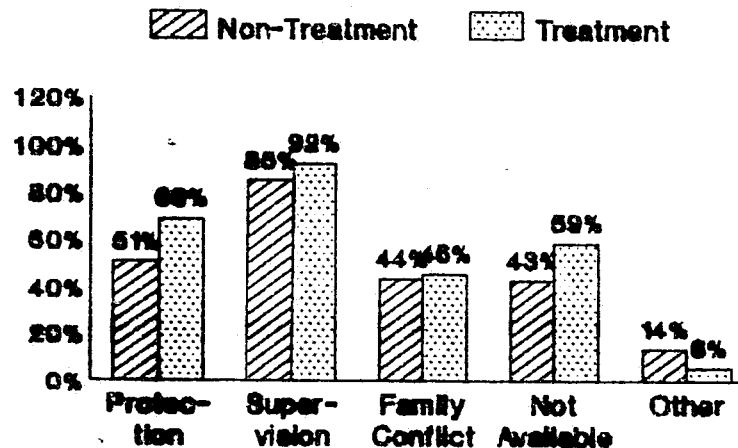


\*Could be more than 1 placement

## NUMBER OF CURRENT PLACEMENTS

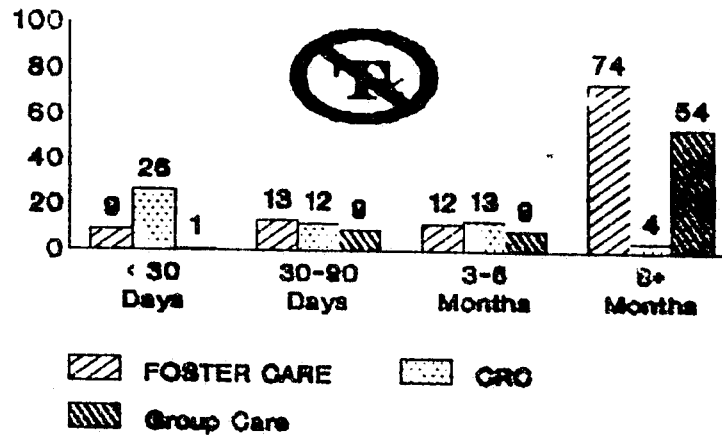


## REASON FOR PLACEMENT\*

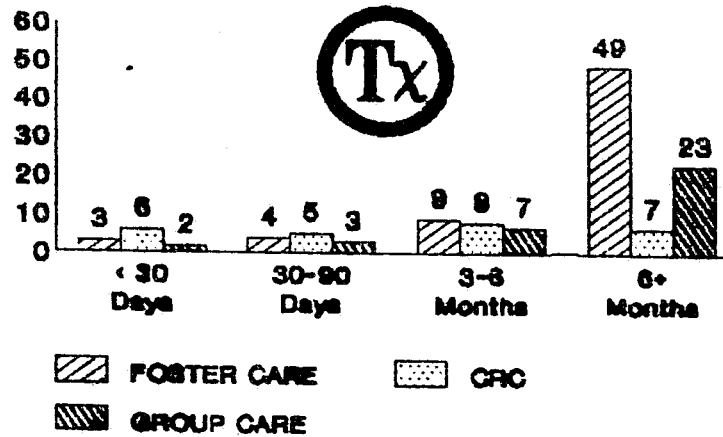


\*Could be more than 1 reason

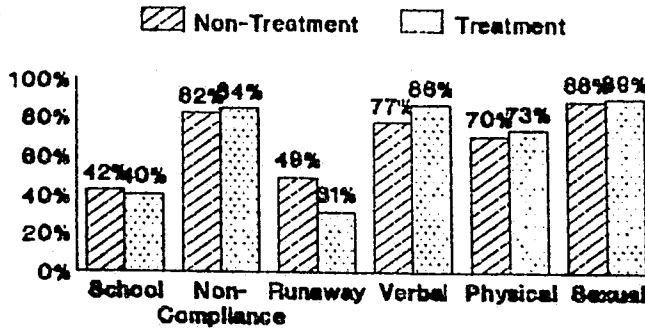
### TIME STAYED IN PLACEMENT\*



### TIME STAYED IN PLACEMENT\*

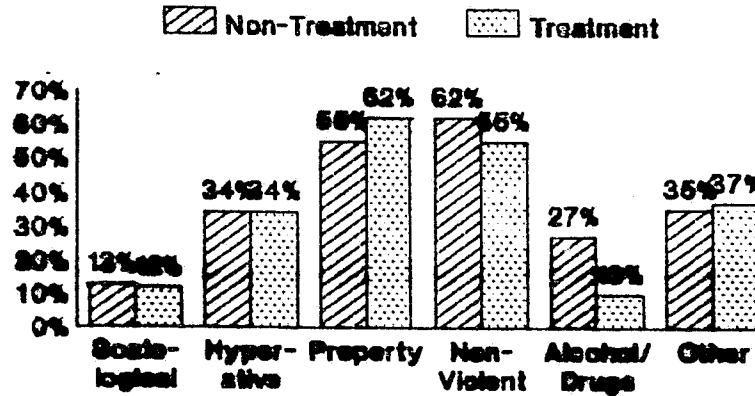


## PROBLEM BEHAVIORS IN PLACEMENT\*



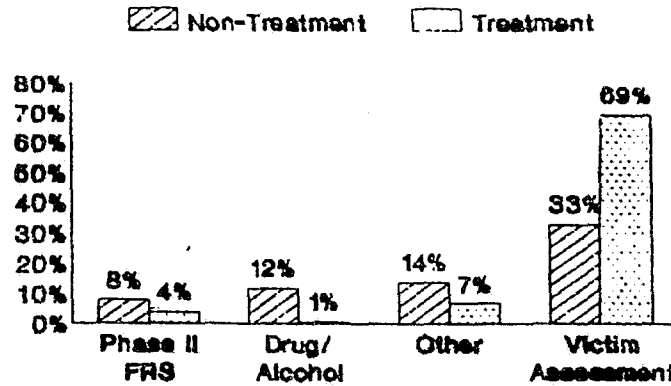
\* Could exhibit more than 1 behavior

## PROBLEM BEHAVIORS IN PLACEMENT\*



\* Could exhibit more than 1 behavior

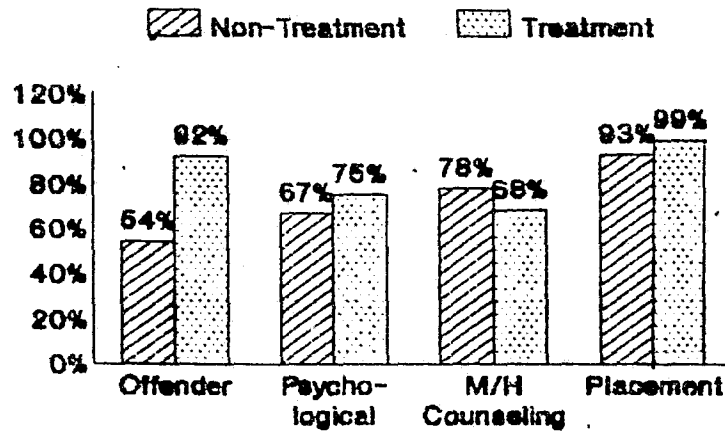
## TYPES OF SERVICES\*



\*Could receive more than 1 service

A-14

## TYPES OF SERVICES\*



\*Could receive more than 1 service

APPENDIX B



# SEXUALLY AGGRESSIVE YOUTH RISK ASSESSMENT GUIDELINES

## ASSESSMENT CATEGORIES

- | A. <u>Family and Environmental Characteristics</u> | B. <u>Sexually Aggressive Youth Characteristic</u> | C. <u>Victim Vulnerability Index</u>                  |
|--|--|---|
| (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

Family is extremely closed to using outside resources or supports

5

4

Family is willing to seek support but needs assistance

3

2

Family has established a system of supports and seeks assistance when needed

1

### Geographical Isolation

Family is geographically isolated due to transportation or

5

4

Family is willing to seek support but needs assistance to obtain it

3

2

The family is in close proximity or has easy access to supports

1

### History of Violence

There is a history of domestic violence and excessive physical discipline

5

4

Family has recognized violence as a problem and has taken steps to reduce this

3

2

There is no history of family violence

1

### Method of Dealing with Anger

Family is not able to express hostility and anger openly

5

4

With support the family is capable of opening up and discussing problems together

3

2

Feelings and problems are discussed openly within the family

1

### Attitude Toward Sex

Family exhibits discomfort verbally or behaviorally when the topic of sex is brought up

5

4

Family has not discussed sex but is open to sex education

3

2

Family has discussed age appropriate information about sex with children

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

Youth was totally unresponsive to victim's expressions of distress

5

4

Youth responded to overt signs of distress from victim and stopped his behavior at this point

3

2

Youth recognized harmful effect of actions on victim and stopped

1

Escalation

Youth's history indicates sexually aggressive behaviors are repetitive and possibly escalating in severity and/or frequency

5

4

Minimal history of sexually aggressive behavior

3

2

This incident is the first documented offense/or indication of sexually aggressive tendency

1

Resistance

Youth refuses to cooperate with evaluation and treatment

5

4

Youth resists full disclosure but exhibits some willingness to cooperate

3

2

Youth is open and cooperative

1

Denial

Youth denies involvement in offense despite conviction and victim's statements

5

4

Youth acknowledges some but not all details of the offense, but minimizes seriousness or responsibility for behaviors

3

2

Youth openly acknowledges involvement in and details of offense

1

History of Psychiatric Disturbance

Youth has significant impairment in thought processes such that they are unable to control their behavior, i.e., fire-setting, torturing animals.

5

4

Youth has some history of psychiatric behavioral disturbance, but has exhibited some ability to control actions

3

2

Youth has no history of behavioral or psychiatric illness

1

History of Chronic  
Substance Abuse

- |     |   |  |  |   |   |
|-----|---|--|--|---|---|
| 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 |   |   |
|     | 5   | 4  | 3  | 2 | 1 |

History of Physical/  
Sexual Abuse

- |     |  |  |  |   |   |
|-----|--|--|--|---|---|
| 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 |   |   |
|     | 5  | 4  | 3                                      | 2 | 1 |

Social Skills

- |     |   |   |  |   |   |
|-----|---|---|--|---|---|
| 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 |   |   |
|     | 5   | 4   | 3  | 2 | 1 |

Knowledge About Sex

- |     |   |  |  |   |   |
|-----|---|--|--|---|---|
| 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 |   |   |
|     | 5   | 4  | 3  | 2 | 1 |

Level of Intellectual  
Functioning

- |     |                                   |  |   |   |   |
|-----|-----------------------------------|--|---|---|---|
| 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 functioning at least at age appropriate grade level in school |   |   |
|     | 5                                 | 4  | 3   | 2 | 1 |

# VICTIM VULNERABILITIES INDEX

## Degree of Trauma

Victim exhibits multiple behavior changes as a result of sexual aggression

5

4

Some evidence of fearfulness or other behavior changes such as age/developmental regression, nightmares, or bedwetting

3

2

The victim has experienced an act of sexual aggression but there are no observable disturbed behaviors attributed to the sexual act

1

## Verbal Ability to Report

A victim who does not have verbal skills that would allow disclosure

5

4

A victim who has some verbal skills but may not be able to give specific details

3

2

A victim who has sufficient verbal skills that would allow them to disclose

1

## Victim's Level of Assertiveness

A child who is physically and verbally unable to assert opposition or repel aggressor

5

4

A child who is able to express verbal/physical resistance, but who has less physical strength than aggressor

3

2

A child who clearly asserts verbal and physical resistance

1

## Victim's Awareness of Appropriate Sexual Behavior

A child who does not recognize inappropriate sexual activity

5

4

A child who has some confusion about good or bad touch and confusion about reporting

3

2

A child who clearly knows the difference between good and bad touch and is willing to report

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