



# Juvenile Sexual Offenders and Their Victims: Final Report

A Report Submitted to  
The Governor and  
The Florida Legislature

Task Force on  
Juvenile Sexual Offenders  
And Their Victims

January 18, 2006



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# Executive Summary

The 2005 Florida Legislature authorized the creation of the Task Force on Juvenile Sexual Offenders and Their Victims (C2005-263, L.O.F.). Governor Jeb Bush appointed Task Force members who began their work in July 2005. The Task Force was given a broad mandate to examine all aspects of how the State of Florida processes and treats juvenile sexual offenders and their victims. Specifically, the Task Force was directed to make findings including, but not limited to:

- Identification of statutes that address juvenile sexual offenders.
- A profile of the offenses committed by juvenile sexual offenders placed in programs from July 2000 to July 2005.
- An assessment of the appropriateness of placements based on the acts committed.
- Identification of community-based and residential commitment programs available for juvenile sexual offenders.
- Assessment of the effectiveness of juvenile sexual offender programs.
- Identification of qualifications of staff who serve juvenile sexual offenders.

To fulfill its mission, the Task Force held five meetings and a series of conference calls. Their study of Florida Statutes, juvenile sexual offenders in Florida, resources for treatment of juvenile sexual offenders and their victims, assessment, placement and qualifications of staff resulted in a number of findings and recommendations contained in this report.

## ***Findings of the Task Force***

The Task Force found that Juvenile sexual offending behavior is complex and necessitates a careful analysis of statistics, trends and research. They found significant differences between adult sex offenders and juveniles who commit sexual offenses. The Task Force reviewed research findings from national studies and from the State of Florida that indicated:

- The per capita incidence of juvenile sexual offending crimes in Florida has slightly decreased over a six-year period.
- Juveniles who commit sexual offenses have an extremely low re-offense rate.
- A significant percentage of juveniles who commit sexual offenses were themselves victimized.

The Task Force examined the types of events resulting in charges of sexual offenses, and the practices involved in the adjudication and disposition of juvenile sexual offenders. They concluded that changes in *Florida Statutes* were needed to clarify the term 'juvenile sex offender' and the issue of consensual sex between children or between adolescents to prevent unnecessary labeling or other unintended consequences that would stigmatize youth into and through adulthood.

When a sexual offense does occur, the Task Force found a critical gap in services available for victims and their families. They found that victims of child-on-child sexual offenses have needs that extend beyond the time limits and resources available through existing programs. The Task force considered victim services one of the top priorities in their findings and recommendations.

Once any youth is adjudicated for a sexual offense or an offense involving inappropriate sexual behavior, the Task Force concluded that comprehensive assessments must be conducted by qualified practitioners. The results of these assessments should drive the classification of the youth, the treatment intervention, and the decision to place the youth in the community or a residential facility to ensure that the placement is appropriate to the act committed and the treatment needs of the youth.

In identifying available treatment resources, the Task Force found that both community-based and residential treatment options are available in the Department of Juvenile Justice service continuum. In consideration of placement appropriate to the seriousness of the offense and the treatment needs of the youth, however, the Task Force found a gap in specialized treatment in lower restrictiveness or community-based settings. Additional funding or fund-shifting to increase the number of lower restrictiveness beds or community-based slots is needed.

The Task Force concluded that a successful approach to treatment of juvenile sexual offenders and their victims must include the development of a balanced continuum of care beginning with multi-agency involvement, collaboration, and cooperation at the community level. The Task Force called for local communities to work together to address the complexity of need, looking to the Department of Juvenile Justice to take the lead to establish interagency communication, coordination and collaboration to develop and maintain an adequate continuum of services.

Of the findings made by the Task Force, the availability of resources for sexual offenders and their victims, especially the lack of community-based resources was regarded most important. Task Force members considered the following findings critical and in need of immediate attention:

- A coordinated, community-based network of resources for the treatment of the victims of sexual offenders and the families of the victims is limited or non-existent in most areas of Florida.
- Comprehensive psychosexual assessments of juvenile sexual offenders by qualified professionals are not automatically required for all adjudicated youth with a history of sexually delinquent or sexually inappropriate behavior.
- The Department does not require specialized certification for all sexual offender assessment professionals under contract with the Department.
- There is a critical lack of community-based treatment resources, forcing placement of youth who represent less of a risk to public safety into expensive high restrictiveness settings.
- The use of the label 'Juvenile Sex Offender' is inappropriately applied to youth who are very young or who engaged in 'consensual' sexual behavior with victims of the same age or developmental stage with no criminal intent.



### ***Task Force Priority Recommendations***

In view of these findings, the Task Force offers the following recommendations as top priorities among the 35 compiled in the course of their deliberations:

- At a minimum, the Florida Legislature should reinstate the \$2.4 million that was cut from the community-based sex offender treatment budget to make community-based sex offender treatment available in each circuit.
- The Florida Legislature should fund a Sexual Abuse Intervention Network (SAIN) in each of the 20 judicial circuits, funded at \$100,000 annually to cover the costs of a paid coordinator and related expenses.
- The Florida Legislature should require and fund (\$290,000) comprehensive psychosexual evaluations, to be conducted by qualified practitioners and included as part of the pre-disposition report, on all adjudicated juveniles with a history of sexual delinquency or sexually inappropriate behavior.
- The Department of Juvenile Justice should contract only with qualified practitioners (defined herein) to conduct psychosexual evaluations and require that they participate in initial and ongoing training regarding the services offered by the Department.
- The Secretary of the Department of Juvenile Justice should appoint a group to study and make recommendations regarding the reallocation of resources from high-risk residential programs to lower risk residential or community treatment programs.
- The Florida Legislature should modify section 985.03, *Florida Statutes*, to change the term “Juvenile Sex Offender” to “Juveniles with Sexual Behavioral Problems.” The term “Juvenile Sex Offender” should be reserved for youth transferred to adult court for sexual offenses.
- The Florida Legislature should provide adequate funding for long-term counseling services for all sexual abuse victims ages 18 years and younger.

This report concludes with an appendix that contains the recommendations of the 1995 Task Force on Juvenile Sex Offenders and Victims of Juvenile Sex Offense and Crimes. Although much progress has been made since that report was submitted, many of the findings and recommendations found there are echoed in the findings and recommendations of the 2006 Task Force. The Task Force is pleased to be part of the commitment and efforts by the Florida Legislature and Governor Jeb Bush to care for the victims of juvenile sexual offenders, to treat the offenders effectively and to return them safely to their homes and communities.

# Background And Introduction

In 1995, a year after the creation of the Department of Juvenile Justice (throughout the report referenced as “the Department”), the Legislature authorized the creation of the first Task Force on Juvenile Sex Offenders and Their Victims (section 985.403, *Florida Statutes*). A Task Force was created that included representatives of law enforcement, the courts, state agency representatives, victims, and providers. Over a two-year period, this group studied juvenile sexual offending behavior and the service continuum for youth with sexual behavior problems. In a report dated January 1996, the Task Force concluded that “...the occurrence of juvenile sexual abuse appeared to be grossly under-reported throughout the state and there was very little structure or policy directing the response and resolution of this most serious problem.”

The Task Force issued two comprehensive reports on juvenile sexual offending and made a series of policy and practice recommendations on how to address the issue of juvenile sexual offending behavior. A review of these recommendations ten years later reveals only a few of the recommendations have been fully implemented. Attachment II provides a summary of the recommendations from the first Task Force.

In 2005, the Florida Legislature once again focused on juvenile sex offenders and their victims. During the 2005 session, the Florida Legislature authorized the creation of the Task Force on Juvenile Sex Offenders and Their Victims (C2005-263, L.O.F.). Legislators charged the Task Force with reviewing and evaluating Florida laws that define and address juvenile sexual offenders, as well as Department of Juvenile Justice practices and procedures for serving offenders and their victims. Specifically, the Task Force was to make findings including but not limited to:

- Identification of statutes that address juvenile sex offenders.
- A profile of the offenses committed by juvenile sex offenders placed in programs from July 2000 to July 2005.
- An assessment of the appropriateness of placements based on the acts committed.
- Identification of community-based and residential commitment programs available for juvenile sex offenders.
- Assessment of the effectiveness of juvenile sex offender programs.
- Identification of qualifications of staff who serve juvenile sex offenders.

The Task Force was additionally charged with making recommendations for improvement of the state’s laws, policies, programs, and funding for juvenile sexual offender programs and identification of criteria that should be satisfied prior to placement of a juvenile in sexual offender programming.

The Legislature authorized Governor Bush to appoint up to 12 members to serve on the Task Force including representatives from the following:

- Circuit Court Judge.
- State Attorney.
- Public Defender.
- Representative from the Department of Juvenile Justice.
- Two representatives of providers of juvenile sex offender services.
- Representative from the Florida Juvenile Justice Association.
- Representative from the Florida Association for the Treatment of Sexual Abusers (FATSA).
- Victim of a juvenile sexual offender.<sup>1</sup>

Governor Jeb Bush appointed task force members in July 2005 (see Appendix I). To fulfill its mission, the Task Force held five meetings and a series of conference calls. The Task Force conducted research on youth receiving sex offense treatment and conducted a comprehensive analysis of Florida's current laws, policies, procedures and practices for addressing the needs of juvenile sex offenders and their victims.

This report is a summary of current research related to juvenile sexual offending, data on the incidence of juvenile sexual offenses in Florida, a profile of youth who sexually offend, and programs currently serving youth who sexually offend. After a presentation of data and research, the report provides a summary on six areas:

- Response to Victims.
- Prevention and Awareness.
- Evaluation and Assessment.
- Treatment and Supervision.
- Legal Issues.
- Interagency Collaboration.

In each of these sections, findings and recommendations for action are included.

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<sup>1</sup> Every effort to find a victim member was made. However, due to the un-reimbursed travel and time necessary for task force participation, in addition to the issues involved in locating and recruiting a person who is currently an adult but was once victimized by a juvenile sexual offender, a victim was not successfully recruited. The victim representative for the first half of the task force was Donald Ryce, father of the late Jimmy Ryce who was murdered by an adult sexual offender. The victim representative for the second half of the task force was Jeannie Becker-Powell, who has extensive experience in the victim services field. Ms. Becker-Powell served as an ad-hoc member of the task force.

## Overview of Juveniles with Sexual Behavior Problems

In recent years an intense media spotlight on the tragic disappearance and deaths of several young children at the hands of adult sex offenders has brought this issue into sharp focus for our nation and our state. In response to such crimes, Florida created a sex offender registry and the Legislature has passed several key pieces of legislation. Most recently, the Jessica Lunsford Act was created, named for a 9-year-old girl from Homosassa Springs, who was allegedly kidnapped and murdered at the hands of an adult sex offender living across the street from her home. This Act, which passed during the 2005 legislative session, provides stricter guidelines for Florida's sex offender registry as well as tougher penalties for those convicted of sex offender crimes. The Task Force views this legislation as offering critical new protections for adult and child citizens of this state.

The intense media scrutiny over tragic cases involving adult sex offenders contributes to fear about juvenile sex offenders. During the course of its work, the Task Force identified several important distinctions between adults and juveniles who sexually offend which should be central to any policy discussion regarding this group of young offenders:

- Juveniles who sexually offend vary considerably with regard to demographics, characteristics, and offense behaviors, which leads to difficulties with interpretation and generalizability of study findings.<sup>2</sup>
- It is estimated that nearly half of all child molestations and one-fifth of all rapes are committed by juveniles.<sup>3</sup>
- Compared to adults who sexually offend, juveniles who sexually offend are less aggressive and less serious in their sexual offenses.<sup>2</sup>
- Most adolescent sex offenders are not sexual predators, do not meet the definition of pedophile, do not have deviant sexual arousal, and do not have the same long-term tendencies as adults.<sup>2</sup>
- Juveniles who sexually offend are generally treatment responsive. The overall sex offense recidivism rate for juveniles is relatively low, usually between 5% and 15%. Juveniles who successfully complete sexual offender treatment have been found to have a lower recidivism rate than their untreated counterparts.<sup>4</sup>
- Non-sexual delinquent behavior is typical among juveniles who sexually offend.<sup>5</sup> Juveniles who sexually offend are more likely to re-offend with non-sexual delinquent offenses than with new sexual offenses.<sup>2</sup>

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<sup>2</sup> National Center for Sexual Behavior of Youth. (July, 2003). NCSBY Facts Sheet: What research shows about adolescent sex offenders [electronic version]. *National Center on Sexual Behavior of Youth*, No. 1, 1-3.

<sup>3</sup> Ryan, G., Miyoshi, T.J., Metzner, J.L., Krugman, R.D., and Fryer, G.E. (1996). Trends in a national sample of sexually abusive youths [electronic version]. *Journal of the American Academy of Child and Adolescent Psychiatry*, vol. 35, No. 1:17 – 25.

<sup>4</sup> Worling, J.R. & Curwen, T., (2000). Adolescent sexual offender recidivism: Success of specialized treatment and implications for risk prediction. *Child Abuse and Neglect*, 24(7), 965-982.

<sup>5</sup> Office of Juvenile Justice and Delinquency Prevention. (2001). Juveniles who have sexually offended: OJJDP Report [electronic version]. *Office of Juvenile Justice and Delinquency Prevention*.

- Conservative estimates of sexual abuse histories among male juveniles who sexually offend indicate they are three to four times more likely to have been sexually abused than male adolescents in the general population. Various studies have found sexual abuse rates between 40% and 80% and physical abuse rates between 20% and 50% for juveniles who sexually offend.<sup>3</sup>

## **Post-Treatment Recidivism Rates Nationally and in Florida**

The Florida Department of Juvenile Justice tracks recidivism of youth who complete residential treatment. The Department's official recidivism measure is an adjudication or conviction for any new offense committed within the first twelve months after program completion. In addition to tracking recidivism, the Department produces the Program Accountability Measures Report (PAM Report). The Program Accountability Measures Report uses a methodology that calculates expected recidivism based on the risk factors for re-offending of the specific youth released from each residential program. Expected recidivism is then compared to actual or observed recidivism to derive a score ranging from Ineffective to Highly Effective for each residential program that released 15 or more youth during the two-year period of the evaluation<sup>7</sup>.

The 2005 Program Accountability Measures Report indicates that the recidivism rate for Florida youth released from high-risk residential sex offender treatment programs between July 1, 2002 and June 30, 2004 ranged from 13% to 26% among the eight programs. Five of the eight programs scored an "Average Effectiveness" rating, one of the eight high-risk residential programs scored in the "Effective" range, and two scored in the "Below Average Effectiveness" range. It is important to note that very few of the new offenses committed by these youth were sexual offenses. In fact, for the cohort of youth released from Department of Juvenile Justice sex offender treatment programs between July 1, 2001 and June 30, 2002, the most recent cohort for which recidivism offense type was analyzed in both the adult and juvenile systems, the sexual offense recidivism rate was 1.6%.

Recidivism for youth released from The Arthur G. Dozier School for Boys Sexual Offender Program (one of The Department's high-risk treatment programs located in Marianna) sex offender treatment component is tracked by the program's Specialized Treatment Program (STP) staff. The recidivism study for 2005 included 382 Dozier youth that participated in sexual offender treatment programming between November 1, 1991 and December 31, 2003. Also included in the 2005 study were 54 sexual offenders from the Jackson Juvenile Offender Correction Center (co-located with Dozier in Marianna) who completed treatment through the STP program. Among these youth, the adult and juvenile recidivism rate for new felony sex offenses was 3.6%. This rate represents all youth released over the last twelve years who have been in the community for at least one year.

The low rate of new sexual offenses for youth released from Florida sex offense treatment programs is consistent with findings from other states. For example, a recent publication based on a 10-year follow-up study on a cohort of youth released from Virginia sex offender treatment programs reported a 10-year recidivism rate for new

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<sup>7</sup> Program Accountability Measure report (2006), Florida Department of Juvenile Justice

sexual offenses of less than 5%.<sup>8</sup> Although it is likely that some juvenile sex offenses go undetected, the very low recidivism rates of these youth supports the notion that most juveniles who sexually offend appear to be highly responsive to treatment and only rarely go on to become adults who sexually offend.

## Research on Characteristics and Recidivism Rates

In discussions of treatment and management of these youth it is important that policymakers remain mindful of two critical characteristics of juveniles who sexually offend:

- They are highly responsive to treatment.
- They recidivate at an amazingly low rate.

These important characteristics of juveniles who sexually offend offer an important counterbalance to policy discussions in an era with justified, widespread concern over high-profile sex offense and homicide cases involving adult offenders and child victims. As demonstrated by the overview of national research, juveniles with sexual behavior problems are very distinct from adult sexual offenders, and most juveniles with these behaviors will not continue to perpetrate, especially if they receive appropriate treatment. It is important, in terms of appropriate use of state resources as well as appropriate treatment of youth, that policymakers are aware of these significant differences between adult sex offenders and juveniles with sexual behavior problems.

Although research indicates that many, if not most, juveniles with sexual behavior problems are highly amendable to treatment and unlikely to re-offend sexually, the Task Force recognizes that a small proportion of juveniles with sexual behavior problems are at a high risk to re-offend and may be resistant to treatment. It is very important that this small group of youth who are most likely to re-offend be properly identified through careful assessment, and that their needs are properly addressed in the juvenile justice system, which includes protecting other youth from the peer influence and potential victimization that may result from co-mingling within residential programs.

The Task Force also recognizes that normal, healthy children and adolescents commonly engage in a certain amount of sexual exploration and experimentation. Just as it is important to identify those youth most likely to re-offend, it is important to identify youth who are neither pathological nor at a high risk to re-offend, and to avoid criminalizing or over-criminalizing their behaviors. Public concern over adult sex offenders, related to high-profile tragedies perpetrated by adult pedophiles, should not be allowed to unduly influence policy and practice related to juveniles with sexual behavior problems.

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<sup>8</sup> Waite, D., Keller, A., McGarvey, E., Wieckowski, E., Pinkerton, R., Brown, G. (2005). Juvenile sex offender rearrest rates for sexual, violent nonsexual, and property crimes: A 10-year follow-up. *Sexual Abuse: A Journal of Research and Treatment*. No. 3, 313-331.

## Sexually Violent Predator Act (Jimmy Ryce Act)

In 1998, the Florida Legislature enacted the Sexually Violent Predator Act known as the “Jimmy Ryce Act.” The purpose of this legislation is to protect Florida’s communities by confining and providing treatment to those individuals who have been found guilty of a sexual offense, and who are subsequently found through a civil commitment proceeding to be likely to engage in future acts of sexual violence. The Sexually Violent Predator Act does *not* apply to persons less than eighteen (18) years old, and it does *not* apply to individuals who are permitted to remain in the community by the adjudicating court (e.g., probationers in community-based treatment). Primarily due to the age restriction, the Sexually Violent Predator Act is not applicable to the majority of youth who have been committed to the Department after being found guilty of committing a sexually delinquent act. It does, however, apply to those youth who turn 18 during the course of their commitment to a residential Department of Juvenile Justice program, and who have *ever* been found adjudicated delinquent for committing a sexual offense.

The Sexually Violent Predator Act was designed to target the small proportion of sexual offenders who pose the greatest risk of harm to the community. Thus, to commit an individual to confinement and treatment under the Sexually Violent Predator Act, a civil court must determine that the individual suffers from a mental abnormality or personality disorder that makes the individual likely to engage in acts of sexual violence if not confined. Most individuals who have been convicted of sexual offenses do not meet this stringent criterion.

Between 1998 and November 30, 2005, the Department had referred 938 youth who have committed sexually delinquent acts for screening as required under the Sexually Violent Predator Act. Of these 938 youth, the evaluating body of the Sexually Violent Predator Program has recommended that the State of Florida pursue civil commitment of only 34 individuals, approximately 3.5% of the total referrals. In comparison, during this same time period, the Department of Corrections has referred 18,719 individuals for screening, of which 843 (approximately 4.5%) have been recommended for civil commitment. It is important to note that civil commitment under the Sexually Violent Predator Act is a trial proceeding; thus, not every individual who is recommended for civil commitment will ultimately be found to meet criteria as a Sexually Violent Predator. As of November 30, 2005, nine individuals who were referred from the Department have been committed to confinement and treatment at the Sexually Violent Predator treatment facility in Arcadia, Florida, which represents just less than 1% of those referred for civil commitment evaluation.



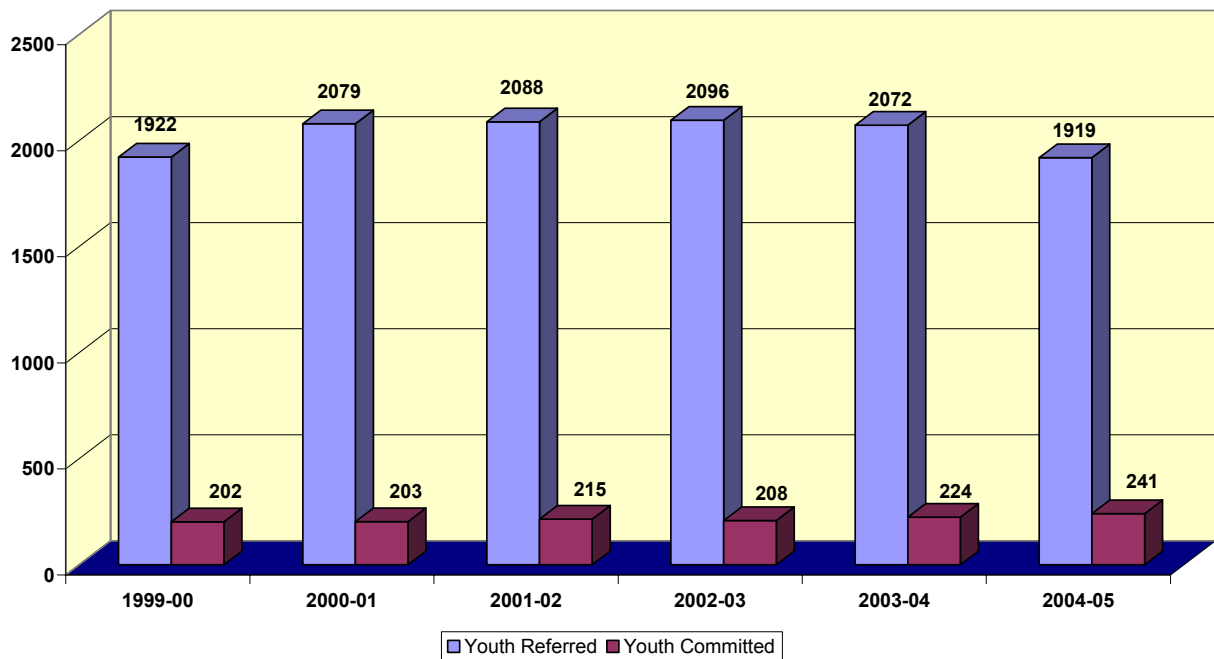


# Juveniles with Sexual Behavior Problems—Youth Referred and The Service Continuum in Florida

## Referrals and Commitments

In Fiscal Year 2004-05, more than 95,000 youth were referred to the Department with almost 150,000 delinquency charges. The number of youth referred for sexual delinquency as well as the number of youth committed to residential placement (Table 1) has remained relatively stable over the past six years, even as Florida's population of youth at risk (age 10-17) has grown. In FY 1999-2000, Florida's population of youth at risk was 1,601,113, compared to 1,829,260 in FY 2004-2005, an increase of 14%. The stable and even declining number of referrals for sexual delinquency in conjunction with a growing youth population reflects a declining rate of sexual delinquency referrals among Florida youth.

**Table 1. Youth Referred and Committed for Sexual Offenses**



## Referrals and Sanctions

In fiscal year 2000-01, 1,897 youth (1,845 males and 52 females) were referred to DJJ for felony sex offenses. In fiscal year 2004-05, this number was down to 1,766 (1,678 males and 88 females). This represents a decrease of 7%. Case outcomes for youth referred for felony sex offenses that received sanctions during the 2004-05 fiscal year are displayed in Table 2. The number of youth referred is much greater than the number of youth who ultimately receive sanctions, because many cases are non-filed or are non-judicially diverted.

**Table 2: Case Outcomes for Youth Referred for Felony Sexual Delinquency, FY 2004-05**

<b>Case Outcome</b>	<b>Males</b>	<b>Females</b>
Diverted	135	7
Probation	403	14
Commitment	223	9
Transfer to Adult	117	2
<b>Total</b>	<b>878</b>	<b>32</b>

**Table 3: Case Outcomes for Youth Referred for Misdemeanor Sexual Delinquency, FY 2004-05**

<b>Case Outcome</b>	<b>Males</b>	<b>Females</b>
Diverted	35	6
Probation	37	1
Commitment	8	1
Transfer to Adult	0	0
<b>Total</b>	<b>80</b>	<b>8</b>

The number of youth referred for misdemeanor sexual offenses also declined over the five-year period from 2000-01 to 2004-05. In Fiscal Year 2000-01, 202 youth (159 males, 43 females) were referred to the Department for misdemeanor sexual offenses. In 2004-05, this number was down to 143 (122 males, 21 females), a 29% decrease. Case outcomes for youth referred for misdemeanor sex offenses that received sanctions are displayed in Table 3 above.

## **Service Continuum**

The Department administers the entire continuum of publicly funded juvenile justice services in Florida either directly or through contracts with private providers. The Department structure includes Prevention and Victim Services, Probation and Community Corrections, Detention Services and Residential and Correctional Facilities. These branches are responsible for the continuum of prevention, intake, diversion, screening and assessment, probation, detention, residential commitment and aftercare services.

### ***Probation and Community Corrections***

Prior to 2000, the Department funded community sex offender treatment in many communities across the state. Budget cuts of \$2.4 million in 2000 resulted in elimination of all but three of the state's community-based sexual offender treatment programs. Probation and Community Corrections currently has three remaining contracts designed to provide non-residential sex offender treatment to youth in the community, with a total of 120 treatment slots.

Keystone Educational and Youth Services provides 20 slots of community-based day treatment in Circuit 4 (Jacksonville) for youth on Probation or Post-Commitment Probation. The average length of stay for this five-day-a week program is 9 to 18 months and includes a six-week relapse prevention group for transition. Services provided include crisis intervention, educational, life skills, and case management services as well as sexual offender groups four times a week.

The Intensive Treatment Modalities (ITM) Group provides 70 slots of outpatient sex offender treatment in Circuit 5 (Marion County), with an average length of stay of 6 to 12 months. Services include crisis intervention, weekly sexual offender group counseling, twice monthly individual counseling, and monthly family sessions as well as case management services.

Family Services Center provides 30 slots of outpatient sex offender treatment for Circuits 6, 12 and 13 (Pasco, Manatee and Hillsborough Counties), with an average length of stay of 9 to 12 months. Services provided include two 150-minute group sessions per week, individual and family counseling, crisis intervention, and case management services. Staff members are on-call on weekends and during evenings in case of an emergency.

In many circuits, Probation and Community Corrections funds limited sex offender outpatient treatment through contracts with local providers, usually for weekly sex offender groups and family sessions. These services are for the most part funded through dollars attached to Intensive Supervision, with Intensive Juvenile Probation Officers providing case management and supervision. In some circuits, Probation and Community Corrections provides sex offender-specific caseloads and specialized training for the workers who supervise these youth. Although youth released from residential commitment receive aftercare services, none of the contracted aftercare services are sex-offender specific.

### **Residential and Correctional Facilities**

Over the past ten years, the Department and the Legislature have increased residential sex offender capacity. Today, the Department operates ten residential sex offender programs for a total bed capacity of 510, which represents approximately 8% of the Department's total commitment capacity. The Department administers two moderate-risk sex offender treatment programs, with a total capacity of 70 beds, and eight high-risk beds with a total capacity of 440 beds. Additionally, one moderate-risk and one high-risk female program offer sex offender treatment to committed girls based on offense behaviors or assessed need.

**Table 4: Moderate-Risk Sexual Offender Treatment Programs**

<b>Sexual Offender Program</b>	<b>Judicial Circuit</b>	<b>Capacity</b>
Columbus Juvenile Residential Facility	13	50
Union Juvenile Residential Facility	8	20
<b>Total Moderate-Risk Capacity</b>		<b>70</b>

**Table 5: High-Risk Sexual Offender Treatment Programs**

<b>Sexual Offender Program</b>	<b>Judicial Circuit</b>	<b>Capacity</b>
Three Springs	7	33
Kissimmee Juvenile Correctional Facility	9	50
Manatee Adolescent Treatment Services	12	35
Arthur G. Dozier School for Boys	14	80
Jackson Juvenile Offender Correctional Center	14	32
Sago Palm Academy	15	96
St. John's Juvenile Correctional Facility	7	50
Okeechobee Juvenile Offender Correctional Center	19	64
<b>Total High-Risk Capacity</b>		<b>440</b>

# Florida Youth in Sex Offender Treatment: 2003 and 2005 Studies

## 2005 Snapshot Study Findings

In order to better understand the characteristics and needs of youth committed to residential sex offender programs in Florida, the Task Force directed the Florida Department of Juvenile Justice Office of Research and Planning to conduct a descriptive study of youth currently committed to residential sex offender treatment programs. The data collection instrument utilized for this study consisted of selected items from two existing (but not validated) risk assessment instruments for juvenile sexual offenders, the J-SOAP II and the ERASOR.

Data were collected from a large convenience sample of 514 youth in sex offender treatment during October of 2005. Specifically, the survey included:

- 333 youth residing in high-risk programs, representing 72% of high-risk sex offender capacity.
- 60 youth residing in moderate-risk program, representing 86% of moderate-risk sex offender capacity.
- 115 youth in community treatment programs, representing 96% of community placement capacity.

Surveys were sent to programs for distribution to therapists who completed them for as many youth as possible. Therapists were asked to include youth who had been in treatment for at least three months so that they would have adequate knowledge of the youth to respond to the survey items. Items were borrowed directly from the J-SOAP II and ERASOR and were intended to capture information not available in the statewide Juvenile Justice Information System (JJIS), which is mostly limited to statute codes for offenses, adjudication status, disposition and program placement.

**Extent of Victimization.** More than half of the youth at all treatment levels were believed by their therapist to have one victim. Well over half of the youth at all treatment levels were believed by their therapist to have not demonstrated indiscriminate victim choice, which is one indicator of predatory behavior and high risk to re-offend. Just over half of the youth in high-risk programs, 42% of youth in moderate-risk programs, and half of the youth in community treatment programs were believed by their therapist to have committed a single sex offense. Eighty-two percent of the sample was characterized as demonstrating mild or no planning in their sexual offense(s). It should be noted that this data is based on disclosures to therapists in treatment. It is possible that polygraphs and in-depth psycho-sexual assessments would reveal a greater number of victims and a longer duration of offending for some youth included in the study.

**Violence and Deviance.** The majority of youth at all treatment levels demonstrated no gratuitous or expressive violence in their current offense and the majority was characterized as having no deviant sexual interest in violence. Just two percent were characterized as clearly having deviant sexual interest in violence. Forty-two percent of the total sample was characterized as having no deviant sexual interests in children. Seventy-three percent were characterized as accepting full or partial responsibility for their offense at the time of program admission.

**Nature of the Offense.** With regard to the current offense, 6% of the total sample committed a non-contact offense and 4% of the sample (including 5% in high-risk commitment) was characterized by their therapist as having engaged in sexual activity that was absent of force, intimidation, coercion, or power and control (referred to on the data collection instrument as “statutory rape”). Because of existing laws addressing age of consent, these youth were charged with a sexual battery or related offense. Among the remaining youth in the study, 34% committed a fondling/touching offense, and over half at all treatment levels had either penetrated or attempted to penetrate their victim. The youth in this sample did not typically have histories of violent felonies other than their sexual offending. Eighty-six percent of youth in high-risk programs, 90% in moderate-risk programs, and 95% in community-based programs had no violent felony adjudications, aside from their sexual offense(s). Sexual offenses are classified as person offenses even in cases where little or no force is used in the offense.

**Aggression.** In order to create a category of youth with little or no histories of violence, force, or sexual interest in violence, several variables were combined to create a “Youth With Minimal Aggression” variable. Youth were classified as “Minimally Aggressive” if they met the following criteria:

- No history of violent felony adjudications (aside from sexual offenses).
- Characterized by their therapist as having no deviant sexual interest in violence.
- Displayed no expressive aggression in their offense.
- Current offense was either non-contact, fondling/touching, or consensual.

Sixteen percent (333) of the youth in high-risk commitment programs, 17% (60) of the youth in moderate-risk commitment programs, and 35% (115) of the youth in community-based commitment programs in the study met this “Minimally Aggressive” criteria.

**Exposure to Violence.** Exposure to violence as both victims and witnesses was very common among the sample of youth in sex offender treatment. Based on therapists’ knowledge, 51% had experienced physical abuse, sexual abuse, or both. Sixty percent of youth in the study had been exposed to abuse either as a direct victim or as a witness to domestic violence. Forty seven percent, nearly half of the youth in the sample, were known to have witnessed domestic violence in their homes. It is likely that violence exposure histories known to therapists *underestimate* actual exposure to violence.

## Fall 2003 Study and Preliminary Moderate-Risk Placement Criteria

In the Fall of 2003, the Department conducted its first in-depth study of the characteristics of youth committed to sex offender programs. The study was intended to provide information on psychosocial and offense-related characteristics of the youth. The primary goal of the 2003 study was to provide data to guide decision-makers regarding the feasibility of shifting some high-risk sex offender treatment resources to the moderate-risk level. A variety of possible scenarios were presented. Each scenario was based on youth included in the study who were committed to high-risk sex offender commitment programs. For each scenario, the percentage of youth in the study who met the given criteria was presented, along with an estimate of the total number of moderate-risk residential beds that would be needed if these criteria for moderate-risk placement were adopted.

In each of the scenarios below, the assumption is made that youth do not have offending histories or characteristics that would otherwise necessitate high-risk placement. The placement criteria scenarios should be viewed as informational with regard to the committed sex offender population, not as specific recommendations. These groupings overlap and totals should not be summed.

**Example 1:** Youth with one or zero sex offense adjudications who committed non-contact, fondling/touching, or “consensual” (absence of force, power and control, or coercion but charged due to age differences) sexual battery offenses.

- Percentage of high-risk youth in the study who meet that criterion: 26%.
- Number of moderate-risk beds that would be needed if these criteria were adopted for moderate-risk placement: 110.

**Example 2:** Youth who have one sex offense adjudication but have no other delinquency adjudications.

- Percentage of high-risk youth in the study who meet these criteria: 17%.
- Number of moderate-risk beds that would be needed if these criteria were adopted for moderate-risk placement: 84.

**Example 3:** Youth age 13 and younger at the time of placement who demonstrated no gratuitous or expressive violence in the commission of their offense.

- Percentage of high-risk youth in the study who meet these criteria: 10%.
- Number of moderate-risk beds that would be needed if these criteria were adopted for moderate-risk placement: 45.

**Example 4:** Youth with one or zero sex offense adjudications who demonstrated no gratuitous or expressive violence in their committing offense(s).

- Percentage of high-risk youth in the study who meet that criterion: 49%.
- Number of moderate-risk beds that would be needed if these criteria were adopted for moderate-risk placement: 212.

Since the creation of the Department in 1994, all youth committed for sex offenses were placed in high or maximum risk programs, as these were the only existing commitment programs for sex offender treatment. Recognizing the need for a variety of commitment options for juveniles with sexual behavior problems, the Department in 2003 created the first moderate-risk sex offender program (Union), with 20 beds. In 2004, an additional 50-bed moderate-risk sex offender program was opened (Columbus).

As stated above, a careful analysis of the youth entering residential programs for sexual offending behavior seems to indicate that placement in high-risk programs is overused based on the concentration of resources in the high-risk level, and cannot be justified based on the severity of the offense of a portion of the youth in these programs. According to *Florida Statutes*, youth with sexual offense adjudications cannot be placed at either the low-risk residential commitment level or the newly reinstated minimum-risk non-residential commitment level.



# Key Areas of Focus: 2005 Task Force Findings and Recommendations

The Task Force findings and recommendations are grouped into six areas:

- Response to Victims.
- Public Awareness.
- Assessment and Evaluation.
- Treatment and Supervision.
- Legal Issues.
- Interagency Collaboration.

The Task Force offers a summary of its research related to the topics in the following sections. At the end of each section are a number of consensus findings or conclusions endorsed by the Task Force members. Following each finding are specific recommendations for action.

Task Force members made a deliberate decision to address victims first. Victims are severely affected by the behavior of juveniles who sexually offend and it is critical that any discussion related to this topic keep awareness of the victims as a top priority. The Task Force members agree that protection of victims and potential victims cannot be separated from treatment of offenders; the ultimate goal of treatment is the prevention of future victims. Consequently, effective treatment and management of juveniles with sexual behavior problems is a critical component of protecting victims and potential victims.

## Response To Victims

A discussion of the victims and impact on the family of juveniles who commit sex offenses is complex and involves multiple issues complicated by whether the crime occurs within the family, by a stranger or within the offender's peer group. The focus of the response more often has been on the offender and not on the needs of the victims and their families. The relational issues between the offender and the victim often complicate addressing these needs. Effective, consistent, and long-term intervention for victims is needed, however, to eliminate the cycle of violence and to mitigate the mental and behavioral health consequences related to victimization and trauma.

Most judicial circuits provide funding for "system advocacy services" to crime victims through law enforcement or state attorney victim assistance programs. These programs provide support to crime victims during the investigation and prosecution of the criminal case, but are not designed for long-term treatment or follow-through. Many programs refer victims for counseling, assist them in applying for Crimes Compensation and provide victim notification and assistance with the court process. Once the case is closed, most offices do not have the capacity, funding or statutory mandates to continue services to the victim or the family. This report addresses recommendations to increase the services to crime victims in the juvenile justice system including the establishment of victim specialists within the Department.

Child Protection Teams, individual therapists and private child advocacy groups provide much needed counseling services to crime victims and families. The available services vary considerably by community and funding. The Crimes Compensation Trust Fund provides reimbursement for counseling services in situations where a crime has been reported and the victim has applied for assistance. Many qualified professionals are unwilling to accept the reduced fee which Crimes Compensation pays under this program.

In some Florida communities there is a collaboration of concerned professionals and community members who are working together to address the systematic issue of responding to sexual abuse. In Hillsborough County, for example, the Sexual Abuse Intervention Network (SAIN), provides referrals to specialized services, education and training to victims, families, and offenders. The SAIN provides a comprehensive systematic approach in addressing the issues experienced by both victim to offender and includes educational services to the community on the issues surrounding this multifaceted issue.

Chapter 960, *Florida Statutes*, encompasses the Victims' Bill of Rights, which outlines the rights of the victims and includes the right to be informed, heard, and notified of all crucial criminal proceedings. The statute also addresses the rights of victims pertaining to information regarding the court process and services available to them and their families. Victims of sexual battery and attempted sexual battery are covered by this statute, but not victims of lewd and lascivious acts, although the trauma and long-term effects of their victimization may be just as difficult as those of sexual battery victims.

### ***Finding 1: Limited Resources for Victims and Families***

The needs of crime victims and the family members vary in intensity and complexity, and are often overlooked by the juvenile justice system. Limited resources for treatment and continuity of services for the victim, the family and the offender complicate the situation. Many of the problems caused by trauma and victimization may not surface until later in the child's developmental process, leaving a gap in the availability of services and resources when problems arise.

#### **Recommendation 1a:**

The Florida Legislature should provide adequate funding for long-term counseling services for all sexual abuse victims ages 18 years and younger.

#### **Recommendation 1b:**

The Florida Legislature should expand the role, capacity and capability of Child Protective Teams to allow investigation and intervention services in child-on-child cases.

#### **Recommendation 1c:**

The Department of Juvenile Justice and the Department of Children and Families should collaborate in the development and delivery of training regarding the effects of trauma on child sexual victims.

**Recommendation 1d:**

The Office of the Attorney General should revisit the current policy requiring therapists to accept less than 100% of their fee for counseling services to crime victims.

**Recommendation 1e:**

The Florida Legislature should fund a Sexual Abuse Intervention Network (SAIN) in each of the 20 judicial circuits, funded at \$100,000 annually to cover the costs of a paid coordinator and related expenses.

***Finding 2: Family Relationships Need Attention***

The results of research indicate that sexual abuse is often a self-perpetuating, intergenerational cycle that can be broken through appropriate intervention. In intra-familial cases, however, the Department of Children and Families maintains limited or no continuing involvement in managing the relationships between the victim and the family once an offender is removed from the home. The assumption appears to be that once a sex offender is committed to residential treatment, the problem has been “fixed.” Many times the offender will be returning to the same home environment where the offending occurred, yet the family unit may be unchanged. The needs of victims and their families with regard to the establishment of healthy relationships are often unmet.

**Recommendation 2:**

The Florida Legislature should require the Department of Juvenile Justice or the Department of Children and Families to conduct home studies and victim trauma assessments prior to reunification in crimes of sibling incest.

***Finding 3: Service Gap for Victims of Child-on-Child Offenses***

The role of intra-familial violence is significant when examining continuity of care for the victim and family, placement of the offender, the ability to enforce treatment, the systems' attention or inattention to cases involving child-on-child offenses, compliance with statutory requirements for notification and involvement of victims of juvenile crime. There is a need to address the fragmented system response in cases of intra-familial sexual offending. Child-on-child cases do not receive the same treatment or focus as the adult on child cases, although the long-term effects may be just as damaging for the victim.

**Recommendation 3a:**

The Florida Legislature should amend section 39.305, *Florida Statutes*, to include all victims in child-on-child cases in addition to intra-familial child victims.

**Recommendation 3b:**

The Secretary of the Department of Children and Families should clarify the role of the agency regarding child-on-child sexual offenses to ensure that assessment and counseling is required and monitored in all cases. The Department of Children and Families should:

- Centralize and mandate reporting of all alleged child-on-child sexual battery in cases involving children 12 years of age and younger with referrals to appropriate law enforcement agencies.
- Require Department of Children and Families to maintain an open case, ensuring the victim and family receives appropriate treatment during reunification.
- Coordinate and advocate services and resources with other victim assistance agencies on behalf of the victim.
- Require the Abuse hotline to provide callers with referrals to appropriate treatment providers for services to the victim and family and follow up with written information on the referral.

#### ***Finding 4: Limited Victim Advocacy***

In intra-familial cases, when victims (typically siblings or stepsiblings) are considered neither dependent nor delinquent, they have no independent representation, and families are often not able to meet the minor victim's needs. Families may not fully understand the potential long-term psychosocial impact of victimization or the warning signs of poor coping by the child victim.

##### **Recommendation 4a:**

The Florida Legislature should require a review of Chapter 960, *Florida Statutes*, to address issues of victim advocacy and the availability of victim services to all child victims of sexual offenses.

##### **Recommendation 4b:**

The Florida Legislature should re-establish the Victim Services Unit of the Department of Juvenile Justice to address sexual victimization issues in the family.

- Assess all aspects regarding the impact of sexual abuse at the beginning of the process involving the victim, the offender, and the victim's family. **REC 3B**
- Assess and refer to treatment for the mental health and substance abuse issues within the family. **REC 2**
- Provide family assessment and safety planning prior to the offender's return to the home. **REC 2**
- Provide ongoing training on the effects of trauma on the victim and the family to those who work in the system, including those who work with the offenders.
- Encourage advocacy for the victim through referrals to Guardian Ad Litem programs.

## Prevention And Awareness

In order to develop responsible public policy and successfully treat juvenile sex offenders, it is critical that the myths, fears and misunderstandings about juveniles who sexually offend are acknowledged and addressed. As adolescents develop a normal and healthy awareness and understanding of sexuality and sexual behaviors, it is critical that they also understand the boundaries of appropriate and inappropriate sexual behavior.

As a society there is a reluctance to address the issues of sexuality in an honest and forthcoming way with young children. The end result is that our children receive very mixed and confusing messages about sexuality and what constitutes appropriate behavior. Too often, early inappropriate sexual behavior is rationalized by adults and not addressed seriously. Unfortunately, many youth are not well informed about the dire and often times life-changing consequences of inappropriate sexual behavior and gestures.

Instances exist where children who have engaged in consensual sexual behaviors with another underage youth of similar age or developmental status have been convicted of a sex crime. Sex between a consenting 16 year old and a consenting 15 year old, for example, could result in a second-degree felony charge for the 16 year old. In other situations inappropriate groping, sexual harassment, taking lewd pictures with cell phone cameras and similar behavior may result in a legal consequence that brands the youth as a sex offender. It is likely that adolescents of any age are unaware of these and other similar legal ramifications. Education around these issues is critical for all young people.

### ***Finding 5: Lack of Education About Sexual Offending and Its Consequences***

Youth are not fully aware of the potential legal consequences of certain sexual behaviors and they need to be informed on how to protect themselves from unwanted sexual advances or sexual harassment.

#### **Recommendation 5a:**

The Department of Health or other appropriate department should conduct a public awareness campaign delivering information aimed at youth about appropriate sexual behavior and the consequences, especially legal consequences, of inappropriate sexual behavior.

#### **Recommendation 5b:**

The Department of Juvenile Justice or the Department of Education should develop a simple fact sheet that summarizes the legal consequences of inappropriate or illegal sexual behavior and the impact being identified as a juvenile sex offender will have on a youth's future.

***Finding 6: Lack of Educational Effort in Communities***

The institutions where youth spend their time (schools, after school programs, community youth programs, etc.) could play a greater role in informing youth of the potential legal consequences of their sexualized behavior.

**Recommendation 6:**

The Department of Education should encourage all school districts to include information on the legal consequences of inappropriate sexual behavior in their health and physical education curricula.

## Assessment And Evaluation

A strong consensus existed among the Task Force members that the initial psychological evaluation is a critical component to directing the appropriate level of treatment. The best utilization of state resources occurs when a comprehensive evaluation of the youth who has committed sexually delinquent acts is conducted prior to disposition. When the evaluation is conducted at this juncture, both the courts and the program to which the youth is referred benefit from the information and recommendations contained in the evaluation. A qualified practitioner experienced with the evaluation and treatment of youth who have committed sexual offenses and their families must conduct the evaluation. Furthermore, assessment should be conceptualized as an ongoing process and should be utilized in refining treatment decisions or transfers to more appropriate placements.

The Office of Probation and Community Corrections currently distributes funds designated by the legislature for assessment to each region and circuit for the purpose of completing comprehensive evaluations for youth anticipating residential commitment. Contracts with local providers specify three levels of evaluation:

- Level 1 evaluations require an interview with the youth and family as well as an assessment of all information provided by the Juvenile Probation Officer (JPO) in the content areas of education, vocational education, physical health, substance abuse and mental health. No psychological testing is required. These evaluations are paid at a rate of \$250.
- Level 2 evaluations are completed for youth at higher risk and may include testing along with the interview and review of materials provided by the JPO in the five content areas. The provider is paid at the rate of \$450 per evaluation.
- Level 3 evaluations are for youth with more complex problems. It includes testing and clinical analysis along with a youth and parent interview and assessment. This level may include a psychosexual evaluation at the rate of \$750 per evaluation.

Current contracts require that staff completing these evaluations be certified or licensed in the area required. The comprehensive evaluation is then submitted to the Commitment Manager for purposes of discussion at the commitment staffing. It is also used to write the Preliminary Disposition Report, which is submitted to the court with the recommendation of Department staff. The comprehensive evaluation also becomes a part of the youth's commitment packet and case file and is also shared with Detention if the youth is detained.

A survey of all 20 judicial circuits indicated that the Department completed approximately 450 sex offender evaluations during FY 2004-05. In some circuits these evaluations are funded through the county, the public defender's office, parent self-pay, or SAIN (Sexual Abuse Intervention Network) at no cost to Department. Two circuits (6 and 9) have negotiated locally for these evaluations to be completed at the Level 2 rate of \$450.00, so that more youth may be assessed annually. Estimated expenditures by the Department for sex offender evaluations in FY 2004-05 were \$304,500.

Professional criteria for mental health practitioners providing evaluation and treatment of youth who commit sexually delinquent acts are provided in sections 490.0145 and 491.0144, *Florida Statutes*. While these standards are an initial effort to establish

minimum criteria, they are vague and confusing. Furthermore, it is noted that the field of juvenile sex offender evaluation and assessment is rapidly developing and has a unique literature base and set of assessment instruments.

Physiological assessment includes visual reaction time (the assessment of sexual interest by measuring viewing time of non-nude sexual stimuli), plethysmography (direct measure of penile tumescence while the subject views non-nude, non-pornographic sexual stimuli with auditory descriptions), and polygraph (measurement of physiological reactions to specific questions). Use of these measures may clarify diagnostic issues and improve risk assessment. It is noted that the application of these tools may conflict with current Department policies regarding use of intrusive assessment measures and that these policies should be reviewed and revised accordingly. In some instances, these tools may be a component of the comprehensive psychosexual assessment.

### ***Finding 7: Sexual Offender Assessments are Under-Funded; Poor in Quality***

Current Department policy does not require automatic referral for a Level 3 evaluation for all youth with a history of sexually delinquent or sexually inappropriate behavior. The current evaluation process is under-funded and resultant evaluations are insufficient to adequately facilitate the appropriate placement of the youth. An evaluation conducted by a qualified practitioner is needed to ensure that youth receive appropriate treatment in the least restrictive and most cost-effective environment that will meet the dual goals of protecting the public and providing the youth with appropriate treatment. Current evaluations do not maximize available assessment procedures including polygraph, visual reaction time, and penile plethysmographs, which would facilitate effective placement and treatment interventions.

#### **Recommendation 7:**

The Florida Legislature should require and fund (\$290,000) comprehensive psychosexual evaluations, to be conducted by qualified practitioners and included as part of the pre-disposition report, on all adjudicated juveniles with a history of sexual delinquency or sexually inappropriate behavior. The psychosexual evaluation should address the following areas:

- Identifying Information.
- Sexual Development and Sexually Delinquent History.
- Delinquent History.
- Behavioral History.
- Substance Abuse and Mental Health History and Treatment.
- Treatment History for Sexually Delinquent Acts.
- Education, School and Employment History.
- Family History and Family Functioning.
- Intellectual, Personality, Trauma, and Physiological Assessment.
- Risk for Future Sexual Delinquent Acts.
- Risk for Future Aggressive or Self-Harming Behaviors.



- Summary and Diagnosis.
  - Culpability.
  - Risk Assessment.
  - Amenability.
  - Treatment Recommendations Specific to Needs of Youth (Versus Level of Care).

### ***Finding 8: Inadequate Certification for Assessment Professionals***

The assessment process is enhanced when a qualified professional who is skilled and experienced with sexual offenders conducts the evaluation. An improved qualification process for mental health professionals conducting evaluations on youths who commit sexual offenses is needed.

#### **Recommendation 8:**

The Department of Juvenile Justice should contract only with qualified practitioners, as defined below, to conduct psychosexual evaluations and require that they participate in initial and ongoing training regarding the services offered by the Department. To be qualified, the practitioner should:

- 1) Hold an active license in the State of Florida under Chapters 458, 459, 490 or 491, *Florida Statutes*, or be supervised by a practitioner licensed under these statutes.
- 2) Possess 55 hours of post-degree continuing education in the following core areas:
  - Sexual offenders and relevant DSM-IV diagnoses.
  - Etiology of sexual deviance.
  - Evaluation/risk assessment and treatment procedures that have an established scientific basis with youth who have committed sexual delinquent acts.
  - Use of plethysmographs, visual reaction time, and polygraphs in the evaluation, treatment and monitoring of youth who have committed sexually delinquent acts.
  - Evaluation/risk assessment and treatment of specialized populations of youth (for example, females or youth with developmental disabilities) who have committed sexually delinquent acts.
  - Legal and ethical issues in the evaluation and treatment of youth who have committed sexually delinquent acts.
  - Safety planning and family safety planning.
  - Report writing.
- 3) Have documented 2,000 hours of post-graduate supervised practice in the evaluation and treatment of youth who have sexually delinquent acts under the direction of a qualified practitioner.

- 4) Complete 20 hours of biennial continuing education in the evaluation and treatment of youth who have committed sexually delinquent acts.

### ***Finding 9: Need for Valid Risk Assessment Tools***

An efficient, low-cost screening tool is needed to assist in making determination of risk levels presented by youth who have committed sexually delinquent acts. Currently, a number of tools are in development by experts in the field but have not been adequately validated.

#### **Recommendation 9:**

The Department of Juvenile Justice should monitor the field of juvenile sex offender assessment for the development of a validated tool that can be implemented at a future date.

## Treatment And Supervision

Appropriate treatment requires the right service at the right time, in the least restrictive environment. The efficacy of treatment is supported by the low recidivism rates for all subsequent delinquent acts, including sexual re-offending, observed among youth released from commitment.

Studies indicate many of the youth who have committed sexually delinquent acts can be safely and successfully treated in the community. At the same time, ethical standards in the treatment of this population mandate, as a first priority, the protection of the community. Relevant and appropriate assessments, consideration of victim rights, risk and mental health status and the ability and willingness of the care takers and community to properly supervise and monitor the offending youth are important factors in determining the level of restrictiveness which must be applied in placement decisions. The Department faces several challenges with regard to placement of sexual offenders.

- The Department's Supervision Risk Classification Instrument may not accurately capture the level of recidivism risk used to guide placement decisions for juvenile sexual offenders. For example, many youth considered high risk to sexually re-offend (for example, by having molested several male children) may be relatively non-delinquent, non-violent youth who do not need the restrictiveness of high-risk residential commitment.
- Treatment needs of sexual offenders do not always fit well with the Department's configuration of residential restrictiveness levels. They may require the extended length of treatment associated with high-risk commitment but also the availability of furloughs and community access of moderate risk programs after progress has been demonstrated in treatment.
- These youth require a flexible length of treatment due to issues that often surface during the treatment process as the youth reveals the true extent of his or her history of sexual offending.

The Department of Juvenile Justice has recently implemented 70 sex offender treatment beds at the moderate-risk level, and is examining the feasibility of shifting some existing high-risk beds to the moderate-risk level.

A review of existing research clearly points to the effectiveness of community interventions for this population, which include group therapy and extensive involvement by the family. This model is less expensive and has been proven to be effective. However, it is currently only available in a few communities in Florida. There are no therapeutic foster homes, independent living facilities, and no specialized aftercare services or transitional services for this population. The emphasis in Florida has been on secure residential beds, which results in isolating the youth from the community during their stay. The lack of community-based options for sexually delinquent youth can force initial placement into high-cost secure residential placement for some youth who do not need that level of security. Up to 25 youth can be served in the community for the cost of one youth in residential treatment.

Treatment, although not a cure, is a component of the management of youth who have committed sexually delinquent acts. To be successful, treatment must be part of a continuum of care including assessment, treatment, reintegration with the family and

community, and aftercare. Treatment does not end when a youth is released from a residential setting.

Best practice in transition planning would ensure that the conditional release counselor/probation officer begin transition planning on the first day the youth enters the commitment program. However, existing conditional release services are limited and are provided to youth in residential programs 60 days prior to release. All evidence indicates the need for multi-agency involvement, collaboration, and cooperation to address the complexity of this transitioning these youth back to the community.

The Task Force is concerned that the lack of options has several deleterious effects including unnecessarily increasing length of stay for youth, return to homes that are ill-prepared to properly supervise these youth, and restrictions of freedom or re-traumatization of the victims who are still in the home.

### ***Finding 10: Lack of Community-Based Treatment Resources***

Youth are often placed in higher levels of treatment than they need because lower level options are unavailable. Since 2000, Florida has significantly increased high-risk residential beds and decreased community based resources. The ability to place youth in the least restrictive treatment environment is impaired by lack of community resources and alternative placement.

#### **Recommendation 10a:**

The Governor and Florida Legislature should ensure that the Department has sufficient flexibility in contracting to shift beds between security levels, as appropriate.

#### **Recommendation 10b:**

The Secretary of the Department of Juvenile Justice should appoint a group to study and make recommendations regarding the reallocation of resources from high-risk residential programs to lower risk residential or community treatment programs.

#### **Recommendation 10c:**

At a minimum, the Florida Legislature should reinstate the \$2.4 million that was cut from community-based sex offender treatment budget to make community-based sex offender treatment available in each circuit.

### ***Finding 11: Little Specialized Training for Probation***

Few Juvenile Probation offices across the state have developed specialized caseloads or procedures directly addressing the unique needs of juvenile sexual offenders.

There is a lack of knowledge and expertise regarding juvenile sexual offenders among Juvenile Probation Officers and conditional release staff. Specific training relating to sexually delinquent behavior, victims and trauma is not available to Juvenile Probation Officers and other community corrections staff.

**Recommendation 11a:**

The Department of Juvenile Justice should consider expanding specialized caseloads, where feasible, for sexually offending youth to ensure increased community supervision. Caseloads should be based upon national standards for specialized sexual offender caseloads.

**Recommendation 11b:**

The Florida Department of Juvenile Justice should train probation and conditional release staff in each circuit on the specialized issues surrounding juvenile sexual offenders and the impact on their victims.

***Finding 12: Need for Use of New Treatment Technologies***

Current tools available to mental health professionals conducting evaluations of youth who commit sexual offenses are underutilized. Specifically, polygraph assessments are an effective tool to facilitate the disclosure of additional sexually delinquent acts, which is critical for successful treatment.

One area of special concern is accurately assessing the recidivism risk of youth in making treatment referral and release decisions. Research has shown that prior offenses and multiple victims as well as attraction to deviant sex contribute to risk but are often undisclosed to the treatment program or evaluator. Discovering this critical information can be accomplished in part through the use of denial and history polygraphs, a standard of care and supervision in the adult sex offender field. Polygraphs are currently in use throughout the United States with youth and have been used in isolated cases with great success in Florida. In addition, the Abel Assessment for Sexual Interest (AASI) uses visual reaction time to assess sexual interest in children. It is a noninvasive instrument that can differentiate quite accurately between a youth attracted to prepubescent children and one who is not. Use of this instrument could assist in determining which youth require deviant arousal reduction and in developing accurate safety plans for youth being discharged from residential care.

**Recommendation 12:**

The Florida Legislature should authorize and fund the Department of Juvenile Justice to utilize polygraphs and physiological assessment as deemed appropriate by the qualified practitioner as a part of sexual offender treatment.

***Finding 13: Lack of A Continuum of Treatment Options***

There is a lack of appropriate continuum of care placements, aftercare, and community based services for juveniles who are released from treatment facilities. Too often, youth who have committed sexually delinquent acts are released, only to go back home, often where the victim resides, due to a lack of independent living facilities. In some cases, when a juvenile offender is released to return home, the victim must leave so that the offender has a place to stay. This is inappropriate and risks re-victimizing the victim. Anecdotal evidence also indicates that juvenile offenders are being released to homeless shelters, or other inappropriate or unstructured placements due to limited placement options.

There are no transitional living placements for youth younger than 16 years of age. For youth 16 years of age and older, independent living programs do not exist and employment opportunities such as Job Corps or the military will not accept these youth. Currently, not all communities have a continuum of services to include outpatient and community-based residential (foster care or group homes) for youth who have committed sexually delinquent acts.

**Recommendation 13a:**

The Florida Legislature should fund a pilot project to examine more effective ways to reintegrate offenders into the community, including transitional living programs and community-based services for those youth who have committed sexually delinquent acts and who cannot reside in their home but do not require a residential level of care.

**Recommendation 13b:**

The probation/conditional release officer should begin working with youth committed to residential treatment programs no less than ninety days prior to release to focus on coordination and transition of services with family.

**Recommendation 13c:**

The Florida Legislature should require the Department of Children and Families to participate in transition planning for youth younger than 18 years of age who cannot be returned to their home due to the risk to the victim or lock out by the parents.

**Recommendation 13d:**

The Florida Legislature should fund transitional living facilities that are focused on self-sufficiency, education and vocational training with goals of independent living.

***Finding 14: Need for Specialized Quality Assurance Standards***

Current Quality Assurance standards are insufficient to reflect the specialized treatment needs of youth with sexually delinquent behaviors. Effective supervision and treatment practices are essential to managing this population. Some youth are not amenable to treatment and may remain a risk to the community upon release from the jurisdiction of the juvenile justice system. There are no cause and effect data that can predict or broadly explain the development of youth with sexual behavioral problems. Research indicates an individuality and complexity in the etiology of juvenile sexual offending behavior that includes issues such as the development of conduct disorders and anti-social offender characteristics, prior childhood physical and sexual victimization, histories of family dysfunction and violence, pseudo-mature sexual experience, knowledge, exposure, social incompetence, co-morbid diagnoses such as ADHD, self image, and issues with self esteem and various other developmental experiences.

**Recommendation 14:**

The Department of Juvenile Justice should develop standards of treatment and quality assurance standards for treatment of juvenile sexual offenders. These standards should allow for individualized care specific to sexual offenders.

- The Department should establish a committee comprised of treatment providers, representation of Florida ATSA, policy staffers and Quality Assurance personnel to develop these standards and review the generalized standards.
- Treatment standards should include a range of clinical services that address offense-specific or other needs related to offending.
- Each program's central treatment modality must be an accepted treatment model, and treatment should be delivered consistent with the model. Staff should be trained and knowledgeable regarding the model.
- Curricula must be designed with adequate time for internalizing knowledge with written and behavioral competency-based formats consistent with cognitive levels of the youth and must be delivered by appropriately trained staff.
- Criteria for program completion must be objectively defined, be measurable, and be consistent with the treatment model.
- Standards governing transition from residential treatment to the community should include victim consideration, specifically victim risk and trauma assessments, home studies, family safety planning, assessment of family supervision, willingness, and ability. The Department of Children and Families should have responsibility for victim and family assessment and treatment. Successful transition practices should require multi-agency collaboration to ensure community and family safety.

## Legal Issues

The first juvenile court, created in Illinois at the end of the 19<sup>th</sup> century, was implemented in response to community concern for reform in a criminal justice system that made no distinction between juvenile and adult criminal behavior. The public consensus at the time was that juvenile offenders could be offered treatment and rehabilitation services. A few years into the 21<sup>st</sup> century we find there is a danger of the pendulum swinging backwards, taking us back 100 years into a system that makes little distinction between adults and juveniles with regard to sexual offending behavior.

Research findings indicate:

- Juvenile sexual delinquency should be viewed differently from adult sexual offending.
- Juvenile sexual delinquency behavior presents entirely different problems than those presented by adult offenders.
- Juvenile sexual delinquency behavior presents very different long-term dangers to the community than those presented by adult offenders.<sup>9</sup>
- Juvenile sex offending usually does not continue into adulthood.<sup>10</sup>

Identifying and punishing juveniles for sexual offending behaviors in the same manner as adult sex offenders is an inadvisable practice that will cause more harm than good. Once labeled and registered as a sex offender, a juvenile's options in life, such as joining the military, attending college, and location of residence will be substantially limited. Because of the high success rates of treatment, it is important to minimize the unintended consequences of labeling these youth or placing barriers to their successful re-integration into the community.

The law recognizes the difference between juvenile and adult behavior. Juveniles are restricted from owning guns, drinking, and driving because society recognizes the difference in the developmental status of juvenile and adults. Children and adolescents engage in sexual behavior for a variety of reasons, including experimentation and exploration, as a normal part of development. The Task Force recommends that legislative measures regarding juvenile sex offending behavior must consider these motivations and take care not to violate the basic principles of culpability: Juvenile sexual behavior defined as criminal must be motivated by criminal intent.

Careful consideration should be given by the parties making the determination that a juvenile sex offending act was motivated by criminal intent. In order to assist the parties in making this critical determination, the legislature should require that a psychosexual examination be performed on any juvenile who has plead or been found guilty of committing a sexually delinquent act by a qualified practitioner in the field of juvenile sexual behavior. This evaluation should, among other things, address whether the sexual offending behavior was motivated by criminal intent. The behavior should be

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<sup>9</sup> Zemring, F.E., (2004). *An American Tragedy: Legal Responses to Adolescent Sexual Offending*. Chicago: University of Chicago Press.

<sup>10</sup> Office of Juvenile Justice Delinquency Prevention. (2001). *Juveniles Who Have Sexually Offended: OJJDP Reporting* [electronic version]. Office of Juvenile Justice Delinquency Program



examined to determine whether the behavior was experimental, consensual, or predatory.

### ***Finding 15: State Should Avoid Label ‘Juvenile Sex Offender’***

The current definition in statute of juvenile sexual offender encompasses a wide range of sexual offenses from exhibitionism to penetration. This creates instant labeling of the youth with consequences that will continue throughout his or her life.

#### **Recommendation 15a:**

The Florida Legislature should modify section 985.03 *Florida Statutes*, to change the term “Juvenile Sex Offender” to “Juveniles with Sexual Behavioral Problems.” The term “Juvenile Sex Offender” should be reserved for youth transferred to adult court for sexual offenses.

#### **Recommendation 15b:**

The Florida Legislature should continue the current policy of not registering juveniles in the Florida sex offender registry.

#### **Recommendation 15c:**

The Florida Legislature should change section 800.04 (4)(a), *Florida Statutes*, to reduce the charge from a felony to a misdemeanor in those cases involving sexual offending behavior in which the juvenile offender and the victim are of similar age or developmental status, and have engaged in consensual behavior.

### ***Finding 16: Establishing Intent a Critical Element in Charging and Prosecution***

The dynamics of sexual development during childhood and adolescence make the determination of intent a critical part of dealing with juvenile sexual offending behavior. The parties making the determination that a juvenile sex offending act was motivated by criminal intent are not always informed by the findings of a psychosexual evaluation. Quality psychosexual evaluation services may not be available in all cases.

#### **Recommendation 16a:**

The Florida Legislature should require that the Department of Juvenile Justice and the courts ascribe greater weight to the recommendations contained in psychosexual evaluations.

#### **Recommendation 16b:**

The Florida Legislature should require the State Attorney and Court to consider criminal intent, culpability, and competence before charging a youth or adjudicating a youth with a sexual offense. In those cases where the behavior is determined to be without coercion or manipulation and the parties were similar in age and developmental status and determined to have engaged in consensual behavior, these facts should be given appropriate consideration as mitigating or aggravating factors in charges, adjudications and dispositions.

***Finding 17: Very Young Should Not Be Criminalized***

Concern is raised about the treatment of the very young (youth less than 12 years of age). Youth 12 years of age and younger represent one percent of the youth committed to moderate or high-risk facilities. Developmentally, youth in this age group lack the cognitive ability of adolescents to understand the criminal nature of their behavior.

**Recommendation 17:**

Very young children (less than 12 years of age) or those who are developmentally immature involved in sexually delinquent behavior should be referred to treatment by the Department of Children and Families rather than prosecuted.

## Interagency Collaboration

When a juvenile commits a sexually delinquent act, it should not be viewed as an isolated incident, but rather should be considered as a behavior that has antecedents and consequences within the juvenile's family and community. To respond appropriately to a single incident of sexual delinquency, the action of a number of separate community agencies is required to ensure that the needs of the juvenile sexual offender, the victim, and their families are adequately assessed and addressed. Among the agencies that might be required to respond are local law enforcement, the Department of Children and Families, the Department of Juvenile Justice, the Attorney General, Office of the State's Attorney, Department of Health, Agency for Health Care Administration and the Department of Education. The unique circumstances of individual cases will dictate the nature and scope of services required of each agency. To effectively serve juvenile sexual offenders, all agencies that come into contact with these youth, their victims and their families must work together to ensure that the limited state resources are coordinated and integrated so that appropriate services can be delivered.

The goal of a multi-agency response is to provide a comprehensive continuum of assessment and intervention services that follows juvenile sexual offenders, victims and their families over time. Intervention is likely to be needed at multiple points, at and beyond the initial reporting of an incident.

As noted earlier in the report, the Legislature in the early 1990's authorized the creation of the Task Force on Juvenile Sex Offenders and Their Victims (section 985.403, *Florida Statutes*). During Fiscal Year 1995-96, this group met and made a series of recommendations regarding how to address the issue of juveniles who commit sexual offenses. The findings of that group have not been fully implemented.

Legislation to create the 2005 Task Force on Juvenile Sexual Offenders and Their Victims repealed authorization for the Task Force as defined in section 985.403, *Florida Statutes*, and put in its place a time limited mandate to convene the 2005 Task Force. The issues around juveniles who commit sexual offending crimes and the impact on victims are dynamic and change over time. It is important that the Department and the Legislature periodically review these issues and if necessary make policy changes.

### ***Finding 18: Poor Coordination of Services for Juvenile Sexual Offenders and Their Victims***

Assessment and services in Florida in response to juvenile sexual delinquency and its victims are fragmented, inconsistent, and inadequate. No agency or constellation of agencies has taken the lead to establish interagency communication, coordination and collaboration to develop and maintain an adequate continuum of services. As a result, many needs are not being met.

Following completion of this report, there will be no formal mechanism to periodically review and update the data and research on juveniles who commit sexual crimes and the impact on their victims. It is critical that a mechanism be put into place to address this.

**Recommendation 18a:**

The Department of Juvenile Justice should take the lead to establish an on-going collaboration to serve juvenile sexual offenders and their victims among the following agencies: Department of Juvenile Justice, Department of Children and Families, law enforcement agencies, Department of Health, Department of Education and the Agency for Health Care Administration. The goals of this summit should be:

- To establish interagency communication and recognition of the need for a collaborative effort in response to juvenile sexual delinquency.
- To define the necessary components of an integrated continuum of assessment and intervention services.
- To assign responsibility for the various identified components to the appropriate agencies.
- To implement the components within each district or circuit, monitor their progress and efficacy, and maintain the communication among agencies that is necessary to sustain the integrated service continuum within each locality.

**Recommendation 18b:**

The Florida Legislature should require the Department of Juvenile Justice to assemble a Task Force every five years to review the issue of juveniles who commit sexual offenses and the impact on victims. The Task Force should be required to report the results of their deliberations and policy recommendations to the Governor, President of the Senate, and Speaker of the House.

## Summary

Juvenile sexual offending behavior is complex and necessitates a careful analysis of statistics, trends and research related to this issue. It is critical to separate the public furor regarding adult sex offenders from the realities of juveniles who commit sexual offenses. In regard to juveniles who commit sexual offenses, there are positive indicators. Research reveals:

- The per capita incidence of juvenile sexual offending crimes in Florida has slightly decreased over a six-year period.
- Juveniles who commit sexual offenses have an extremely low re-offense rate.
- A significant percentage of juveniles who commit sexual offenses were themselves victimized.

Victims are often siblings or young neighbors. There is a need to ensure that these youth and their families have the counseling resources needed.

Public awareness must be enhanced to ensure that all young people understand what constitutes inappropriate sexual behavior and the consequences of such behavior.

Comprehensive assessments must be conducted by qualified practitioners on all youth who exhibit delinquent sexual behavior. The results of these assessments should drive the treatment intervention and the placement in the community or a residential facility.

Treatment options are available in the Department of Juvenile Justice service continuum. More of these services should be provided at a moderate-risk commitment status when a high-risk placement for sexually re-offending is not indicated in the assessment. Additional treatment options are needed in the community, reserving high-risk, costly commitment placements for the few youth that need them. Finally, transition services need to be created so that a full continuum of care can be provided to these youth, giving them access to continued professional treatment during the critical time of transition back into the community.

Changes in *Florida Statutes* are recommended to clarify the term juvenile sex offender and the issue of consensual sex between adolescents.

Finally, the state agencies that serve these youth and families need to coordinate their efforts so that the limited state resources can be maximized.



## Appendix I—Task Force Members

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Special thanks to Sherry Jackson for her efforts in staffing the Task Force and assembling this report.



# Appendix II—1995 Task Force Recommendations

## Overview

The Florida Department of Juvenile Justice was founded in 1994. In 1995, Governor Lawton Chiles created the Task Force on Juvenile Sex Offenders and Victims of Juvenile Sex Offense and Crimes, which researched juvenile sexual offending in Florida. The 1995 Task Force found that “the occurrence of juvenile sexual abuse appeared to be grossly under-reported throughout the state and that there was very little structure or policy directing the response and resolution to this most serious problem.”<sup>11</sup>

As a result of its deliberations, the 1995 Task Force issued a series of recommendations designed to strengthen Florida’s framework for providing a consistent and effective response to juvenile sexual abuse. The current Task Force found that while some of the recommendations from the 1995 Task Force have been implemented, most are still awaiting action.

Following is a list of the recommendations made by the 1995 Task Force:

**Priority Recommendation Number 1:** Centralize and mandate reporting of all child-on-child abuse with the Child Abuse Hotline. Direct the Hotline to forward reports to the appropriate law enforcement agency. Direct Department of Health and Rehabilitative Services (HRS) to investigate cases with offenders 12 years of age or younger for possible child abuse and /or neglect.

**Priority Recommendation Number 2:** Require that each adjudicated/convicted juvenile sex offender be assessed by a psychologist with specific credentials and training in juvenile sexual abuse, prior to placement in any program.

**Priority Recommendation Number 3:** Fund a system of services beginning with therapeutic resources for victims of juvenile sex crimes and funding for initial medical examinations of sexual offense victims.

**Priority Recommendation Number 4:** Provide state funding only when there is a community network similar to the Sexual Abuse Intervention Network in Marion County.

**Priority Recommendation Number 5:** Fund the development and implementation of uniform training specific to juvenile sexual abuse for law enforcement, judges, educators, state attorneys, foster parents, HRS, juvenile justice investigators/case managers, school resource officers, and mental health professionals.

**Priority Recommendation Number 6:** Develop certification criterion for individuals who investigate, assess, and treat juvenile sex offenders. Develop certification criterion for residential and outpatient programs working with juvenile sex offenders. Develop an annual quality review and outcome report for the system of services addressing the juvenile sex offender.

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<sup>11</sup> *Task Force on Juvenile Sex Offenders & Victims of Juvenile Sexual Abuse and Crimes: The Final Report, 1995.*

**Priority Recommendation Number 7:** Change the Medicaid plan allowing secure facilities to obtain Medicaid reimbursements for qualified services to eligible clients. Require that service providers maximize Medicaid reimbursements.

**Recommendations for prevention:** Provide specific counseling services for all child abuse victims 18 years of age and younger.

- a. Expand the role, capacity, and capability of child protection teams and the community mental health system, enabling them to serve **all** victims of child abuse. Change the language in Florida Statute (FS) 415.5055.
- b. Expand capacity and funding for the Crimes Compensation Trust Fund, allowing for the full payment of medical and psychological exams, as well as counseling and psychotherapy from the onset of the investigation. Change FS 415.507 (4) and FS 960.28, to be consistent with the Violent Crime Control and Law Enforcement Act of 1994, Section 2005.
- c. Provide education to the general public that encourages and informs them on how to get help for their children and themselves.

**Recommendations to stop abuse in foster care system:**

- a. Develop a policy to more effectively track and assess reports of sexual abuse by foster parents that have been closed without classification.
- b. Reword and strengthen the rule and policy that addresses the child perpetrator being placed as the youngest and most vulnerable one placed in a home.
- c. Update the rules and policies that relate to new provisions in sections 55 and 59 of House Bill 2409.
- d. Improve enforcement and monitoring of the policy that requires referral of the perpetrator and victim of sexual abuse to a mental health provider within 10 working days of an incident.
- e. Provide mandatory training regarding juvenile sexual offenders and victims of sexual abuse for foster parents, residential group care providers, and foster care workers on an annual basis.
- f. Increase the availability of specialized placements, such as therapeutic foster homes, individualized residential treatment facilities, therapeutic group homes, and residential treatment centers for the treatment of juvenile sexual offenders.

**Recommendations regarding the need to pursue prosecution, and require treatment for all adult sex offenders who victimize children:** Effective prevention of proliferation is best accomplished through the active prosecution of adults who sexually offend against children.

- a. Increase the use of specialized investigators and prosecutors to pursue charges in cases of adult sex offenders.
- b. Increase the capacity for assessment, evaluations, and treatment by specially qualified individuals and programs for adult sex offenders who victimize children.
- c. Require that adult sex offenders have no unsupervised contact with children until they have successfully completed a qualified treatment program and the court and all parties agree that such visits shall occur.
- d. Utilize the new federal tracking and registry system and the Florida Sexual Predators Act to actively monitor the location of sex offenders.
- e. Mandate all adult sex offenders be tested for HIV.
- f. Educate judges

- g. Provide all child victims with Guardians Ad Litem to assure counseling as a preventative intervention.

**Recommendations on education and community awareness:**

- a. Develop and implement a public awareness campaign to educate the public on juvenile sexual abuse, how it can occur, and what individuals can do if they become suspicious or aware of juvenile sexual abuse and the advantages to reporting.
- b. Encourage law enforcement, state attorneys, judges, public defenders, community mental health professionals, DJJ and HRS conduct community seminars on a regular basis. These seminars need to be targeted to child serving agencies and individuals, in each district, educating them on the method of reporting, intervention, and treatment of juvenile sex offenders and their victims in that district.

**Recommendations for Reporting, Investigating, and Tracking**

Require that all suspected cases of juvenile sexual abuse be reported to the abuse hotline.

- a. Change FS 415.503, 415.504, and 415.505 to broaden the definition of child abuse to incorporate child-on-child sexual abuse, mandating that cases of child-on-child sexual abuse be reported to the hotline.
- b. Expand the capacity of Child Protection Teams to assist in the investigation of child-on-child sexual abuse as they currently do with caretaker abuse.
- c. Require the hotline to take full report of the juvenile sexual abuse cases and refer the caller, if appropriate, to the local law enforcement agency that has jurisdiction. The hotline would then be required to route the written report to the law enforcement agency within set time frames. This should be considered for all cases reported to the Hotline.
- d. Require the hotline to collect and report annually on the demographics, circumstances, and referrals regarding juvenile sex offenders.
- e. Require the hotline to refer the caller, if the caller was a family member of the victim(s), to the appropriate treatment provider for services to the victim and family. The hotline would then be required to send a notice of the referral to the identified provider.
- f. Require HRS to investigate potential abuse/neglect when the alleged offender is 12 years of age or younger.
- g. Provide a public awareness campaign to inform the general public of these policies.

**Recommendations to provide support to law enforcement to investigate all reports of juvenile sexual abuse.**

- a. Expand training to local law enforcement agencies specific to juvenile sexual abuse.
- b. Require law enforcement to refer victims of juvenile sexual abuse to an appropriate local treatment provider.
- c. Encourage specialized personnel at each law enforcement agency to handle the juvenile sexual abuse cases.

- d. Encourage law enforcement to utilize child protection teams in investigating child-on-child sexual abuse.
- e. Require that law enforcement be an active partner in handling the cases of juvenile sexual abuse with the state attorney, the HRS and DJJ, and the local treatment provider.
- f. Encourage the state attorney to request the appointment of a Guardian Ad Litem.

**Recommendations to require the Department of Juvenile Justice and HRS to track juvenile sex offenders.**

- a. Require DJJ to create a separate component on juvenile sex offenders in the juvenile justice system annual outcome evaluation. This report should include demographic information, placement information, criminal history, successful completion of placement, recidivism of any crimes, longitudinal studies, and other pertinent information.
- b. Require Child Protection Teams and treatment provider agencies to report separately on the victims of juvenile sexual abuse to HRS. This report should include demographic information, treatment information, successful completion, longitudinal studies, and any other pertinent information.
- c. Require HRS to report separately on an annual basis on juvenile sex offenders in the HRS system to the Legislature, Attorney General, FDLE, and Governor's Office. This report should include demographic information, placement information, successful completion of placement information, recidivism, longitudinal studies, and any other pertinent information.
- d. Juvenile sex offenders convicted of a felony in adult court fall under the new federal tracking requirements under the Violent Crime Control and Law Enforcement act of 1994. Consider using this same system for all juvenile offenders.

**Recommendations for serving juvenile sex offenders in the community:**

Require that each community establish an intervention network in order to receive any state funding for juvenile sex offender treatment.

- a. The intervention network needs to be based on a written agreement that specifically describes how juvenile sex offenders will be handled in that community. Signing partners need to include the judiciary, law enforcement, state attorney, public defender, schools, local government, HRS, The Department of Juvenile Justice, mental health, Guardians Ad Litem, Juvenile Justice Councils and Boards, Health and Human Service Boards, and/or other service providers or community agencies.
- b. Add proviso language to the appropriations bill to specify this requirement in obtaining specialized funding separately identified for juvenile sex offender services.

**Recommendations to create a system of services in each community with regional long-term residential facilities**

- a. Each HRS/juvenile justice district must have a continuum of services that includes qualified investigators and prosecutors, assessment providers, outpatient programs, specialized caseloads for the DJJ and HRS, respite care capacity, access to long-term residential care, and re-entry/aftercare.

- b. Each HRS/juvenile justice district needs to have a minimum of one 15 bed specialized therapeutic group home that is at least staff secure for youth who can be served in less restrictive community based facilities.
- c. Each juvenile justice commitment region needs to have qualified long term residential care capacity. These facilities need to have the capacity to work with youth on a criteria based program model and have an average length of stay of 18 to 24 months.
- d. Review F.S. 39.062 to improve that state's ability to monitor/supervise juvenile sex offenders for an appropriate length of time.

#### **Recommendations for Standards of Intervention and Treatment:**

- a. Persons providing psychotherapy or assessments with juvenile sex offenders must be licensed under FS chapters 490 and 491 and be certified as sex offender treatment specialists.
- b. Direct Department of Business and Professional Regulation to work in conjunction with the HRS Office of Alcohol Drug Abuse and Mental Health, Agency for Health Care Administration, and DJJ to develop certification standards and procedures for mental health professionals to work with juvenile sex offenders. These standards need to be consistent with the standards adopted by the National Association of Sex Offender Treatment Providers.
- c. Establish specific criteria for assessment of juvenile sex offenders and a screening tool to identify "at-risk" youth.
- d. Explore the need for specialized certification for treatment providers serving victims of sexual abuse.

#### **Certify treatment programs and placements for juvenile sex offenders.**

- a. Direct the HRS Program of Office of Alcohol Drug Abuse and Mental Health, in conjunction with DJJ, to establish specific minimum standards for outpatient programs, residential treatment centers, therapeutic foster homes, individualized residential treatment facilities and group homes that may potentially house juvenile sex offenders.
- b. Direct Department of HRS Program Office of Child and Family Services to establish specific minimum standards for foster homes, therapeutic foster homes, individualized residential treatment facilities, and emergency shelters that may potentially house juvenile sex offenders.
- c. Direct DJJ to establish specific minimum standards for all level commitment programs, and other community based facilities for juvenile sex offenders and to prevent juvenile sex offenders from being placed in non-sex offender programs.
- c. Require an annual quality assurance review that measures each program or placement facilities performance against the established standards. If a program does not meet the minimum standards it may be allowed a reasonable amount of time to correct the identified deficiencies or lose its certification and their ability to work with juvenile sex offenders. The results of these quality assurance reviews must be published and distributed to the Governor, the Legislature, the Juvenile Justice Advisory Board, the district Health and Human Services Boards and Juvenile Justices Boards, state attorneys, judges, and law enforcement annually.
- d. Require clear and measurable outcomes for each program and placement for juvenile sex offenders that includes successful program completion and recidivism rates. The report on attainment of these identified outcomes must be made annually in conjunction with the quality assurance reports.

**Create specialized caseloads**

- a. Mandate a specific number of cases and allow for a homogeneous caseload of juvenile sex offenders within DJJ. Create the same specialized caseload for HRS for those cases involving offenders 12 years of age and younger.
- b. Encourage specialized caseloads in state attorney's offices and law enforcement agencies and provide targeted funding for these types of positions.

**Recommendations to authorize the judiciary to create leverage and motivation for juvenile sex offenders.**

- a. Create an alternative sanctions sentence that defers sentencing upon successful participation and completion, by juveniles and parents or legal guardian, of a qualified sex offender treatment program and community control.
- b. Encourage specific court orders, conditions of probation or conditions of community control that restrict contact with children, victims, and vulnerable individuals and that require expectations of performance in treatment for both the offender and their parent/guardian.
- c. Mandate close supervision of juvenile sex offenders with progressive restrictiveness and/or extended sentences for non-compliance with court orders.

**Recommendations for Training****Require ongoing training, by recognized experts in the field, for personnel in the social services and juvenile justice system.**

- a. Provide uniform training, on an ongoing basis through the Professional Development Centers, to all personnel in the social service and juvenile justice system that works with or comes in regular contact with juvenile sex offenders and/or their victims.
- b. Provide uniform training on an ongoing basis to foster parents, shelter staff, all residential and commitment program staff that includes a section that addresses juvenile sex offenders and their victims.
- c. Encourage specialized caseloads and foster homes for juvenile sex offenders.
- d. Provide for in-service training on an ongoing basis for all school personnel that have regular contact with students particularly school social workers and counselors.
- e. Provide uniform training to mental health professionals and agencies that work with this population.