

***ASOTP IN REVIEW***

***ADOLESCENT SEX OFFENDER  
TREATMENT PROGRAM***

***KENT COUNTY JUVENILE COURT  
GRAND RAPIDS, MI***

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## **ABSTRACT**

This paper presents the findings of a ten year program evaluation for the Adolescent Sex Offender Treatment Program (ASOTP) through Kent County Juvenile Court (KCJC). It is a follow up to the research conducted by Weiks and Lehker (1988 ). The study examined case records of 655 youth, between the ages of eight and 17, referred to the court on sex related offenses. While a majority of these cases were for offenses involving sexual contact between perpetrator and victim, also included in this study were cases for non-contact offenses (i.e. window peeping, solicitation for prostitution, etc.). The recidivism rate for the last ten years stands at 5.9%. Recidivism was determined to have occurred if the client was at some point referred on a new petition for inappropriate sexual behavior occurring any time between the initial assessment appointment and their reaching the age of legal majority in Michigan, specifically age 17. Also included in this paper is a discussion of the factors which may have positively impacted this low rate including: collaborative efforts between various systems, programmatic structure and support from legal representatives. This information is provided in order for the program to be replicated elsewhere. Also discussed are implications for social work practice with this population.

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## **I. PROGRAM OVERVIEW**

In 1986, the KCJC developed and implemented the Adolescent Sex Offender Treatment Program in response to the growing number of referrals and the Judges reluctance to adjudicate without thorough assessments and sex specific treatment options. A decision was made to house and operate ASOTP within the court itself for a variety of reasons, including the aligning of therapists with those who were in a position to hold the offenders accountable. The development of a court operated, community-based treatment program designed specifically for adolescent sex offenders was the first of its kind. The program which was privately funded, operated initially as a two year pilot project. Its purpose was to determine if youth who commit sexual offenses could be safely kept in the community and effectively rehabilitated through the provision of specialized assessment and treatment. An evaluation of the pilot program (Weiks and Lehker 1988) demonstrated clearly that ASOTP was not only cost effective but also effective in rehabilitating offenders as compared to a control group. Therefore, the County administration incorporated this program into their annual budget.

The program is vital today, employing two full time and one part time staff. Referrals to the program doubled in ten years from 50 in 1987 to 104 in 1997. We believe law enforcement is responding more proactively through awareness of the program and available treatment. ASOTP provides a comprehensive assessment for every youth in Kent County arrested on a criminal sexual conduct charge. This assessment includes a copy of the police report, several individual interviews with the offender, a battery of tests, and at least two sessions with the parents/guardians. The primary goal of the assessment is to determine risk of the offender acting out sexually in the community and to develop a treatment plan. Recommendations are given to the probation officers in charge of the cases and in court hearings.

ASOTP is fortunate to be operated and located within the court system, as it affords several advantages. The therapists and probation officers work in close proximity and communication can be immediate regarding unforeseen developments as well as discussions with respect to treatment planning. Therapists are able to develop working relationships with prosecutors and judges and be involved in the legal issues involving the clients. Court licensed foster homes can be accessed with ASOTP staff facilitating a support group for all foster parents with juvenile offenders in their homes. Experienced foster families, with the support of probation officers and ASOTP staff have come to enjoy the challenge of working with only sex offenders and thus have eliminated the need for several residential placements annually.

ASOTP also provides treatment. This consists primarily of group therapy co-facilitated by a male and female therapist. The groups are open-ended and organized along over-arching personality traits to promote group cohesiveness and inhibit conflicts. For example, there is a group for youth diagnosed as conduct disorder, and a group for under socialized youth. Combining these clients in the same group would more than likely significantly hamper the progress of all involved. An under socialized youth would lack the self confidence to confront a verbally aggressive conduct disorder youth. We have also had separate groups for females, pre adolescent, and developmentally delayed youth.

ASOTP also provides individual and family treatment in response to risk of reoffending and level of dysfunction. Operating within the court system allows unlimited sessions without the constraints associated with managed care. Another service ASOTP has been able to provide, in

area schools, is educating youth regarding legal sexual boundaries and how to handle sexual pressures. This is viewed as a primary prevention service.

ASOTP is also flexible enough to develop its own responses to both perceived needs as well as aberrations in referrals. For example, an experimental closed, time-limited group was developed for the more aggressive preadolescent offenders in response to a sudden increase in referrals within this age group. ASOTP also recently developed an after care group to assist youth who would benefit from continued support during their transition from intense group therapy to release from court involvement. This is particularly helpful for youth who had been in foster care or residential treatment and are now returning home.

## II. THE RESEARCH

In 1997, ASOTP had enjoyed a decade of productive work but had not been evaluated since Weiks and Lehker's study which reviewed the years 1987-1990. That study strongly suggested the occurrence of subsequent sex offenses would be less likely among youth referred to ASOTP as opposed to the control group which were comprised of referrals received prior to the advent of ASOTP. A data collection instrument was designed by Dr. Weiks at the beginning of the program which allowed us to track many important variables through the past ten years. We looked at all 655 clients that were involved on some level with ASOTP during the past ten years.

We knew the racial and gender make-up of all 655 youths involved with ASOTP during the ten years of this study. We elected to run print outs of these youth that contained information from both ASOTP's data collection instrument and any subsequent involvement with the court. It is important to define carefully several operant terms:

Criminal Sexual Charge includes CSC 1st through 4th degree, as well as any other charges with sexual intent.

Youth ages 8-17 who had been referred to ASOTP

Re-offense was determined to have occurred if the client was referred on a new petition for inappropriate sexual behavior occurring any time between the initial assessment appointment and reaching the age of 17.

A decision was made to also track criminal reoffenses of a non-sexual nature using the same aforementioned parameters.

Other variables were also included in this study. All cases were reviewed to learn how many cases remained at the intake level. Intake describes those cases that are not heard formally by a judge. Consequently, there is no adjudication on the pending charges.

All youth are assessed to determine their diagnostic type, based on Michael O'Brien's typologies (O'Brien, 1989). These typologies are used to assign youth to a specific treatment group. The goals and treatment methods are developed to address the specific pathology found in that group.

Each youth was also assessed for past physical or sexual abuse. Historical physical abuse was defined as either no reported past abuse or reported physical abuse from mild to severe.

Historical sexual abuse was categorized as either no reported past sexual abuse or reported sexual abuse from mild to severe.

### III. RESULTS

(n=655) (m=13.9yrs)

#### Age

8	( 8)	1%
9	( 21)	3%
10	( 31)	5%
11	( 39)	6%
12	( 65)	10%
13	(106)	16%
14	(133)	20%
15	(135)	21%
16	( 90)	14%
17+	( 40)	6%

#### Status

Intake	(207)	32%
Formal	(448)	68%

#### Recidivism

Sexually	( 39)	5.9%
Criminally	(172)	26%

#### O'Brien Typology

Naive-Experimenter	( 70)	11%
Undersocialized	(253)	39%
PseudoSocialized	( 86)	13%
Group Influenced	( 35)	5%
Sexual Aggressive	( 64)	10%
Sexual Compulsive	( 34)	5%
Disturbed Impulsive	( 2)	<1%
Reactive	( 32)	5%
Other	( 50)	8%

#### ABUSE HISTORY

	NONE		MILD-SEVERE	
Physical	(408)	62%	(247)	38%
Sexual	(419)	64%	(236)	36%

We were extremely pleased to learn the recidivism rate for sexual reoffenses for ASOTP's first ten years was 5.9%. This becomes a more impressive number when it represents youth who completed only the assessment phase of ASOTP as well as those who completed the assessment and received treatment. The average age of youth referred to the program was 13.9 years, leaving the average time wherein a sexual recidivate act could recur in this study at just over three years. Rates for criminal recidivism was 26%. This includes any misdemeanor charges.

Histories of physical or sexual abuse were very similar and likely to converge in many cases. Specifically, 38% of the cases reported a history of physical abuse while 36% reported a history of sexual abuse.

Thirty-two percent of all cases referred were handled informally while 68% were adjudicated formally. Status decisions are made by the probation officers working in cooperation with ASOTP therapist and based on the offender's: age, history of legal charges, level of cooperation and honesty, apparent health of the family system, as well as proximity to the victim.

The largest typology represented in this study was the Undersocialized Child Exploiters comprising 39% of all cases. Pseudo/Socialized Child Exploiters were 13% of the total cases with Naive Experimenters and Sexually Aggressives at 11% and 10% respectively. The Undersocialized and/or Naive sexual offender represents half of all clients served.

The demographic breakdown of referred youth were as follows: 95% of all cases were male; 74% were Caucasian; 18% African American; 6% Hispanic-American; and just over 1% were Native American.

Finally, we were able to pin point 11.9 months as the average length of treatment over the first 10 years ASOTP operated.

#### **IV. IMPLICATIONS**

The recidivism rate as defined for this study was under six percent. All recidivists, with the exception of two, came from those referred to treatment, suggesting the assessment process effectively screens out those cases who do not require sex specific treatment. In reviewing the two cases who were assessed and not referred for treatment, it was found both individuals had been charged with Solicitation for Prostitution. At this time, our program does not adequately address this group of individuals.

In order to better understand who will recidivate, future research should explore correlations between previous physical and sexual abuse, prior criminal history, and O'Brien typologies as they relate to recidivism.

In reviewing the recidivist information, it is clear that the preadolescent group is over represented. One of the benefits of our program is its flexibility, which has allowed us to experiment with a closed, time-limited treatment group for pre-adolescents as opposed to our continuing open-ended adolescent treatment group. Due to the autonomy of the program within the court system, this alternative response to an influx of preadolescent referrals was quickly developed at informal staff meetings and underscores the necessity for flexibility in this field. Although not included in our research, informal exploration of this group shows there have been no reported reoffenses in the past year.

We learned that 26% of individuals referred to the program commit a criminal offense again as a juvenile. Further research in this area should explore the severity of the criminal reoffenses. A cursory review indicates many reoffenses are misdemeanors. We believe that effective assessment and group treatment represent a better alternative to traditional probation services. Future



research should focus on comparing the recidivism rates of the two approaches. It would also be interesting to compare this recidivism rate to the overall recidivism rate at Kent County Juvenile Court.

It is surprising to learn that only 36% of our clients were victims of sexual abuse themselves. Further studies should attempt to isolate those other operant variables (i.e. exposure to pornography) and review how they can be impacted in treatment and the community at large.

## **V. CONCLUSION**

We believe this program is very effective and can be easily replicated. Of primary importance to successful replication is location of the program both physically and systemically within the court. The second key variable is the cost saving involved in community based treatment when compared with institutional placement. Therefore, the coordination of a foster care system working in conjunction with the program is vital to program success. We have had under two percent of our referrals result in institutional placements due to the availability of foster care placements and group treatment options. A third factor in the success of this program has been the cooperative relationship between a variety of systems and agencies including: prosecutors, law enforcement, schools, judges, Community Mental Health, defense attorneys and court administration all working towards the same end, keeping the community safe.



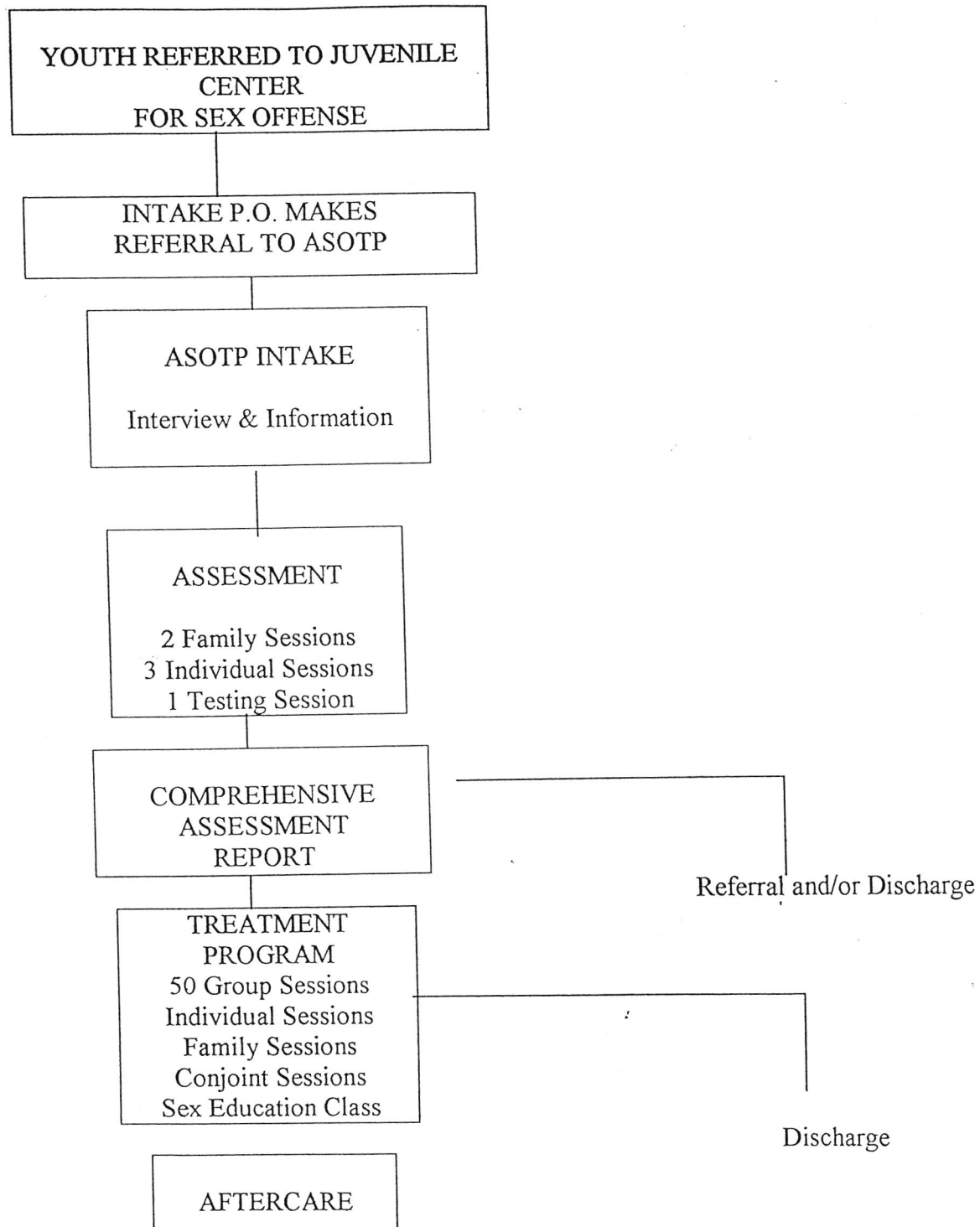
### References

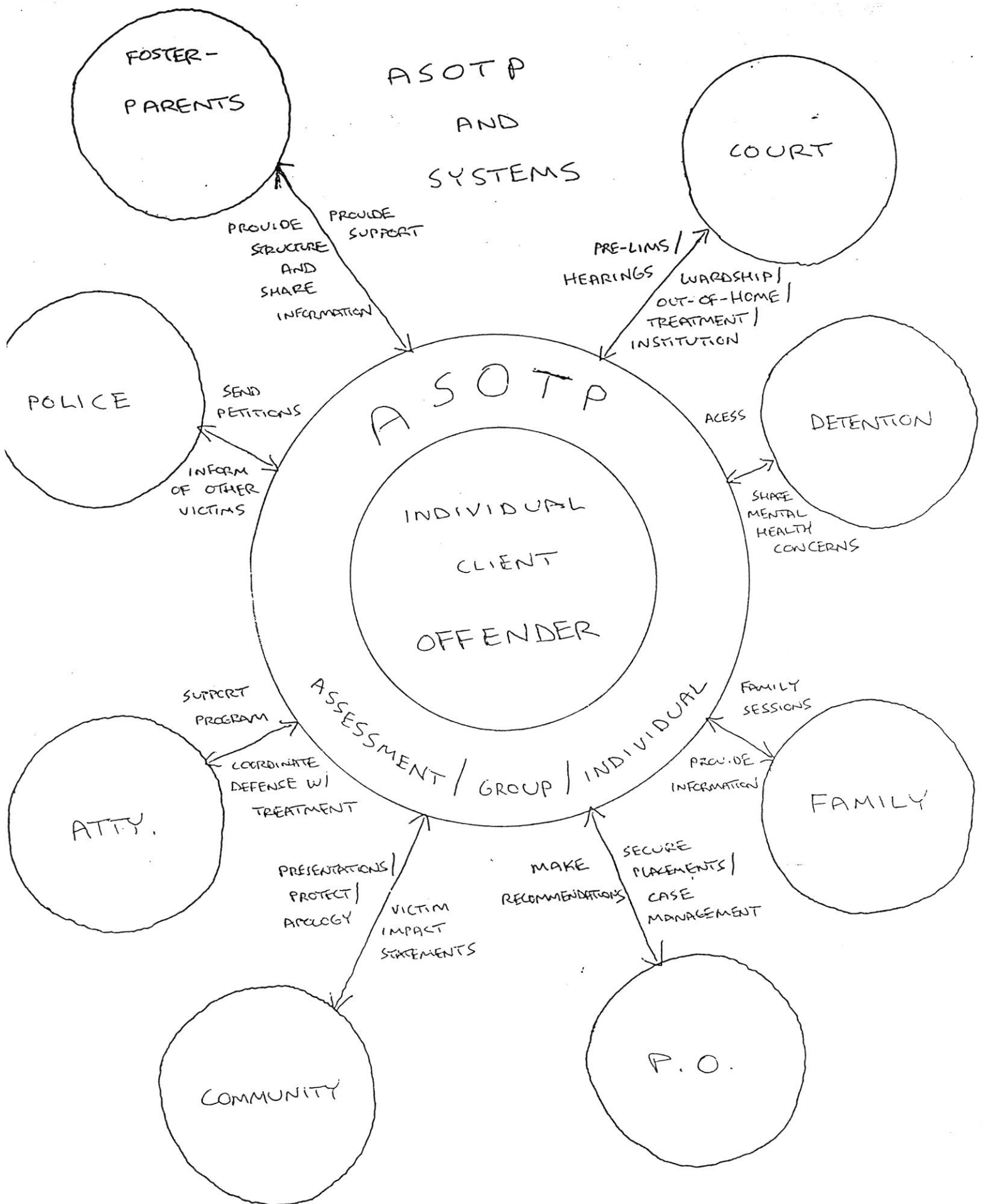
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**KENT COUNTY JUVENILE CENTER  
ADOLESCENT SEX OFFENDER TREATMENT PROGRAM**

**PROCESS CHART**





## GROUP

## THEORY

## GOALS

Conduct Disorder

Cognitive Restructuring

Develop Conscience,  
Identify Distorted  
Thinking

Pre-Adolescent

Supportive, Educating

Understand Why It's  
Wrong

Undersocialized

Social Skill Building

Improve Self Esteem  
Assertiveness, Risk  
Taking with Same Age  
Peers

Fixated

Relapse Prevention

Identify Risk Factors

Attachment Disordered

Insight Oriented

Connect Feelings  
Develop Trust, Develop  
Empathy

Aftercare

Support Group

Internalization

Developmentally Disordered

Females

Time Limited Pre-Adolescent Group

# FINANCIAL PERSPECTIVE

\$ 130,000.00

105

# OF YOUTH  
SERVED BY  
ASCTP IN '97

\$ 140,525.00

11

# OF YOUTH  
SERVED BY  
FOSTER-CARE  
AT 35.00 PER DAY

\$ 146,000.00

2

# OF YOUTH  
SERVED BY AN  
INSTITUTION AT  
700.00 PER DAY