REFERENCE GUIDE

FOR

SCHOOL PERSONNEL

CONCERNING

JUVENILES WHO HAVE COMMITTED SEXUALLY ABUSIVE AND OFFENDING BEHAVIOR

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Introduction

Addressing the educational and developmental needs of juveniles who commit sexually abusive and offending behavior is often considered a challenge to school districts. However, these juveniles can succeed in a public school setting and like all children; they have a right to receive an education. The goal of this guide is to build a foundation for safety within the school community; to respond to the individual needs of the victim(s) and his/her family; and address through supervision and management the needs of the juvenile who committed the sexual offense.

In 2000, the General Assembly passed legislation §16-11.7-103, C.R.S. that required the Colorado Sex Offender Management Board to develop and prescribe a standardized set of procedures for the evaluation, treatment and management of juveniles who commit sexual offenses. The *Standards and Guidelines for the Evaluation, Assessment, Treatment and Supervision of Juveniles Who Have Committed Sexual Offenses* (Juvenile Standards) were developed based on general principles that community safety is paramount as well as the belief that juvenile offenders have a greater chance of success if appropriate interventions are applied as early as possible.

This guide is intended to provide information about the supervision of juveniles who are in a school setting and to enhance communication between a school district and various agencies involved in the management and treatment of such individuals.

Purpose of this Guide

This School Reference Guide is designed to provide guidance for schools and school districts educating juveniles who have committed sexually abusive and offending behavior. This guide provides information to assist school administrators, teachers, and other school personnel in gaining an understanding of the school's responsibilities toward a safe school community and an inclusive environment for these juveniles.

Goals

The highest priority of the Juvenile Standards and Guidelines is community safety. Balancing the needs of victims, community safety and the individual juvenile requires a coordinated and collaborative effort. Therefore, the following goals have been identified:

- Enhancing victim protection and reducing potential for further victimization of other students through increased supervision and awareness of offenders' risk factors;
- Promoting a safer educational environment, inclusive of juveniles who commit sexual offenses through participation on a multidisciplinary team;
- Improving the exchange of information between systems of care so that seamless interaction occurs among all relevant private and public agencies and the school district;
- Enhancing the monitoring and supervision of juveniles to whom the Juvenile Standards and Guidelines apply;
- Providing safer school environments by monitoring the offenders' stability within the school (Increased monitoring assists in the assessment of risk factors, the offenders' compliance with treatment goals, and evaluation of appropriate placement options. Juveniles who are not involved in a school setting may actually pose a higher risk to their communities due to an increase in unstructured and unsupervised time);
- Providing educational opportunities for school personnel to understand the continuum and dynamics of sexual offending behavior and victim safety; and
- Providing for normal educational experiences through a school setting, including extra-curricular activities, when safety of other students can be assured.

Philosophical Statement

The focus of working with juveniles who commit sexually abusive and offending behavior is the safe supervision and management of these youth. Community and victim safety are the primary goals in working with these juveniles. Through a structured management plan, the goal is to prevent future sexually abusive and offending behavior from occurring. The Colorado Sex Offender Management Board in the document titled *Standards and Guidelines for the Evaluation, Assessment, Treatment and Supervision of Juveniles Who Have Committed Sexual Offenses* established Guiding Principles for working with this population. These Guiding Principles include the following:

- Sexual offenses cause harm;
- Safety, protection, developmental growth and the psychological well being of victims and potential victims must be represented within the multidisciplinary team established for each juvenile who commits a sexual offense;
- The law defines sexual offense(s), however, there are behaviors that are not illegal, but are considered abusive. Evaluation, treatment and supervision must identify and address these issues within the continuum of care;
- The charged offense(s) may or may not be definitive of the juvenile's underlying problem(s).

For a complete list of the Guiding Principles, please refer to Appendix B.

The school is a partner with the criminal justice and human services systems in achieving these goals. This School Reference Guide supports the Colorado Sex Offender Management Board's *Standards and Guidelines for the Evaluation, Assessment, Treatment and Supervision of Juveniles Who Have Committed Sexual Offenses*. A complete copy of this document, as well as other relevant information is available at the Sex Offender Management Board's Web Site at http://dcj.state.co.us/odvsom.

It has been demonstrated that many juveniles who commit sexually abusive and offending behavior are amenable to treatment and intervention[1]. The greatest likelihood for success in working with these youth is in understanding the individual needs of these offenders, the dynamics of sex offending behavior, and providing an environment for normalizing behavior.

Definitions

1. Adjudicated Juvenile Sex Offender - A juvenile who has entered a plea of guilty or the juvenile is found guilty at trial of a sexual offense.

   Juveniles who have been adjudicated or granted a deferred adjudication on or after July 1st, 2002 and those who have been adjudicated for a non-sexual offense with an underlying factual basis of a sexual offense are subject to the Standards and Guidelines.

[1] Appendix I contains the synopses of the research used in developing the Juvenile Standards and Guidelines.

2. Grooming Behavior(s) – Subversive actions perpetrated to gain access and trust of the victim and the victim's support system including training the victim and victim's support system to lower their guard. The grooming behavior is specific to the victim, and although an exhaustive list cannot be generated here, typical coercive behavior includes the offering of candy, small gifts or favors to a victim in exchange for engaging in unwanted sexual contact. Additionally, the perpetrator may act sorry and apologetic with promises never to harm the victim again; use physical force against the victim; threaten to reject or alienate the victim; choose victims who are too young to report; consistently "train" the victim in boundary violation; pretend to teach the victim about sexual contact; and tell the victim they are unique and special, and/or that the victim has responsibility for the abuse. Further, perpetrators often choose a person who appears vulnerable to the perpetrator due to such conditions as the victim's intellectual or physical disability, chaotic family and lack of boundaries or supervision, etc. Grooming behaviors create the opportunity for abuse to occur.

3. Informed Supervisor – An adult considered a primary care provider of a juvenile sex offender. In the **school** setting these individuals include, but are not limited to, the point of contact, teachers, coaches and school counselors.

4. Informed Supervision – Method by which informed supervisors hold juveniles accountable for behavior while engaging in daily activities and special events. This includes a list of areas of knowledge and skills commensurate with the level of supervision expected from a particular informed supervisor. Section 5.700 of the Standards (Appendix C) includes the informed supervision criteria. Generally, a primary informed supervisor is appointed by the school and s/he participates on the Multidisciplinary Team (MDT). Additional informed supervisors are approved by the MDT.

5. Multidisciplinary Team (MDT) – The multidisciplinary team defined in Section 5.000 of the Juvenile Standards is comprised of individuals from various community agencies charged with the management, supervision and treatment of juvenile sex offenders. A liaison from the school district/school building is a member of the Multidisciplinary Team.

6. School Multidisciplinary Team - Is the group of appropriate individuals at each school site responsible for the management and supervision of juvenile sex offenders at a specific school within the district. Members of the team can include, but are not limited to: the building designated informed supervisor, counselor, dean, nurse, social worker, school psychologist, and regular education and special education staff. Also included may be various personnel from agencies represented on the juvenile's MDT such as probation and mental health personnel. Additionally, the school multidisciplinary team includes the parent(s)/guardian(s) and the juvenile.

7. Sexually Abusive and Offending Behavior – Sexually abusive behavior is often not considered illegal, yet it is harmful to the victim. Abuse and offenses occur on a continuum. Offending behavior occurs when there is a lack of consent, lack of equality or the presence of coercion in actions by the offender against a victim. For a more detailed description of these behaviors please see Appendix G.

Pre-Adjudication

Children under ten years of age are not subject to the juvenile justice system. However, when children under the age of ten have engaged in sexually abusive behavior it is considered best practice to respond to the child's needs by consulting with local community resources, and as a group undertake planning with thoughtful consideration of the victim, community safety and the child.

Prior to adjudication for children age ten and older, or for children who have engaged in sexually abusive behavior but are not being charged in the juvenile justice system, the school should consult with established community resources such as the probation department, human services agencies, mental health professionals, local law enforcement, or the district attorney's office in order to make an informed decision. Although students who have not been adjudicated are considered innocent until proven guilty, the school district has an obligation to provide safety in the educational environment.

It is strongly suggested that an intervention conference be set up with knowledgeable people in the field to determine if the available services can meet the needs of the juvenile and the school community.

It is also recommended that this approach be utilized with juveniles and their families who are seeking intervention regarding sexually abusive behavior that has been disclosed through self-report or an evaluation.

Responsibilities of School Boards

Senate Bill 00-133 directs that "…each board of education shall cooperate and, to the extent possible, develop written agreements with law enforcement officials, the juvenile justice system, and human services… to keep each school environment safe" [§ 22-32-109.1 (3), C.R.S.] This legislation requires and authorizes various levels of information sharing among schools, law enforcement, social service agencies, and mental health agencies in a confidential manner when school/public safety concerns arise.

State law and school district policy govern suspension, expulsion, and disciplinary actions of students. Although this guide does not address those issues, a useful resource is *Colorado School Violence Prevention and Student Discipline Manual; Revised August 2002* prepared by the Office of the Attorney General and available at www.ago.state.co.us.

<u>Development of Policies</u>

School boards should develop policies concerning a safe school environment and provide opportunities for juveniles who have committed sexually abusive and offending behaviors to be supervised at a level that mitigates risk. Some juveniles will be returning to school or to a different educational setting, in such cases a reintegration plan is also necessary for success.

This includes a safety plan for juveniles while they are in school or school activities. Policy development should include the following areas:

- A victim centered approach that includes sensitivity to victims and their family members. If the victim and/or the victim's siblings and the offender are in the same school, these parties need to be involved in the decision as to whether the offender will be allowed to remain at the same school as the victim (and/or siblings). It is important to believe the victim's report, however, it is recommended that school personnel avoid questioning the victim regarding details of the abuse. An awareness of community resources for victims and their family members is encouraged.

  It is essential to assess the content of victim information that needs to be shared within the school setting. School personnel may need to know the age and gender of people the offender has victimized in the past, but not specific information about the victim if the victim does not attend the same school as the offender.

  Note: While it is true that most juveniles offend against peers or younger children, some offend against older children or adult victims. Understanding risk in relation to a range of victims and potential victims is important in planning for safety in the school setting.

- A process for the method in which information will be disseminated from the school district to the individual school the juvenile attends. The school district should have a "point-of-contact" person at the district level who will interact with personnel from an individual school who will then be responsible for sharing information with the appropriate school personnel.

- There should be a "point-of-contact" person at each school who interacts with school district personnel.

- A communication process should be developed so that there is a consistent flow of communication from the school district to individual schools and from school to school.

- Sharing of information among agencies is paramount. This often includes an interagency agreement among the school district and relevant agencies and treatment providers.

- Each school should designate a representative for the juvenile's multidisciplinary team. The policy should include who will be responsible for identifying the school member(s) of the multidisciplinary team, and decide who at the school needs to be informed about the juvenile.

Responsibilities of School Districts

School districts are charged with implementing the policies set forth by the school board as well as the implementation of the Juvenile Standards. The Juvenile Standards (Sections 5.810 and 5.820) state:

If the juvenile is enrolled in a school, the school/school district should designate a representative from the school or school district to participate as a member of the multidisciplinary team. The representative may be the resource officer, social worker, counselor, vice principal or other professional.

Schools/School districts are responsible for the training of school representatives on the multidisciplinary team regarding juveniles who commit sexual offenses.

Often schools are in the position of having very little information about the juvenile's crime and/or sexually abusive behavior. The offense and/or abuse information is available from a number of different agencies. It is strongly suggested that each school district discuss and set up a procedure for obtaining the necessary information from their law enforcement agencies and district attorney's office. When appropriate, a Memorandum of Understanding should be utilized with agencies represented on the multidisciplinary team.

Figure 1 on the following page provides a visual example of the process outlined in this document regarding dissemination of information and designation of informed supervisors.

Please note the three levels of communication and the flow of shared information. The levels are best understood on a systemic basis:

1) State government policy set out by statute and carried out by school district administrators;

2) School building based personnel who contact and interact with the informed supervisor and the juvenile; and,

3) Primary school building based informed supervisor who is a multidisciplinary team (MDT) member and has ongoing exchange of information with juvenile and the MDT for supervision and management of the juvenile.

School-Based Communication Flowchart

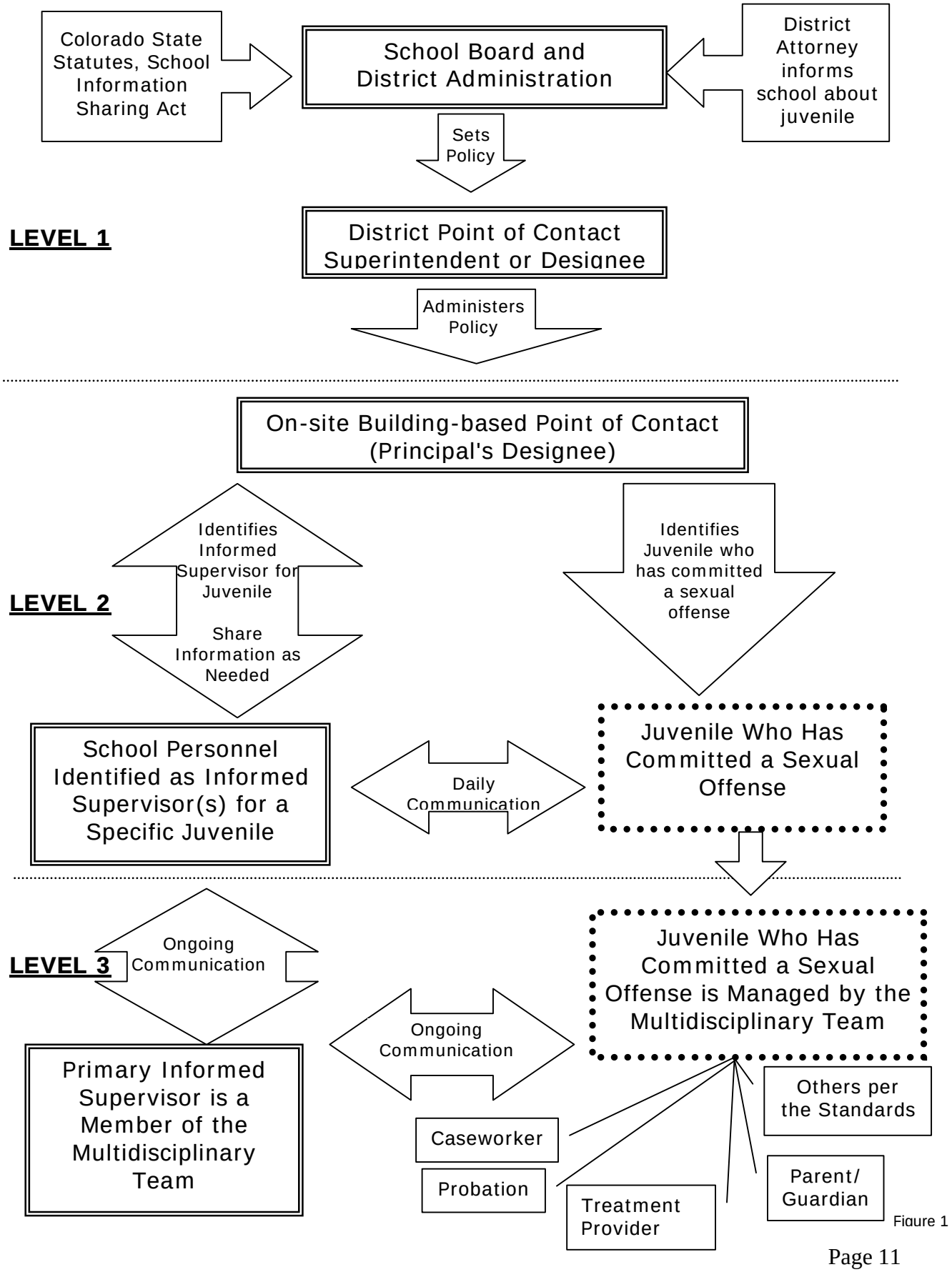

Figure 1

Responsibilities of Individual Schools

Once it has been established by the school district that the juvenile will be remaining in, returning to, or entering the school, the building administration determines who will be the "point-of-contact" within the building. This may be the principal or assistant principal, counselor, dean, special education coordinator, social worker, or other appropriate school official. The building point-of-contact is responsible for creating a school safety and management plan for the juvenile. The building point-of-contact participates on the multidisciplinary team and is considered an informed supervisor. An informed supervisor must be designated for each juvenile, s/he is a member of the multidisciplinary team and s/he may or may not be the same person as the point-of-contact.

The building **"point-of-contact"** should:

- Have the necessary information to make an informed decision about the juvenile's activities while at school and school functions.

- Gather all relevant information (academic history, disciplinary issues, etc) and act as a central depository of information from school and agency sources. Information will come from many different people including bus drivers, security personnel, teachers, coaches, and others who may be informed supervisors identified by the MDT.

- Coordinate and communicate information sharing with all relevant people and agencies.

Informed supervision is the process in which juveniles are monitored and held accountable for their behavior in a given setting or situation. Informed supervision includes actively overseeing the juvenile's interaction with peers and staff. Several criteria have been identified and are included below that further define the informed supervisor's role. **Informed supervision begins with the point-of-contact and will usually include other school personnel.** The school will initially determine the informed supervisor(s) for the juvenile. The role of each person who provides informed supervision should be defined by the school with input, when applicable, from the MDT.

Informed supervision occurs on a continuum. Not all informed supervisors will have the same amount of information or training as others—the school and MDT are charged with deciding the role and level of information each informed supervisor will need in order to be effective.

The Juvenile Standards define an informed supervisor as an adult who:

- Is aware of the juvenile's history of sexual offending behavior
- Does not allow contact with the victim(s) unless and until approved by the multidisciplinary team
- Directly observes and monitors contact between the juvenile and victim(s), the victim's siblings and other potential victims as defined by the multidisciplinary team
- Does not deny or minimize the juvenile's responsibility for, or seriousness of sexual offending
- Is aware of the laws relevant to juvenile sexual offending behavior

- Can define all types of abusive behaviors and can recognize abusive behaviors in daily functioning
- Is aware of the dynamic patterns (cycle) associated with abusive behaviors and is able to recognize such patterns in daily functioning
- Understands the conditions of community supervision and treatment
- Can design, implement and monitor safety plans for daily activities
- Is able to hold the juvenile accountable for his/her behavior
- Has the skills to intervene in and interrupt high risk patterns
- Communicates with the multidisciplinary team regarding observations of the juvenile's daily functioning.

Responsibilities of the School Representative on the Multidisciplinary Team

Section 5.830 of the Juvenile Standards states the responsibilities of the school representative on the multidisciplinary team may include, but are not limited to:

- Communicating with the multidisciplinary team regarding the juvenile's school attendance, grades, activities, compliance with supervision conditions and any concerns about observed high-risk behavior;

- Assisting in the development of the supervision plan;

- Providing informed supervision and support to the juvenile while in school;

- Developing a supervision safety plan considering the needs of the victims(s) and potential victims if in the same school;

- Attending multidisciplinary team meetings as requested; and,

- Participating in the development of transition plans for juveniles who are transitioning between different levels of care and/or different school settings.

Please see Appendix C for further information about the role of an informed supervisor.

There may already be a formal or informal team within the school that communicates regularly about the juvenile. If a school has an in-house team that meets regularly, the multidisciplinary team can be built around the system already in place. Working within the existing system is extremely helpful and is encouraged.

Information sharing with the multidisciplinary team is key in the management of juveniles who have committed sexual offenses. Changes in assessed risk, safety planning, and community safety must be addressed on a regular basis. Communication does not have to occur in person, however face-to-face meetings of the multidisciplinary team are very helpful. The use of e-mail, teleconferencing, and other communication techniques are often used by multidisciplinary team members when face-to-face meetings cannot occur.

For a juvenile to be successful in a school setting, it is important that school personnel collaborate with each other and the agencies involved with the juvenile. Lost information or the lack of sharing information can lead to devastating consequences. Team decision-making is the most effective approach for managing these young people. Open and ongoing communication is a key component of success in working with these juveniles.

School information that should be shared with the multidisciplinary team includes, but is not limited to:

- School disciplinary records
- IEP
- 504 plan
- School social work reports
- Health records

When appropriate, a release of information should be obtained so that an exchange of information can occur[2].

Safety Planning

A safety plan should be developed as soon as the school is aware that one of its students is charged with or adjudicated for a sexual offense[3]. Safety planning is an ongoing element of management and supervision. Plans must be in place for daily activities and for special events.

School districts may elect to have specific supervision plans for juveniles who commit sexual abuse and offenses. Safety planning is a natural element of supervision, yet the need for a safety plan as a separate document is crucial for special events.

When creating any safety plan, these areas at minimum must be considered:

- What is the juvenile's risk level in this setting?
- How will any risk be mitigated?
- What are the behavioral requirements of the juvenile to carry out this safety plan?
- Consequences for failure to follow the safety plan.

School districts will already have in place supervision parameters for juveniles who have been identified as delinquent or under supervision of juvenile justice agencies. Although it is true that some juveniles will have no agency involvement for supervision, schools should build a safety plan that encompasses informed supervision. When building safety plans it is important that the school-based informed supervisor and the MDT work in concert so that all professionals have the same information.

When a juvenile wishes to attend a special event, it is up to the juvenile to initiate the safety planning process for the event. Responsibility and accountability are key components to

[2] See Appendix J for a Sample Release of Information form.

[3] See Appendix E, *Safety Plan Development Template* for guidance.

treatment, supervision and management of this population. Consequences for failure to comply should be discussed while developing the safety plan so that all parties are informed of possible outcomes.

Safety plans should be clear and behaviorally based. If goals are set, they should be measurable and described in terms of the juvenile's behavior. School personnel and other informed supervisors' behavior is generally not included in the plan. The safety plan is an accountability tool for management and supervision of the juvenile.

Safety plans for daily activities will include the juvenile's schedule, the expected location of the juvenile for the entire time s/he is on school property, and any limitations to behavior in any of these locations. Some districts may already have this language in their individual supervision contracts, others may incorporate the language or add it as a separate document. Often, the daily safety plan will be a part of the overall supervision agreement between the juvenile and the school that is updated when the broad range of supervision needs change.

Planned Transfer Inside or Outside of the School District

When a juvenile is transferring within or outside of his/her current district the following elements should be in place:

- A policy that a school representative on the MDT, informed supervisor or other designee is responsible for notifying the other school district or individual school where the juvenile will be transferring.
- A method for communicating the responsibility of each school to make sure that the school district is aware of the current presence of the juvenile within the school or his/her transfer to a different school. There must be policy that describes the communication that must occur between an individual school and the school district(s) regarding the transfer of juveniles.
- A good faith effort should be made to communicate this information in a timely fashion since it is important that an informed supervisor be in place at the new school.

Unexpected Transfers or Enrollment

In the event that a juvenile who has committed a sexual offense enrolls in a school without prior notification to the school or school district, school personnel should immediately contact their local resources within the probation department, human services or the district attorney's office for guidance. This document and the elements of informed supervision should be implemented to the best of the school's ability while management and supervision issues are being worked out including the development of a multidisciplinary team.

Once information about an unexpected transfer is obtained by a member of the multidisciplinary team, this information should be communicated to other members of the team as well as the school district's point of contact person as soon as possible.

Alternatives to Suspension/Expulsion

There are a variety of responses, other than expulsion or suspension, to the presence of a juvenile who has been sexually abusive and/or committed a sexual offense. School districts should assess the particular juvenile's situation and determine the options available for his/her education.

Research shows that juveniles who commit sexual offenses can be treated for this behavior. The greatest likelihood for success within the school setting is in understanding the individual needs of these youth and providing an environment for normalizing behavior. School personnel should look first at options for the juvenile to remain in the school system, whenever possible. School personnel should assess possible options to maintaining the juvenile in a mainstream school. It is important to utilize the multidisciplinary team in making decisions about where a juvenile should attend school since decisions should be based on complete information from all agencies/professionals involved in the juvenile's life.

Expulsion should be considered as the last option unless the multidisciplinary team determines that community safety would be jeopardized if the juvenile remained in a school. School districts must follow due process when initiating expulsion proceedings outlined in § 22-33-106(3), C.R.S. which are also found in the *Colorado School Violence Prevention and Student Discipline Manual.*

Training for School Personnel

School districts should provide training for school personnel about juvenile sexual offending issues. This training may occur on a district-wide or building level basis, and may include a variety of delivery methods including video or electronic classrooms, traditional didactic training, or learning opportunities for a specific individual.

Options for training include:

- Training is available throughout the state, school personnel are encouraged to contact local probation and human services agencies to ascertain opportunities and resources. A resource list is included in this document as Appendix K.
- Collaboration on training events occurs occasionally between the probation department, district attorney's office, human services, or other knowledgeable people in the community or within the state and may be accessed by contacting local agency personnel.
- Multidisciplinary team members may provide individualized training of specific personnel in a school including training for informed supervisors.

Specific training topics should include:

- The polices and procedures of the school district for managing and supervising juveniles who commit sexual offenses
- Training on development of safety plans
- Training for informed supervisors[4]

[4] Appendix C provides further information on the elements of informed supervision.

Each school should provide ongoing training to school personnel including teachers, bus drivers, coaches, and other staff who may become informed supervisors. It is important for the people who interface with these students to understand and be able to provide supervision for this population. Further, it is equally important that school personnel know what is expected of the student, and the school.

The Colorado Sex Offender Management Board lists both national and local training on sex offender issues. The website is http://dcj.state.co.us/odvsom and is included in Appendix K.

Questions and Answers

1. **Which information should be shared with informed supervisors and how is it disseminated?**

   The school district point of contact should receive the charging information from the district attorney's office. The point of contact then contacts the building-based informed supervisor. The charging information is shared and the beginning of safety planning will take place. Individual needs and scenarios will require different types of information to be shared. However, at minimum it is suggested that the school-based informed supervisor receive:

   A) Investigative or charging information that describes the sexually abusive or offending behavior;
   B) Identity of the victim when the victim is in the same school as the juvenile, or, if secondary victims are in the same school as the juvenile. Victim pool or potential victims should be identified as a supervision issue;
   C) All information identified under Responsibilities of Individual Schools in this document, page 12;
   D) As supervision and management of the juvenile progresses, pertinent reports and evaluations aid in the development of safety plans. The information will come from sources outside of the school who are members of the multidisciplinary team (MDT). This information may include terms and conditions of supervision, diversion terms, bond conditions, department of human services reports and recommendations, all of which should be presented by the MDT member with a specific planning goal in sight. Releases of information should be signed for all members of the MDT including the school-based informed supervisor; and,
   E) It is anticipated that there will be school personnel meetings regarding the juvenile as well as MDT meetings. When possible, the school-based informed supervisor should attend MDT meetings, and at minimum, provide information to the MDT regularly.

2. **Who are school-based informed supervisors and how are they chosen?**

   The principal or principal's designee identifies the school-based informed supervisor for each juvenile. In some districts, the same person may be the designated informed supervisor for all of the juveniles in that particular school. In other districts, the informed supervisor(s) may be a school counselor, school social worker, assistant principal, or another person as described on page 12 of this document.

   From the point that a school-based informed supervisor is chosen, that person considers the extent that additional informed supervisors are needed for the juvenile, s/he then begins building the safety plan which identifies the personnel involved.

   Just as sharing too little information will be detrimental and potentially harmful to the school community, sharing too much may be harmful to the juvenile. Decisions on need-to-know and what level must be carefully considered before wholesale information takes place.

Although much of the information sharing rules and regulations are covered in the Attorney General's *Colorado School Violence and Student Discipline Manual*, it is recommended that a release of information be obtained from the juvenile and his/her parent/guardian that names the parties and the information to be shared. Appendix J contains examples for informed consent and releases of information.

3. **How are educators going to attend multidisciplinary and safety planning meetings?**

   Many planning meetings are already in place, working on informed supervisor and safety planning issues may be a natural fit.

   For counselors, teachers, coaches, band directors and other school personnel who have been identified as informed supervisors, your attendance at meetings would be specific to safety planning.

   Meetings can occur in various forms, such as teleconferencing, e-mail and internet conferencing, as well as face-to-face. The most important factor to consider is that all informed supervisors and MDT members receive accurate and necessary information with which to make well informed decisions. Multidisciplinary teams may send information via electronic methods or by proxy if the member is not going to be present. Decisions about proxy representation and other forms of attendance should be discussed by the MDT in advance of an absence.

   By using methods such as those suggested above, schools and agencies can work creatively and collaboratively to defray fiscal impact which is a consideration when holding and attending meetings.

4. **I have heard the term "containment" used in some meetings and in training. Describe the difference between containment and the terminology used in this document, "supervision and management."**

   The Sex Offender Management Board and the committee are in agreement that the supervision and management of this population has a much broader reach than what the term *containment* would imply. Every day an opportunity is presented to impact the development and therefore risk of a juvenile. By working as a collaborative and coordinated team, the MDT is better able to monitor and manage a juvenile thus creating a safer environment. Supervision and management is not only a concept, but also a methodology.

APPENDICES

A. Applicable Statutory and Regulatory Provisions Effecting Public Schools

B. Colorado Sex Offender Management Board Guiding Principles from the *Standards and Guidelines for the Evaluation, Assessment, Treatment and Supervision of Juveniles who have Committed Sexual Offenses*

C. Informed Supervision (*Standards and Guidelines for the Evaluation, Assessment, Treatment and Supervision of Juveniles who have Committed Sexual Offenses,* Sections 5.700, 5.710, 5.711, 5.800 and Appendices A-A1)

D. Sample School District Procedures

E. Safety Plan Development Template

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G. Dynamics of Sex Offending Behavior (Adapted from SAFE Jeffco)

H. Overview of the Juvenile Justice System (Adapted from SAFE Jeffco)

I. Synopses of Supporting Research (*Standards and Guidelines for the Evaluation, Assessment, Treatment and Supervision of Juveniles who have Committed Sexual Offenses*, Appendix I)

J. Samples of Release of Information/Common Consent Forms

K. Resources

Applicable Statutory and Regulatory Provisions
Effecting Public Schools

A. Reporting Requirements

Sexual offenses are first reported by either the victim or a witness to the offense. Reports may be made to anyone in the school environment, to neighbors, friends, relatives, co-workers, family, etc. School personnel are mandatory reporters, the school employee who receives notice must make a report of the suspected sexual abuse. It is important to believe the victim's report. However, it is best to avoid questioning the victim regarding details of the abuse. Law enforcement or Social Services must be contacted.

Law enforcement and/or Social Services are contacted by the reporting party and the investigation process begins. Law enforcement and social services usually jointly investigate intra-familial sexual abuse (this is sexual abuse perpetrated by one member of a household upon another member of that household). Law enforcement investigates third party sexual abuse (sexual abuse committed by a person against someone who is not a member of that person's household). Gathering of the facts and the investigation can take several months before it is presented to the District Attorney's Office to consider potential charges.

- § 19-3-304, C.R.S. – Requires school administration to report to the local law enforcement agency or social services any incident involving child abuse or the false reporting of child abuse.

- § 22-32-109.1, C.R.S. – Mandates that schools report the following types of crimes: commission of an act on school grounds that, if committed by an adult, would be considered criminal assault, other than third degree assault; and commission of an act on school grounds that, if committed by an adult would be considered robbery.

B. Sharing of Information

Current legislation allows the sharing of information by law enforcement and school authorities. School authorities should be familiar with the following state statutes:

- § 19-1-303, C.R.S. – Provides that school personnel may obtain from the judicial department or agencies that perform duties and functions under the Children's Code any information required to perform their legal duties and responsibilities, but shall maintain the confidentiality of the information maintained, subject to applicable confidentiality laws.

- § 19-1-303(2)(b)(II) , C.R.S. – Requiring that any information or records, (except mental health records) relating to incidents that rise to the level of a public safety concern be shared by schools and law enforcement authorities. This includes, but is not limited to threats made by students, any arrest or charging information, any information regarding municipal ordinance violations, and any arrest or charging information relating to acts, that, if committed by an adult, would constitute misdemeanors or felonies.

- § 19-1-304(5), C.R.S. – Whenever a petition is filed that alleges a child between the ages of 12 to 18 years old has committed a crime of violence or unlawful sexual behavior, the Children's Code requires the immediate release of basic identification information, along with the details of the alleged delinquent act or offense, to the school district in which the child is enrolled.

- § 22-33-106.5, C.R.S. – Requires that whenever a student under the age of 18 is convicted or adjudicated for an offense constituting a crime of violence, unlawful sexual behavior, or offenses involving controlled substances, the convicting court must now notify the school district in which the student is enrolled of the conviction or adjudication.

C. Responsibilities of School Districts in the Supervision and Management of Juveniles Who Have Committed Sexual Offenses

The Colorado Sex Offender Management Board was mandated by the Legislature in 2000 to develop the *Standards and Guidelines for the Evaluation, Assessment, Treatment and Supervision of Juveniles Who Have Committed Sexual Offenses*. In these Standards and Guidelines, schools and school districts are given specific responsibilities. This includes:

- Section 5.711 – Requires that juveniles have Informed Supervisors. Specifically, informed supervisors are individuals who are trained to provide supervision of juveniles who commit sexual offenses. This may include teachers, counselors, coaches and others who have contact with the juvenile within the school environment.

- Section 5.810 – Requires that if the juvenile is enrolled in a school, the school/school district should designate a representative from the school/school district to participate as a member of the multidisciplinary team. The representative may be the resource officer, social worker, counselor, vice principal or other professional.

- Section 5.820 – Schools/school districts are responsible for the training of school representatives on the multidisciplinary team regarding juveniles who commit sexual offenses.

- Section 5.830 – The responsibilities of the school representative on the multidisciplinary team may include, but are not limited to:

    - Communicating with the multidisciplinary team regarding the juvenile's school attendance, grades, activities, compliance with supervision conditions and any concerns about observed high-risk behaviors.
    - Assisting in the development of the supervision plan.
    - Providing informed supervision and support to the juvenile while in school.
    - Developing a supervision safety plan considering the needs of the victim(s) if in the same school and potential victims
    - Attending multidisciplinary team meetings as requested.
    - Participating in the development of transition plans for juveniles who are transitioning between different levels of care and/or different school settings.

§ 22-33-106.5, C.R.S. - Requires mandatory notification by the courts to school districts upon adjudication or conviction of offenders below the age of 18 for "unlawful sexual behavior" as defined by § 16-22-102(9), C.R.S.

§ 16-22-102, C.R.S.: Definitions

(9) "Unlawful sexual behavior" means any of the following offenses or criminal attempt, conspiracy, or solicitation to commit any of the following offenses:

(a) (I) Sexual assault, in violation of section 18-3-402, C.R.S.; or

(II) Sexual assault in the first degree, in violation of section 18-3-402, C.R.S., as it existed prior to July 1, 2000;

(b) Sexual assault in the second degree, in violation of section 18-3-403, C.R.S., as it existed prior to July 1, 2000;

(c) (I) Unlawful sexual contact, in violation of section 18-3-404, C.R.S; or

(II) Sexual assault in the third degree, in violation of section 18-3-404, C.R.S., as it existed prior to July 1, 2000;

(d) Sexual assault on a child, in violation of section 18-3-405, C.R.S.;

(e) Sexual assault on a child by one in a position of trust, in violation of section 18-3-405.3, C.R.S.;

(f) Sexual assault on a client by a psychotherapist, in violation of section 18-3-405.5, C.R.S.;

(g) Enticement of a child, in violation of section 18-3-305, C.R.S.;

(h) Incest, in violation of section 18-6-301, C.R.S.;

(i) Aggravated incest, in violation of section 18-6-302, C.R.S;

(j) Trafficking in children, in violation of section 18-6-402, C.R.S.;

(k) Sexual exploitation of children, in violation of section 18-6-403, C.R.S.;

(l) Procurement of a child for sexual exploitation, in violation of section 18-6-404, C.R.S.;

(m) Indecent exposure, in violation of section 18-7-302, C.R.S.;

(n) Soliciting for child prosecution, in violation of section 18-7-402, C.R.S.;

(o) Pandering of a child, in violation of section 18-7-403, C.R.S.;

(p) Procurement of a child, in violation of section 18-7-403.5, C.R.S.;

(q) Keeping a place of child prostitution, in violation of section 18-7-404, C.R.S.;

(r) Pimping of a child, in violation of section 18-7-405, C.R.S.;

(s) Inducement of child prostitution, in violation of section 18-7-405.5, C.R.S.;

(t) Patronizing a prostituted child, in violation of section 18-7-406, C.R.S.;

(u) Engaging in sexual conduct in a penal institution, in violation of section 18-7-701, C.R.S.

GUIDING PRINCIPLES

PRINCIPLE #1:
Community safety is paramount.

The highest priority of these Standards and Guidelines is community safety. Whenever the needs of juveniles who have committed sexual offenses conflict with community safety, community safety takes precedence.

PRINCIPLE #2:
Sexual offenses cause harm.

When a sexual offense is committed, there is always a victim. Research and clinical experience indicate that sexual assault can have devastating effects on the lives of victims, their families and the community[5]. The impact of sexual offenses on victims varies considerably based on numerous variables and there is potential for differing levels of harm. The long-term impact for victims of sexual abuse and/or sexual assault perpetrated by juveniles can be as damaging as when sexual offenses are perpetrated by adults. By defining the offending behavior and holding juveniles accountable, victims may potentially experience protection, support and recovery.

PRINCIPLE #3:
Safety, protection, developmental growth and the psychological well being of victims and potential victims must be represented within the multidisciplinary team established for each juvenile who commits a sexual offense.

Systemic responses have the potential for moderating or exacerbating the impact of the offense upon victims. Research indicates that the response of family, the community and the systems that intervene influence the victim's recovery[3].

PRINCIPLE #4:
The law defines sexual offense(s), however, there are behaviors that are not illegal, but are considered abusive. Evaluation, treatment and supervision must identify and address these issues within the continuum of care.

Sexual offending behavior occurs when there is a lack of consent, lack of equality or the presence of coercion. Laws define the equality of two participants in terms of age differences and/or one's authority over the other, but may not define the differences in terms of knowledge, development or power. For juveniles to participate in non-abusive sexual behavior they must choose to participate freely, without pressure or coercion and they must have similar knowledge regarding the nature of the sexual behavior, possible consequences, and societal attitudes regarding the behavior.

[5] English, K. (1998). The Containment Approach: An Aggressive Strategy for the Community Management of Adult Sex Offenders. Psychology, Public Policy, and Law, 4(1/2),218-235.

PRINCIPLE #5:
The charged offense(s) may or may not be definitive of the juvenile's underlying problem(s).

There is no singular profile of juveniles who commit sexual offenses; they vary in terms of age and developmental stage, gender, culture, background, strengths and vulnerabilities, levels of risk and treatment needs. Juveniles who commit sexual offenses may engage in more than one pattern of offending and may have multiple victims.

PRINCIPLE #6:
All juveniles who have committed sexual offenses, to whom these Standards apply, must have a comprehensive sex offense specific evaluation. Those juveniles whose behavior falls under the purview of the Guidelines should have a sex offense specific evaluation.

It is also recommended that these Standards and Guidelines be utilized with juveniles and families who are seeking intervention regarding sexually abusive behavior that has been disclosed through self-report or evaluation. Following a comprehensive evaluation, such juveniles who have been adjudicated for non-sexual offenses, placed on diversion or those who are the subject of a dependency and neglect order may be included in the same programs as those developed for juveniles adjudicated for sexual offending behavior.

PRINCIPLE #7:
A multidisciplinary team will be convened for the evaluation, treatment, care and supervision of juveniles who commit sexual offenses.

The adoption of standards and guidelines is not likely to significantly improve public safety outcomes unless all agencies and parties are working cooperatively and collaboratively. Therefore, a multidisciplinary team is responsible for the supervision, treatment and care of juveniles who have committed sexual offenses.

PRINCIPLE #8
Evaluation, ongoing assessment, treatment and behavioral monitoring of juveniles who have committed sexual offenses should be non-discriminatory, humane and bound by the rules of ethics and law.

Individuals and agencies carrying out the evaluation, assessment, treatment and behavioral monitoring of juveniles who have committed sexual offenses must not discriminate based on race, religion, gender, sexual orientation, disability or socio-economic status. Juveniles who have committed sexual offenses and their families shall be treated with dignity and respect by all members of the multidisciplinary team regardless of the nature of the juveniles' offense(s) or conduct.

PRINCIPLE #9
Treatment, management and supervision decisions should be guided by empirical findings when research is available.

At this time, there is limited empirical data specific to juvenile sexual offending. It is expected that additional research is forthcoming which may change these Guiding Principles and Standards. In the absence of research, decisions should be made cautiously and in accordance with best practices to minimize unintended consequences.

PRINCIPLE #10
Risk assessment of juveniles who have committed sexual offenses is necessary for the identification of issues related to community safety, treatment, family support and placement options. Progress in treatment and level of risk are not constant over time and may not be directly correlated.

The evaluation and assessment of juveniles who have committed sexual offenses is best seen as a process. Ongoing evaluation and assessment must constantly consider changes in the juvenile, family and community. To manage risk, minimize the opportunities for re-offense and support positive growth and development of juveniles, ongoing assessment should form the basis for decisions concerning restrictions and intensity of supervision, placement, treatment and levels of care.

A juvenile's level of risk should not be based solely on the sexual offense. A complete knowledge of the history, extent, type of sexual offending and other factors is needed before risk of re-offense and risk to community safety can be adequately determined.

PRINCIPLE #11
Assessment of progress in treatment must be made on the basis of the juveniles' consistent demonstration of relevant changes in their daily functioning.

The individualized treatment plans for juveniles who have committed sexual offenses should address all needs and issues which the evaluation and assessment process has identified. Treatment plans must include goals relevant to decreasing the risk of further sexual offending, decreasing all types of deviance and dysfunction, and increasing overall health.

Treatment plans must designate measurable outcomes that will indicate successful completion of treatment. Completion of treatment cannot be measured solely in terms of time in treatment or completion of assignments.

PRINCIPLE #12
Decreased risk of sexual offending is likely to be most lasting when paired with increased overall health.

Many juveniles who commit sexual offenses have multiple problems and areas of risk. Research indicates that many of these juveniles are at greater risk for non-sexual re-offenses than for sexual re-offenses[6,7]. Assessment and treatment must address areas of strengths, risks and deficits to increase the juveniles' abilities to be successful and to decrease the risks of further abusive or criminal behaviors. Treatment plans should specifically address the risks of further sexual offending, other risks that might jeopardize safety and successful pro-social functioning. Treatment plans should also reinforce developmental and environmental assets.

PRINCIPLE #13
Family members are an integral part of evaluation, assessment, treatment and supervision.

Family members possess invaluable information about the etiology of the problems experienced by juveniles who have committed a sexual offense. Family members may be the juveniles' primary support system through the course of treatment and supervision. Cooperative involvement of family members enhances juveniles' prognoses in treatment.

Conversely, non-cooperative family members may impede juveniles' progress, necessitating the removal from, or delaying or preventing return to, their families. The families' abilities to provide informed supervision and support positive changes are critical to providing community supervision and reducing risk of re-offense.

PRINCIPLE #14
Treatment and management decisions regarding juveniles who have committed sexual offenses should minimize caregiver disruption and maximize exposure to positive peer and adult role models.

As juveniles move through the continuum of services emphasis should be given to maintaining positive and consistent relationships. Research indicates that exposure to deviant peers[8], the absence of pro-social adult role models and the disruption of caregiver relationships increase the risk of deviant development.[9]

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[6]Hagen, M.P. & Gust-Brey, K.L. (2000). A Ten-Year Longitudinal Study of Adolescent Perpetrators of Sexual Assault Against Children. Journal of Offender Rehabilitation, 13(1/2), 117-126.

[7] Weinrott, M.R. (1996). Juvenile Sexual Aggression: A Critical Review. (Center Paper 005). Boulder, CO: Center for the Study and Prevention of Violence.

[8] Prentky, R., Harris, B., Frizzell, K., and Righthand, S. (2000). An actuarial procedure for assessing risk in juvenile sex offenders. Sexual Abuse: A Journal of Research and Treatment, 12 (2), 71-93.

[9] Bagley & Shewehuk-Dann (1991), Miner, Siekart, & Ackland (1997), and Morenz & Becker (1995) as cited in Righthand, S., & Welch, C. (2001) Juveniles who have Sexually Offended: A Review of the Professional Literature, Office of Juvenile Justice and Delinquency Prevention.

PRINCIPLE #15

A continuum of care for juvenile sex offense specific treatment and management options should be accessible in each community in this state.

Many juveniles who have committed sexual offenses can be managed in the community. In the interest of public safety, communities should have access to a continuum of care and supervision.

Generally, it is in the best interest of juveniles to grow up in the care of their families. Juveniles need to move between more or less structured settings as their abilities to accept responsibility and demonstrate responsible behavior increase or decrease. When it is safe for juveniles to remain with or be returned to their families, services should be provided in the communities where their families reside.

PRINCIPLE #16

Reunification of juveniles, with families that include children, can only occur when all children are safe and protected both emotionally and physically and the offending juveniles have demonstrated significant reduction of risk for further offending.

The abilities of parents to provide informed supervision in the home must be assessed in relation to the particular risks of the juvenile. Reunification of the juvenile with the family should occur only after the parent/caregivers can demonstrate both the ability to provide protection and support of the victim(s) and address the needs and risks of the juvenile.

PRINCIPLE #17

Every effort should be made to avoid labeling juveniles as if their sexual offending behavior defines them.

It is imperative in understanding, treating and intervening with juveniles who commit sexual offenses to consider their sexual behavior in the context of the many formative aspects of their personal development. As juveniles grow and develop their behavior patterns and self-image constantly change. Terms such as child molester, pedophile, psychopath and predator should be used cautiously. Because identity formation is in progress during adolescence, labeling juveniles based solely on sexual offending behavior may cause potential damage to long-term pro-social development.

PRINCIPLE #18

Aftercare services are needed to support juveniles who have committed sexual offenses in managing ongoing risks.

The final phase of assessment and treatment must address ongoing risks through the development of long-term "relapse prevention" plans, including aftercare services. Relapse prevention plans should be carefully developed and must address static and dynamic risk factors. These plans should address the dilemmas posed by the inherent risk factors specific to the juvenile and family. A systemic approach supports the community's investment in treatment services and the juvenile's progress. Successful aftercare services will have a high benefit to cost ratio if they can effectively decrease the risk of re-offending.

PRINCIPLE #19

Assignment to community supervision is a privilege and juveniles who have committed sexual offenses must be completely accountable for their behaviors.

Community supervision may occur in residential placements, group homes, foster homes, or in the juveniles' own homes. The juvenile and parents/caregivers must understand that community safety is the highest priority. They must agree to the intensive and sometimes intrusive, conditions of community supervision required to maintain the juvenile in the community while under the jurisdiction of the court. Both juveniles who have committed sexual offenses and their parents/caregivers must demonstrate accountability and compliance with informed supervision. The abilities of parents to provide informed supervision in the home must be assessed in relation to the particular risks of the juvenile.

PRINCIPLE #20

Many juveniles who have committed sexual offenses will not continue to be at high risk for sexual offending after successful completion of treatment. Those who remain at high risk will be referred for long-term relapse prevention focusing on containment.

Research indicates the majority of juveniles who commit sexual offenses do not have a primary diagnosis indicative of sexual deviance and they are at lower risk than adults to recidivate after successful completion of treatment[10,11]. Juveniles who have deviant sexual interests and/or arousal patterns who continue to demonstrate attitudes and behaviors characteristic of antisocial and exploitive patterns, those who do not successfully achieve the changes which constitute successful completion of treatment and those whose risk is assessed as moderate or high following intervention must be referred for ongoing services and management prior to release from court jurisdiction.

[10] Worling, J.R. (2000). Adolescent Sexual Offender Recidivism: 10-year Treatment Follow-Up of Specialized Treatment & Implications for Risk Prediction. Paper presented at the 15th Annual Conference of the National Adolescent Perpetration Network, Denver, CO. Feb., 2000.

[11] Weinrott, M.R. (1996). Juvenile Sexual Aggression: A Critical Review. (Center Paper 005). Boulder, CO: Center for the Study and Prevention of Violence.

Responsibilities of the Informed Supervisor and Therapeutic Care Provider

5.710 Different levels of care have been identified which are primarily dependent upon the residential status of the juvenile and the role of the care providers involved. All juveniles shall have an informed supervisor. Some juveniles will also have therapeutic care providers.

Anyone providing supervision for a juvenile who has committed a sexual offense shall meet the following three (3) criteria in addition to any other requirements.

The Informed Supervisor or Therapeutic Care Provider:

A. Is not currently under the jurisdiction of any court or criminal justice agency for a matter that the multidisciplinary team determines could impact his/her capacity to safely serve as an Informed Supervisor or Therapeutic Care Provider

B. He/she has no prior conviction for unlawful sexual behavior, child abuse, neglect, or domestic violence

C. If ever accused of unlawful sexual behavior, child abuse, or domestic violence, he/she presents information requested by the multidisciplinary team so that the multidisciplinary team may assess current impact on his/her capacity to serve as an Informed Supervisor or Therapeutic Care Provider.

5.711 <u>Informed Supervisor</u>

The primary care provider of a juvenile who has committed a sexual offense has a responsibility to provide informed supervision. Informed supervisors are defined as primary care providers, parents (if not directly involved in the treatment process), advocates, mentors, kin, spiritual leaders, teachers, work managers, coaches and others as identified by the multidisciplinary team. It is the responsibility of the multidisciplinary team to educate, inform and evaluate potential informed supervisors regarding their role specific to sexual offense issues.

The Informed Supervisor Protocol (Appendix A) shall be initiated by the supervising officer/agent and shall be followed within the protocol timelines.

Safety plans shall be utilized to assist in defining an informed supervisor's role. The expectations of the multidisciplinary team regarding informed supervisors' responsibilities must be determined and agreed upon before implementation.

An informed supervisor is an adult, approved by the multidisciplinary team, who:

A. Is aware of the juvenile's history of sexual offending behaviors

B. Does not allow contact with the victim(s) unless and until approved by the multidisciplinary team

C. Directly observes and monitors contact between the juvenile, victim(s), siblings and other potential victims as defined by the multidisciplinary team

D. Does not deny or minimize the juvenile's responsibility for, or seriousness of sexual offending

E. Is aware of the laws relevant to juvenile sexual offending behavior

F. Can define all types of abusive behaviors and can recognize abusive behaviors in daily functioning

G. Is aware of the dynamic patterns (cycle) associated with abusive behaviors and is able to recognize such patterns in daily functioning

H. Understands the conditions of community supervision and treatment

I. Can design, implement and monitor safety plans for daily activities

J. Is able to hold the juvenile accountable for his/her behavior

K. Has the skills to intervene in and interrupt high risk patterns

L. Communicates with the multidisciplinary team regarding observations of the juvenile's daily functioning.

Discussion: The Board recognizes there is a learning process for informed supervisors. Non-compliance by an informed supervisor should not be used as the sole reason for terminating a juvenile from treatment, placement, or to raise the level of care. If non-compliance by an informed supervisor interferes with the juvenile's progress in sex offense specific treatment there will need to be a recommendation to revise the level of involvement of the informed supervisor.

5.800 <u>Responsibilities of Schools/School Districts</u>

If the juvenile is enrolled in a school, the school/school district should designate a representative from the school or school district to participate as a member of the multidisciplinary team. The representative may be the resource officer, social worker, counselor, vice principal or other professional.

Schools/School districts are responsible for the training of school representatives on the multidisciplinary team regarding juveniles who commit sexual offenses.

The responsibilities of the school representative on the multidisciplinary team may include, but are not limited to:

A. Communicating with the multidisciplinary team regarding the juvenile's school attendance, grades, activities, compliance with supervision conditions and any concerns about observed high-risk behaviors

B. Assisting in the development of the supervision plan

C. Providing informed supervision and support to the juvenile while in school

D. Developing a supervision safety plan considering the needs of the victim(s) (if in the same school) and potential victims

E. Attending multidisciplinary team meetings as requested

F. Participating in the development of transition plans for juveniles who are transitioning between different levels of care and/or different school settings.

INFORMED SUPERVISION

The following information is taken directly from Standard 5.700 and related sections regarding Informed Supervision. The information is provided as an educational reference as most school personnel will not be expected to provide Informed Supervision at the level of a primary caregiver, yet, in the spirit of being well informed, and being aware of expectations (safety plan template) this protocol has been included.

Informed supervisors of juveniles who have committed sexual offenses shall be identified by the supervising officer/agent or DHS caseworker in the absence of a probation officer, at the onset of involvement with any agency that is required to comply with these Standards.

ALL JUVENILES WHO HAVE COMMITTED SEXUAL OFFENSES SHALL HAVE INFORMED SUPERVISION (5.700).

The primary care provider of a juvenile who has committed a sexual offense has the responsibility to provide informed supervision. Informed supervisors are defined as primary care providers, parents (if not directly involved in the treatment process), advocates, mentors, kin, spiritual leaders, teachers, work managers, coaches and others as identified by the multidisciplinary team. It is the responsibility of the multidisciplinary team to educate, inform and evaluate potential informed supervisors regarding their role specific to sexual offense issues.

The informed supervisor who is the primary care provider must be made aware of all relevant information, but at a minimum: 1) The nature and extent (as is possible) of the alleged or known sexual offending behavior of the juvenile; 2) immediate risk factors; 3) if being supervised through the juvenile justice system, the terms and conditions of supervision, prior to the juvenile residing with the informed supervisor; and, 4) the requirement to develop a Caregiver--Juvenile Supervision Plan (as identified in Appendix A2).

NOTE: Condition #4 does not apply to school personnel.

Anyone providing informed supervision for a juvenile who has committed a sexual offense shall meet the following three (3) criteria in addition to any other requirements. The informed supervisor:

1. Is not currently under the jurisdiction of any court or criminal justice agency for a matter that the multidisciplinary team determines could impact his/her capacity to safely serve as an informed supervisor
2. Has no prior conviction for unlawful sexual behavior, child abuse or neglect, or domestic violence
3. If ever accused of unlawful sexual behavior, child abuse, or domestic violence, presents information requested by the multidisciplinary team so that the multidisciplinary team may assess his/her capacity to serve as an informed supervisor.

The elements of informed supervision are listed in Section 5.711 of these Standards.

Discussion: Informed supervision is an ongoing process and will change as the dynamic needs of the juvenile change. The multidisciplinary team and the informed supervisor will need to work closely and cooperatively to respond to these needs. Responses must be documented in the case file and reflected in treatment and safety plans per these Standards.

Below is a partial reproduction of Appendix A-1 from the Juvenile Standards. This outline is provided as an educational tool for school personnel. Clearly, as evidenced in this Reference Guide, school-based informed supervisors will not be expected to take on the tasks assigned to caseworkers and probation or other juvenile justice supervising agents. Appendix A-1 is presented so that school personnel may gain an understanding of the topics to be addressed when participating as an informed supervisor.

INFORMED SUPERVISION AGREEMENT

Juvenile:_____

Identified Informed Supervisor:_____

Relationship of Informed Supervisor to Juvenile:_____

The Informed Supervision requirements have been met through the identification of:

1) **The nature and extent (as is possible) of the alleged or known sexual offending behavior of the juvenile**
Notes:_____
_____
_____
_____

2) **Immediate risk factors**
Notes:_____
_____
_____
_____

3) **If being supervised through the juvenile justice system, a review of the terms and conditions of supervision, prior to the juvenile residing with the informed supervisor**
Notes:_____
_____
_____
_____

Since this is a school-based informed supervisor, the language would reflect the role of the adult, i.e. coach, band director, etc.

4) **Acknowledgement of the requirements of performing as an informed supervisor for a juvenile who has committed a sexual offense.**
Notes:_____
_____
_____
_____
_____.

Signed this date by:

Informed Supervisor **Date** **Supervising Officer/DHS caseworker** **Date**

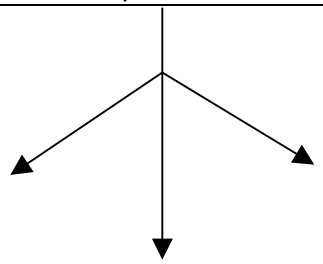
Appendix D

School District Procedures

STEP ONE:
District Attorney's office notifies the Office of the Superintendent that a Petition in Delinquency has been filed regarding unlawful conduct by a juvenile.

STEP TWO:
The superintendent forwards the notice of Petition in Delinquency to the appropriate Executive Director who identifies the student 's school attendance and creates a file of the relevant information

STEP THREE:
The Executive Director notifies the Assistant Director of Student Achievement Services/District Liaison of the Notice, as well as notifying the appropriate building principal and providing both parties copies of the relevant notice information.



Appropriate Building Principal is notified and given copies of relevant notice information

Director of Safety and Security is notified and given copies of relevant notice information.

STEP FOUR:
The building principal or designated building contact contacts the District Liaison to get assistance with setting up a meeting of relevant parties (School Multidisciplinary Team and members of the community Multidisciplinary Team, Parents, student and appropriate others) regarding the review information and execution of an Individual Management and Supervision Plan for the student.

STEP FIVE:
A meeting is held with the School Multidisciplinary Team and other appropriate parties to develop the Individual Management and Supervision Plan using the district forms provided. Juvenile sex offenders may or may not be identified with a disability. Therefore, it is critical that these students not fall in the undefined area between general education and special education or Section 504 services. If the student is identified as a student with a disability, the appropriate school and Special Education personnel should be part of the School Multidisciplinary Team.

STEP SIX:
Copies of the Individual Management and Supervision Plan are distributed to appropriate personnel for implementation. Copies of the plan are also provided to the parent/guardian, the building file, and to the District Liaison.

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SAFETY PLAN DEVELOPMENT TEMPLATE

Reference: Juvenile Standards and Guidelines (Section 5.700, Section 5.800, Appendices A and A1).

Addressing Risk and Protective Factors

School districts may elect to have specific supervision plans for juveniles who commit sexual abuse and offenses. Safety planning is a natural and ongoing element of supervision, yet the need for a safety plan as a separate document is crucial for special events.

When building any safety plan, these areas at minimum must be considered:

- What are the considerations that impact a juvenile's risk level in this setting?
- How will any risk be mitigated?
- What are the behavioral requirements of the juvenile to carry out this safety plan?
- Clearly stated responses or consequences for failure to follow the safety plan.

Within the above categories, the juvenile's thoughts, feelings and behavior must be considered a component for planning, e.g. the juvenile wants to go to the basketball game on Thursday night, he has completed a plan to go, yet he has not addressed his feelings about no longer being able to play on the team due to his offense. The MDT should work together with the juvenile on his plan BEFORE he is allowed to attend the game. His feelings could be part of his cycle for re-offense, the MDT will need evidence from the juvenile that he can manage his feelings, thoughts and behavior while at the game.

One cautionary note; while developing the plan, consider if the juvenile can accomplish the behavior described—is the goal or behavior realistic for this juvenile?

All parties must have a clear understanding of the expected behavior of the juvenile and informed supervisors. The use of reflective statements when completing safety plans will aid in clarity of understanding and will assist in addressing individual differences and needs.

School districts will already have in place supervision parameters for juveniles who have been identified as delinquent or under supervision of juvenile justice agencies. Although it is true that some juveniles will have no agency involvement for supervision, schools should build a safety plan that encompasses informed supervision. When building safety plans it is important that the school-based informed supervisor and the MDT work in concert so that all professionals have the same information.

When a juvenile wishes to attend a special event, it is up to the juvenile to initiate the safety planning process for the event. Responsibility and accountability are key components to treatment, supervision and management of this population. Each event requires a new safety plan, one plan does not fit all events.

All persons involved in the planning process should be included on the front page of the plan so that the contact information is immediately available. The type of plan, either daily or special request should also be clearly marked. The cover page could begin with:

Daily Activities Safety Plan
Special Request/Event Safety Plan

Juvenile's Name: Date:

Members of the supervision and management MDT:

1. Agency:
2. Agency:
3. Agency:

School-based informed supervisor(s):

1. Title/Role:
2. Title/Role:
3. Title/Role:

If the request is for a special event, the event must be clearly identified.

(I, or Juvenile's name) requests safety planning for: (event/occasion)
to be held on: (date and time frame) at: (location)

Elements to resolve must be processed and should be included in the plan including, but not limited to:

- Who will be there including the victim and potential victims
- Which informed supervisor(s) will attend
- How accessible is the location to outside influences that may be violations of the juvenile's various supervision terms and conditions
- Transportation
- Other event specific issues
- Clearly stated responses or consequences for failure to follow the safety plan.

It is not necessary to re-draft documents that are already in place, the safety plan should reference them by name and topic, when applicable, i.e. *Johnny will follow his terms and conditions of probation while on school property and at all events, including no contact with the victim on school grounds.*

One way to keep information from other documents in front of the juvenile and MDT is to attach them, when appropriate, to the safety plan. The goal is to aid in clarity, not to add bulk to the plan.

Safety plans should be clear and behaviorally based. If goals are set, they should be measurable and described in terms of the juvenile's behavior. School personnel and other informed supervisors'

behavior is generally not included in the plan, the safety plan is an accountability tool for management and supervision of the juvenile.

Consequences for failure to comply or follow through with the plan should be discussed and expectations of all parties clarified in all planning sessions.

Safety plans for daily activities will include the juvenile's schedule, the expected location of the juvenile for the entire time s/he is on school property, and any limitations to behavior in any of these locations. Some districts may already have this language in their individual supervision contracts, others may incorporate the language or add it as a separate document. Often, the daily safety plan will be a part of the overall supervision agreement between the juvenile and the school , it is updated when the broad range of supervision needs change.

Below are some examples, each district is encouraged to use district-specific language and to add as many conditions as necessary to adequately supervise a juvenile who has committed sexually abusive and/or offending behavior.

Johnny will comply with all terms and conditions set forth by any court, social service or other supervising agency while on school property or at any school event s/he is permitted to attend.

Johnny will attend each daily scheduled class. As of 8-21-03 no classes require outside activities.

Johnny will be able to access restrooms from: (time)
An informed supervisor is/is not required for Johnny to access the restroom. The informed supervisor(s) is/are:

Johnny will have a daily supervised lunch period from: (time)

Johnny will follow district protocol for excused absences.

Johnny may not access the inter/intra-net while on school grounds.

Johnny is enrolled in physical education, he must request permission to go to the free-weight area and be within line-of-sight supervision while in the free-weight room. The school-based informed supervisor is (name of IS) and by his/her initials next to this item affirms s/he has agreed to these conditions.

Johnny will arrive at and depart from school by means of: . If Johnny rides a school bus, he will have an assigned seat by him/herself which will be in the front seat located diagonally from the bus driver.

If there is more than one school-based informed supervisor for any location, all should be named on the plan and each location identified. One method includes the following language:

Johnny will be able to access personnel in the building for assistance in coping with risk behavior or other support system issues. Those persons are:

Johnny will check in by (time) each morning with (name of person) and out at (time) with (name of person) each afternoon.

Some safety plans include consequences for behavior that violates the plan. It is generally recommended that if personnel want to include information such as responses by informed

supervisors and MDT members, it should be included in supervision contracts or other documentation referenced in the plan. A statement such as, *"I understand that I may be directed to leave the special event if my behavior poses a risk to any person, animal or property at the site, or if any informed supervisor or other personnel have reason to believe that I am violating my safety plan or other supervision and management agreement"* may be useful.

Risk and community safety must always be a priority for MDT members and informed supervisors. Certain statements regarding potential risky situations should be included in the plan. Examples follow:

Johnny is not permitted to be in a position of trust with any student unless and until a specific safety plan for this situation has been developed and agreed upon by the MDT and the school-based informed supervisor.

Johnny is not permitted to be in the same location as the on-site day care.

Johnny is not permitted to have contact with severe needs special education students.

It is important to note that some juveniles engage in what is known as "cross over" behavior. Therefore, they may be at risk to offend against other potential victims who do not fit the juvenile's known offense pattern. Examples would be older children or adults, if a juvenile's known history has been offending against younger children.

If Johnny is identified as a severe needs special education student, he must have supervision commensurate with his risk.

Potential Consequences for Violation of the Safety Plan

Consequences for lack of compliance need to be contained in the safety plan. They should be clearly articulated to the juvenile. Consequences should be determined by the multidisciplinary team and school officials but should focus on the individual juvenile involved and what is best for both the juvenile and the student body. Consequences may include, but are not limited to, suspension or expulsion from school, and/or revocation of probation.

Committing to the Safety Plan

A statement about the purpose of the safety plan, an agreement to abide by it, and an acknowledgement that there will be consequences for violation(s) of the plan should be included.

Safety plans should have signature lines for the juvenile, school-based informed supervisor(s), parent/guardian and the principal or the principal's designee. Generally, any agreement or plan will be dated and will include statements about amending the document, including that the document remains in *full force and effect* until it is amended and signed by all parties.

There should be a statement about the use of the safety plan and its portability throughout the district. This would include space to identify the contact at the receiving school and the informed supervisor's signature indicating that the new school has been informed of the juvenile's risk, needs and supervision requirements.

Victim Centered Approach

The Rights of Victims

Victims of sexual assault need to feel supported, not blamed. They need to be heard, believed, informed, protected, and assisted. The emotional support victims receive immediately following their disclosure will help facilitate resolution of the trauma and provide a baseline for moving on with life. Recovery from the trauma depends on factors including the victim's age at the time of the abuse, the support of family and friends, the frequency and extent of the abuse, and how the victim was treated at the time the outcry was made. Victims need to be encouraged to report the full extent of their experience to authorities without fear of retaliation by the juvenile offender.

The Victim Compensation Fund provides financial assistance for victims with counseling, medical expenses, and work loss due to a crime. The Victim Advocate associated with the law enforcement agency or district attorney's office can assist the victim with information about the fund, as well as help in the application process.

Most probation departments have a Victims' Advocate who is charged with keeping the victim informed of changes in the juvenile's probation and/or supervision status. This victim advocate can be helpful in many ways regarding the juvenile justice system.

How to Support the Victim

Common Reactions to Sexual Violence:

In the days following the assault the victim may experience the following reactions:

- Startle reactions in response to loud noises or quick movements of other people
- Hyper-vigilance
- Intense mental reviewing of the assault -- second-guessing their behavior and asking themselves "what if…"
- Difficulties with intimacy
- Difficulties concentrating
- Heightened interest in personal safety in general
- Nightmares or night terrors
- Fatigue and a sense of being drained
- Moodiness, irritability, and general sensitivity to any criticism
- Flashbacks
- Extreme anxiety and/or excessive crying
- Damaged ability to trust

These symptoms are normal and should lessen over time. People who have been victimized recover from their trauma in their own time frames. A specific expectation for recovery cannot be applied relative to time.

Talking about their experience and consequent feelings with supportive friends and family members can be helpful during the healing process. Victim Advocates often make referrals to professional therapists with expertise in working with sex assault survivors.

Emotional Support

Friends and family can provide emotional care and support to help the victim cope with the immediate crisis and make progress toward long-term recovery from the trauma. It is important to:

- Believe the victim
- Acknowledge that the assault was not the victim's fault
- Listen - allow the victim to talk *if they* want to
- Avoid questioning the victim regarding details of the assault. It is law enforcement's responsibility to interview the victim.
- Help the victim organize their thoughts - allow them to make decisions and regain control which was taken from them as a result of the assault.

Significant others may experience unexpected emotions as a result of their loved one's victimization. Anger, helplessness and frustration are common reactions of those close to sexual assault victims.

Following the Assault…

Not everyone reacts to a traumatic event in the same manner. The most common emotional symptoms displayed by victims of sexual assault include:

- Fear
- Helplessness
- Confusion
- Self-blame
- Guilt
- Denial
- Anger
- Fear of others finding out about the assault
- Fear of contracting HIV/AIDS or sexually transmitted diseases

These are *normal* reactions to a crisis situation. Every victim will experience some or all of these emotions following the assault. These reactions should subside over time. Some victims may need to seek professional help in order to facilitate their recovery.

Victim Support Services

Services are available to victims of sexual assault on every level within the criminal justice system. Law enforcement victim advocates provide immediate crisis intervention, support, as well as offering information and referrals, and assistance with the application for Victim Compensation funds.

When a juvenile is apprehended and prosecuted, the victim is referred to the District Attorney's office. The District Attorney's Office will provide continuing support, offer appropriate resource and referrals, and provide information pertaining to the critical stages in the criminal justice system. Trial support to victims is also an essential service of the District Attorney's Victim Witness Unit.

During the pretrial phase/court process, the victim advocate with the District Attorney's office provides information pertaining to the critical stages of the court proceedings. Victims are given the opportunity to complete victim impact statements, attend court hearings, and provide the judge with verbal statements.

Once the offender has been sentenced, victim support services are available through the Probation Department. At every level, treating victims with fairness, dignity, and respect is of primary importance. The victim advocate facilitates increased input and involvement from the victim, their families, and the community. Ongoing assessment of the victim's safety concerns and well being remain a top priority. Many victims continue to need services beyond sentencing, including case information, resource referrals, support, and an avenue in which to express concerns regarding the case.

At every level, the victim advocate is committed to the prevention of re-traumatizing the victim, is sensitive and responsive to the issues and needs of victims, is supportive of the process of victim healing, and ensures a system exists for providing information to victims while giving them a voice in the juvenile justice system.

Victim advocates communicate with one another to facilitate transition of cases between systems and jurisdictions.

Dynamics of Sexual Offending Behavior

The Basics of Sexual Offending Behavior

Individuals who engage in sexually abusive and offending behavior have common traits that include:

- Grooming behaviors– Subversive actions perpetrated to gain access and trust of the victim and the victim's support system. Training the victim and victim's support system to lower their guard. The grooming behavior is specific to the victim, an exhaustive list cannot be generated here, but typical behavior includes the offering of candy, small gifts or favors to a victim in exchange for engaging in unwanted sexual contact. Additionally, the perpetrator may act sorry and apologetic with promises never to harm the victim again; use physical force against the victim; threaten to reject or alienate the victim; choose victims who are too young to report; consistently "train" the victim in boundary violation; pretend to teach the victim about sexual contact; and tell the victim they are unique and special, and/or that the victim has responsibility for the abuse. *The actions listed here are a merely a sample of grooming behaviors.*

- Multiple victims - this information is usually disclosed after several months of therapy.

- Several levels of deception: denial, minimizing, rationalizing behavior: "it's no big deal; he/she wanted to do it."

- Keeping secrets regarding the extent of their abusive and offending behavior including deviant sexual content.

- Threats, coercion, manipulation or deception to get a victim to submit to sexual contact.

Definitions of Sexual Offending Behavior

Sexual Contact: touching of a victim's intimate parts or having the victim touch the actor's intimate parts or the clothing covering the intimate parts if done for the purpose of sexual gratification, arousal, or abuse.

Explicit Sexual Conduct: sexual intercourse, erotic fondling, erotic nudity, masturbation, or sexual enticement.

Sexually Exploitative Material: any photograph, movie, videotape, or electronically produced visual material being used for explicit sexual conduct.

Consent: cooperation in act or attitude pursuant to an exercise of free will and with knowledge of the nature of the act. A current or previous relationship shall not be sufficient to constitute consent. Submission under the influence of fear, bribes, and manipulation shall not constitute consent.

What is Sexual Offending Behavior?

Sexual offending behavior occurs when there is a lack of consent, lack of equality or the presence of coercion. For juveniles to participate in non-abusive sexual behavior, they must choose to participate freely, without pressure or coercion, and they must have similar knowledge regarding the nature of the sexual behavior, possible consequences and societal attitudes regarding the behavior.

The law defines illegal sexual offending behavior. However, there are behaviors that are not illegal, but that are considered sexually abusive. The charged offenses may or may not be definitive of the scope of the juvenile's underlying sexually abusive behavior.

There are many criminal statutes defining unlawful sexual offending. The offenses juveniles are most frequently charged with are: Unlawful Sexual Contact, Sexual Assault on a Child, Sexual Assault on a Child by One in a Position of Trust, and Indecent Exposure.

Unlawful sexual contact may be committed in various ways, but the most common method of commission is to have sexual contact with another person without that person's consent. Sexual contact is the knowing touching of the clothing covering the immediate area of the victim's or actor's intimate parts if that touching is for the purpose of sexual arousal, gratification or abuse. Some examples of unlawful sexual contact that occur in schools are:

- Unwanted touching of the buttocks, breast or genital area of another person over their clothing.

- Pulling down or pulling up a person's clothing to observe or expose their buttocks, breasts or genital area without their consent.

- Peeping on another person in a bathroom or locker room to view that person's intimate parts when that person has a reasonable expectation of privacy.

Sexual assault on a child is committed if the actor is at least four years older that the victim or the victim is under age fifteen, and the actor has any type of sexual contact with the victim.

Sexual assault on a child by one in a position of trust is committed when the actor has any type of sexual contact with a victim under the age of eighteen while the actor is in a position of trust to the victim. Juveniles are most often in a position of trust when they are babysitting the victim.

Sexual assault is committed when the actor inflicts sexual intrusion or penetration (vaginal or anal intercourse, oral sex, insertion of objects into the vaginal or anal area) of a victim causing submission by means of sufficient consequences reasonably calculated to cause submission against the victim's will. Means of causing submission against a victim's will include force or physical violence, use of a weapon, threats of death, serious bodily injury or extreme pain, impairing the victim's power to control his/her conduct with drugs or alcohol without the victim's consent, and inflicting sexual intrusion or penetration upon the victim when he/she is physically helpless. Please see § 18-3-402, C.R.S. for a more inclusive definition of sexual assault.

Indecent exposure is committed by exposing the genitals to the view of another person under circumstances likely to cause affront or alarm to that person. Some examples of indecent exposure

that occurs in the schools are a student pulling down his pants to expose his genital area or a student pulling his penis out of his pants in full view of others.

Some behaviors that are considered offensive, but not illegal, are many of the behaviors listed in the School Conduct Code as sexual harassment. The following behaviors are considered sexual harassment in the school environment, but are not illegal sexual behaviors:

- Requests for sexual favors
- Sexual gossip
- Personal comments of a sexual nature
- Sexually suggestive or foul language
- Sexual jokes
- Whistling
- Spreading rumors or lies of a sexual nature about someone
- Unwanted pressure for dates
- Making sexual gestures with hands or body movements
- Touching or rubbing oneself sexually in view of others.

Overview of the Juvenile Justice System

Below is a summary of the steps that typically occur during the juvenile justice process:

1. Filing of charges: Decision made by the District Attorney's office based on the police investigation.

2. First Appearance/Advisement: The Magistrate/Judge will advise the juvenile of his/her rights and the juvenile may enter a plea of guilty or not guilty, or ask for a continuance.

3. Preliminary Hearing: The Magistrate/Judge decides if there is probable cause to believe a crime has been committed and that the person charged committed that crime. A preliminary hearing is only held when the charges are felony level offenses.

4. Pretrial Conferences: A conference between attorneys where information is exchanged and case evaluation and disposition is discussed. It is possible to have more than one Pretrial Conference for a variety of reasons.

5. Dispositional Hearing: The juvenile enters a plea.

6. Motions Hearing: If going to trial, motions are filed by the attorneys, requesting that evidence be suppressed or admitted.

7. Adjudicatory Trial: The right to a jury trial is required only when the juvenile is alleged to be an aggravated juvenile offender, or is alleged to have committed a crime of violence; otherwise the trial is before the Magistrate or District Court Judge. The burden of proof beyond a reasonable doubt and the rules of evidence are the same as in adult criminal proceedings.

8. Presentence Investigation: An interview completed by probation with the juvenile and his/her parent(s) to gather information for sentencing recommendations. Information gathered includes criminal history, social and health history, and any other relevant circumstances. Section 1 of the *Standard and Guidelines for the Evaluation, Assessment, Treatment and Supervision of Juveniles Who Have Committed Sexual Offenses* provides detailed information of the content and Presentence Investigation process.

9. Sentencing: A hearing to determine the sentence the court will impose in the juvenile.

10. Probation: The juvenile may be placed on probation and then will be required to meet with his/her probation officer on a regular basis. The probation officer is a member of the multidisciplinary team and may institute specialized terms and conditions to address the juvenile's needs.

NOTE: There are 22 judicial districts in Colorado. Differences may occur in the juvenile justice process due to the presence of specialized pre-adjudication, diversion, and juvenile court programs. The overview above is provided as a general guide.

SYNOPSES OF SUPPORTING RESEARCH

The Colorado Sex Offender Management Board has worked diligently to promote research based Standards and Guidelines. Following is a listing and synopsis of the research or published articles cited as footnotes in these Standards.

The authors' terminology regarding juveniles who commit sexual offenses is used in each synopsis for consistency with the citation.

Introduction

Judith Becker (1998) conducted a thorough review of recent empirical research on the characteristics and treatment of juvenile sex offenders. Her findings revealed a lack of longitudinal data available to support the speculation that if adolescents commit a sexual offense, they will continue offending into adulthood. In addition, she cautions against the notion of juveniles needing monitoring for the rest of their lives if they have committed a sexually inappropriate behavior. Similarly, Becker and Hunter (1997) provided recidivism rates from several studies of juvenile sexual offenders who have received treatment:

> Kahn and Chambers' (1991) 20 month follow-up study on 221 juvenile sex offenders treated in 10 programs had a sexual recidivism rate of 7.5% with an overall recidivism rate of (both sexual and nonsexual) 44.8%.
>
> Schram, Milloy, and Rowe (1991) conducted an extended follow-up study with Kahn and Chambers' sample, of which 197 participated, and found 12.2% having been arrested for a sex offense and a 10% conviction rate.
>
> Bremer (1992) reported recidivism rates of residentially treated juvenile sex offenders with a follow-up period ranging from several months to six years. Eleven percent re-offended sexually, 6% were convicted for nonsexual offenses.
>
> Becker (1990) provided 2-years of follow-up data on 80 juvenile sex offenders who were treated on an outpatient basis and found 8% had sexually re-offended.

Guiding Principles 2,3

In 1998, Kim English concluded a multi-faceted 2-year study (English, Pullen, & Jones, 1996) that involved surveys of probation and parole supervisors; extensive literature review on victim trauma and sex offender treatment; a systemic document review of materials ranging from agency memoranda and protocols to legislation and administrative orders; and field research in the area of community management of sex offenders. The findings suggested a sex offender containment approach that consisted of five components; one of which focused on community safety. Within this component, English concluded, "The effects of sexual assault on victims are often brutal and long-lasting…Psychological recovery from the assault is often prolonged for victims of these types of assaults." For those reasons, the community safety component valued and supported the need for a victim-oriented philosophy (as well as a public safety approach) for the containment and treatment of sex offenders.

Guiding Principle 12

Hagan and Gust-Brey (2000) followed the transition of 50 12-19 year-old perpetrators of sexual assault against children upon their return to the community after successfully completing a sex offender treatment program. The goals of their study were to determine the risk they presented for sexual and other re-offending. Ten years later, 86% of the adolescent perpetrators had been involved in another crime. Only 20% re-offended sexually, while 60% re-offended non-sexually.

Guiding Principle 12, 20

In 1996, M. Weinrott conducted a critical review of studies on juvenile sexual aggression. In his review of recidivism studies, he concluded that most males who sexually abuse younger children do not re-offend sexually (at least during the 5-10 years following apprehension). He also stated that juvenile sex offenders are more likely to come to the attention of police for nonsexual offenses.

Guiding Principle 14

Ageton and her colleagues (as cited in Prentky, et al., 2000) developed a theoretical model for adolescent sexual offenders that included strain measures, bonding to conventional social order, integration into a delinquent peer group, and a variety of variables aimed at sexual assault. Of these variables, four correctly classified 77% of the juveniles that re-offended sexually—involvement with delinquent peers, crimes against persons, attitudes towards rape and sex assault, and family normlessness. Further discriminant analysis revealed that involvement with delinquent peers correctly classified 76% of the cases.

Guiding Principle 14

Bagley and Shewchuk-Dann (1991) (as cited in Righthand and Welch, 2001) conducted a comparison study of juvenile sex offenders and other juvenile offenders in two residential treatment centers. They found sexually assaultive juveniles typically come from families that evidence severe pathology, including child maltreatment, and that the parents had higher levels of marital stress. They also found that the parents of the sexually assaultive group had more mental health problems that required intervention and the fathers had greater rates of alcohol abuse. Miner, Siekert, and Ackland (1997) (as cited in Righthand and Welch, 2001) described the juvenile sex offenders in their sample as, "coming from chaotic family environments. Nearly 60% of the biological fathers had substance abuse histories and 28% had criminal histories. Biological mothers, when compared to fathers, were less likely to have substance abuse histories or criminal histories. The mothers, however, were more likely than the fathers to have a history of psychiatric treatment." Smith and Israel (1987) (as cited in Righthand and Welch, 2001) found that some parents of juveniles who sexually assaulted their siblings "were physically and/or emotionally inaccessible and distant."

Guiding Principle 20

Worling (2000) collected recidivism data from a National Database for 148 adolescent sex offenders (ages 12-19 years) who were assessed at the SAFE-T program. The treatment group was made up of 58 offenders who participated in at least 12 months of specialized treatment (group, family, and individual treatment) and the comparison group consisted of 90 adolescents who received only an assessment, refused treatment, or dropped-out prior to a 12 month period. The follow-up period ranged from 2–10 years. He found the sexual assault recidivism rate for the comparison group (18%) was 72% higher than the recidivism rate for the treatment group (5%). For nonviolent offenses, the comparison group was 59% higher than the treatment group.

Section 1.600

Marshall (1999) reported, "Although formal assessments of the offenders are essential, it is also crucial to have available information from external sources (police reports, victim statements, and possibly court records) so that the interviewer may challenge the offender's report. We have found that offenders typically represent themselves in an exculpatory manner and that many outright deny they ever committed an offense (Marshall, 1994). Without the external information, we would have little basis to challenge the offender's account, and as a consequence, we would come to inaccurate conclusions."

Section 2.100

Quinsey, Harris, Rice, and Cormier (1998) reported on numerous studies on clinical judgment in regard to prediction of violence. His overall conclusion to these studies was that "clinical intuition, experience, and training at least as traditionally conceived are not helpful in either prediction or treatment delivery. Although discouraging, this conclusion is not nihilistic. Training, in the sense of knowing the empirical literature and relevant scientific and statistical techniques, must improve the selection of appropriate treatments, treatment program planning, and evaluation."

Section 3.120

Borduin, Henggeler, Blaske, Stein (1990) compared the efficacy of multisystemic therapy (MST) and individual therapy in an outpatient treatment setting for 16 male adolescent sexual offenders. Multisystemic treatment targeted characteristics of the adolescent offender and his family and peer relations that have been linked with sexual offending. Specifically, it looked at cognitive processes, family relations, peer relations, and school performance. Individual therapy provided counseling that focused on personal, family, and academic issues. The MST group had recidivism rates of 12.5% for sexual offenses and 25% for nonsexual offenses. The Individual Therapy group had significantly higher recidivism rates: 75% for sexual offenses and 50% for nonsexual offenses.

Section 3.120

Marshall and Barbaree (1990) looked at outcome evaluations of several cognitive-behavioral programs for the treatment of sexual offenders. These programs are comprehensive in terms of the range of problems addressed in treatment, from social-skills training to reducing deviant interests and increasing appropriate sexual desires. One of the studies reviewed had a comparison group of traditional psychotherapy. This study of incarcerated sex offenders who received a behavioral program was found to be far more effective than a more traditional psychotherapy program in meeting the within-treatment goals (Marshall & Williams, 1975). They went on to say, "The behavioral program achieved its goals in changing various features of these offenders, whereas psychotherapy did not." In addition, Marshall and Barbaree concluded that most cognitive-behavioral programs combine individual therapy components with group therapy components. They presented rationale for group therapies led by co-therapists (both male and female): 1) individual therapy is costly and sometimes inefficient in that what needs to be learned is better presented to groups of patients by more than one therapist, 2) having both a male and female therapist can offer different views on sexual offending, 3) modeling by two therapists of egalitarian male/female relationships can facilitate change in attitude, and 4) other group members can provide insight into fellow offenders' problems on the basis of personal experience, which the therapist does not possess.

Section 3.140

Miner and Crimmins (1997) conducted a study with 78 youths in sex offender treatment programs in Minnesota. Two comparison groups were also used, using data from the third nationwide survey of the longitudinal sample of the NYS (National Youth Surevey). The two comparison groups were comprised of violent youth with no behaviors considered to be a sex offense, and non-delinquent youth. Some of the findings from this study suggested that sex offenders hold negative attitudes toward delinquent behavior, more so than non-delinquent youth, and are "more normless in their beliefs about family interactions than either of the other groups." In addition, sex offenders were more likely to be isolated from peers and families than non-delinquent youth and violent youth. Overall, the study supported a social control theory of sex offending, independent from other forms of juvenile delinquency. The primary difference in this sample was the isolation from both peers and their families for the sex offender group. Because of this finding, Miner and Crimmins concluded that breaking the process of social isolation may have some impact on the development of sexually inappropriate behavior. Using group therapy, social-cognitive intervention strategies, and family interventions would help to achieve these goals.

Section 3.140

Sirles, Araji, and Bosek (1997) conducted an overview of numerous programs and practices used by therapists who are working with sexually abusive children and their families. Although most of the programs reviewed haven't been tested empirically, their overview identified theories used to guide programs as well as goals for intervention. As a result, a list of 10 factors were suggested as an aid in program development and treatment planning:

1. The treatment of preadolescent sexual aggression requires a comprehensive knowledge of biopsychosocial theories of sexuality and aggression to guide in the development of intervention models.
2. A treatment model should incorporate theories of child development, sexual abuse, trauma, reciprocal cycles of abuse, learning, relapse prevention, and systems theories.
3. The treatment should incorporate cognitive and behavioral interventions that place responsibility for behavior with the child and address sexual aggression as a learned behavior that is changeable.
4. Family systems theory and therapy need to be integrated into treatment models to address dysfunctional family dynamics.
5. Group, peer, or pair therapy are useful methods for working with sexually aggressive youth. Children are best managed and treated in developmentally divided age groups.
6. Treatment that is individually tailored and offense specific offers the greatest likelihood for success.
7. Treatment goals should target eliminating sexually abusive and aggressive behavior, increasing behavior controls, and developing competencies for coping with precursors to sexual aggression.
8. When appropriate, treatment needs to address the history of sexual abuse of the perpetrator—that is, victimization issues.
9. Parental groups are an effective means for teaching parents the skills necessary to prevent further aggression and abuse by themselves and their children.
10. When needed, referrals should be made to specialized programs, agencies, or therapists to facilitate as comprehensive a treatment approach as local services allow.

Section 3.140

Bernet and Dulcan (1999) also conducted an overview of the currently available psychosocial and biological treatment of children and adolescents who are sexually abusive of others, along with the literature available. Again, most of these treatment types haven't been tested empirically, however, they were able to conclude that, "group therapy with juvenile sex offenders provides a context in which the sexual abuser is unable to easily minimize, deny, or rationalize his or her sexual behaviors. Peer group therapy, as the medium for therapeutic interventions, is used in a number of different ways depending on the setting, group membership, severity of the sexual offenses, group goals and objectives, whether the groups are open or closed, and the length of the group experience." They also found through their research that family therapy may be most useful in cases of incest. Furthermore, "Family therapy facilitates the learning of new ways of communicating and building a support system which will help interrupt the abuse cycle and ultimately be supportive to the offender's capacity for regulating and modulating aggressive sexual behavior." Bernet and Dulcan found that individual therapy is usually used in conjunction with other treatment approaches.

Section 3.151

Hanson and Harris (1998 – 2001) conducted a study of dynamic risk factors that involved retrospective comparisons of 208 sexual offenders who had recidivated while on community supervision and 201 offenders who had not recidivated. The study has several findings, some of which include: the recidivists viewed themselves as little risk for committing new sexual offenses and took few precautions to avoid high risk situations; were more likely to engage in socially deviant sexual activities; showed little remorse or concern for their victims; had a generally chaotic, antisocial lifestyle, resisted personal change, and held strongly antisocial attitudes; had poorer self-management strategies; had poor social support; and had an increase in anger and subjective distress.

Section 3.151

Cortoni & Marshall (2001) studied sexual activity functions as a coping strategy for sexual offenders among 89 incarcerated offenders, 59 of whom were sexual offenders. Sexual offenders reported using sexual activities (both consenting and non-consenting) as a coping strategy for stressful and problematic situations at a higher rate than non-sexual offenders. When compared to non-sex offenders, sex offenders evidenced a sexual preoccupation during adolescence, which was related to the use of sex as a coping strategy.

Section 3.540

Becker and Hunter (1997) discussed the treatment of adolescent sex offenders in their article, "Understanding and Treating Child Adolescent Sexual Offenders." Because of the numerous reasons juveniles may deny their behavior (shame, embarrassment, fear of consequences), they stated the first step in treatment for the juvenile should include having the juvenile accept responsibility for his or her behavior. Educating the juvenile about what treatment can offer, such as learning how to develop and sustain healthy relationships with peers, may help persuade them to discuss problem areas. Also, juveniles placed in group treatment with other juveniles who have accepted responsibility for their behavior gives them both an opportunity to see that they're not alone and allows the "admitters" of the group to relate to the "deniers"—that they were once in that place.

Section 3.540

In Ryan and Lane's book, Juvenile Sexual Offending, Lane writes about juvenile sex offenders in denial. She reported that if a youth is in denial or not taking responsibility for a sexually abusive behavior, he or she will not benefit from offense-specific treatment, nor will he or she be able to manage his or her sexually abusive behavior patterns. Therefore, efforts should be made to first address his or her denial and ascertain what type of treatment setting would be most appropriate.

Section 3.540

Kahn and Chambers (1991) conducted a two-year study of juvenile sexual offenders who received both community and institution based treatment. Recidivism data was collected over a 20-month follow-up period. Of their findings, one of a few variables found to have a significant relationship to sexual re-offending was blaming the victim. Offenders who blamed their victim and used verbal threats had somewhat higher sexual recidivism rates than those who did not. A surprising find was that of the eight adolescents who denied their sexual offenses, none re-offended sexually during the follow-up period. Kahn and Chambers stated that there could be several explanations for that finding, but it is worth further exploration and study.

Section 3.540

In The Juvenile Sex Offender (Barbaree, Marshall, Hudson, 1993), Barbaree and Cortoni address the issue of denial and minimization among juvenile sex offenders. They stated that an offender in denial will not be able to progress in treatment. In addition, denial and minimization need to be reduced in order for the offender to develop victim empathy, which is necessary to work toward change in his or her behavior. Therefore, they suggested addressing denial and victim empathy as a first stage in treatment.

Section 3.610

Langstrom and Grann (2000) analyzed risk factors for 46 young sex offenders from 1988 – 1995. Sixty-five percent of this sample re-offended (20% re-offended sexually). Risk factors they found to be associated with elevated risk of sexual re-offending for this sample include early onset of sexually abusive behavior, male victim choice, more than one victim , and poor social skills.

Introduction, Section 5.100

The Association for the Treatment of Sexual Abusers, an international organization with a membership of over 2000 professionals committed to the prevention of sexual assault through effective management of sex offenders, adopted a position paper on the effective management of juvenile sexual offenders in March of 2000. This paper states that there is little evidence to support the assumption that most juvenile sexual offenders are destined to become adult sexual offenders. The reasoning for this, as stated in the paper, is the significantly lower frequency of more extreme forms of sexual aggression, fantasy, and compulsivity among juveniles than among adults which suggests that many juveniles have sexual behavior problems that may be more amenable to treatment. They go on to say that recent studies suggest that many juveniles who sexually abuse will cease this behavior by the time they reach adulthood, especially if provided with specialized treatment and supervision. Research also states that juvenile offenders may be more responsive to treatment because of their emerging development. In addition, ATSA believes that effective public policy requires the balancing of criminal justice sanctions, to enhance public safety and to punish criminal acts, with providing interventions to juveniles who are amenable to treatment.

Section 5.100

The National Task Force on Juvenile Sexual Offending (1993) as cited in Hunter and Figueredo's (1999) paper on the factors associated with treatment compliance of juvenile sexual offenders states that the interface between mental health and criminal justice systems is necessary for a sound public health policy in regard to juvenile sexual offenders.

Section 5.100

McGrath, Cumming, and Holt (2002) conducted a study with treatment providers, probation officers, and parole officers about their collaboration in the treatment and supervision of sex offenders. One hundred and ninety treatment programs throughout the nation completed a survey questionnaire that asked about program size and approach; age, gender, education, and professional affiliation; type, frequency, and value of different methods of communication their program had with probation officers; and a rating of several scenarios of communication between treatment providers and probation officers commonly used throughout the US. Treatment provider and probation officer communication was shown to be valued, common, and frequent. Over 87% described open communication as essential for effectively managing this population in the community.

Section 5.100

Bischof, Stith, and Whitney (1995) studied the family environments of adolescent sex offenders and other juvenile delinquents. The Family Environment Scale (FES) Form-R was completed by 105 adolescent males in various outpatient and residential programs. Thirty-nine were sex offenders, 25 were violent non-sex offenders, and 41 were non-violent, non-sex offenders. Although a nondelinquent control group was not used in this study, FES has been normed to the general population and those norms were used as comparison scores. No differences were found among the delinquent groups, however, several differences were evidenced among the delinquent groups when compared to the normative scores. The delinquent groups considered their families to be less cohesive, less expressive, and having a lower level of independence when compared with the non-delinquent group scores. These findings suggest that the families of adolescent sexual offenders are similar to those of violent and nonviolent juvenile delinquents in most ways assessed by the FES. Therefore, family interventions which have been demonstrated effective with juvenile delinquents in general are likely to be helpful with juvenile sex offenders as well.

CENTER FOR NETWORK DEVELOPMENT
COMMON INFORMED CONSENT FORM

Purpose: Colorado Department of Human Services - to insure an appropriate balance between service delivery agencies' need to access confidential information in order to provide effective services and protection of individual's privacy rights.

Center for Network Development - To fully inform the family members of the information that agencies can request from other agencies with and without their consent. To enable the agencies and providers who work with the families to better serve them and their children through coordinated planning and services delivery. To reduce the redundancy of families completing multiple consent forms.

Each agency is responsible for ensuring that their staff members are knowledgeable of confidentiality regulations pertaining to information sharing and can adequately transmit this information to the youth and their family/guardian.

I. Format

The Form is six pages in length-

- Two authorization forms; one for release of drug and alcohol treatment services information, and one form for child welfare, juvenile justice, mental health, education, medical and vocational rehabilitation
- Public Agencies attachment
- Service Provider Agencies attachment

There is also a one page Request For Information form – that is completed by the agency requesting information.

II. Process

A. Consent process-

- Youth/Guardian sign once per year.
- Network community based provider agencies are listed on a handout
- Network public sector agencies are attached
- Other non-Network agencies can be added with guardian/youth initial and date
- Family receives a copy of form and attachments

B. Completing the Form-

Complete the form with the appropriate family members in the language they are able to understand.

- Explain the purpose of the form
- Read the form with the youth and parent/guardian
- Youth and Parent/Guardian indicate approval of each information category with initials on the lines provided, and signature(s) on the last page
- Date the forms and attachments
- Provide a copy of the form and attachments to the parent/guardian/youth and recommend they share the form with agencies they use
- Signature of staff and their agency who explained the form to the family

C. Information Sharing -

- Agency making referral for services provides copy of consent *and/or*
- Family provides their copy of consent to agency (if family lost copy, new agency responsible for providing copy to family)
- The Request For Information Form is completed by agency making the request, accompanied by a copy of the consent form if agency has not yet received a copy

- Agency requesting information notifies family when/what/where information is requested and confirms the notification on the request for information form.

D. Changing Consent- Family can change consent at any time;

Add agencies

- Families can add agencies to the consent
- Can be added to the list of providers/systems with their initial and date

Delete agencies

- Deletions initialed and dated
- Critical that they provide revised form with deletions to currently involved agencies

Revoke all or parts of consent.

- Deletions or revoked areas initialed and dated
- Critical that they provide revised form with revocations to currently involved agencies.

Expired Form

- Guardian/youth complete a new form if expired or is not located
- Provide copy of form to family and other agencies currently involved with family

CENTER FOR NETWORK DEVELOPMENT
COMMON INFORMED CONSENT FORM
AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION

I, _____, on behalf of myself and/or my children and/or wards,

_____	_____	_____,
(Name of child/ward)	(date of birth)	(Soc.Sec. No.)
_____	_____	_____,
(Name of child/ward)	(date of birth)	(Soc.Sec. No.)
_____	_____	_____,
(Name of child/ward)	(date of birth)	(Soc.Sec. No.)
_____	_____	_____,
(Name of child/ward)	(date of birth)	(Soc.Sec. No.)

hereby authorize the agencies listed in the attachments to release and share among themselves confidential information checked below on a need-to-know basis; for investigatory purposes and case management purposes as defined in the Colorado Children's Code.

_____ Child Welfare Information, e.g., social worker case file; medical, psychological and education consultation reports; court reports; relinquishment and adoption records.

_____ Juvenile Justice Information, e.g., arrest and criminal records, probation records, social and clinical studies, law enforcement records in general.

_____ Mental Health Information, e.g., psychiatric and psychological diagnoses, reports and evaluations, treatment recommendations.

_____ Education Information, e.g., to include standardized test scores, grades, report cards, attendance, IEP's, counseling, special education, learning disability and diagnoses related thereto, disciplinary, health, and social work records and reports.

_____ Medical Information, e.g., records and reports of patient history, diagnoses, evaluations, treatment, including those related to developmental disability (with the exception of HIV and AIDS-related information).

_____ Vocational Rehabilitation Information, e.g., records and reports of disabilities, evaluations, and recommendations.

_____ Other: _____

with the exception of the following: _____

Purpose of Release: For interagency coordination and case management among those with a need to know, to facilitate investigations, assessments, evaluations, care and treatment, supervision, education, protection, proper disposition or placement of the subject person(s), and other services incidental to the administration of the respective agency programs and in the best interests of the subject person(s). The information exchanged may not be used as evidence in a criminal proceeding nor be used to investigate or prosecute a suspected crime, unless such documents are subpeonaed.

This consent automatically ends one year from the date I sign this form, or when the sharing of information is no longer needed to manage or provide services to me, my child(ren), or wards, or when I revoke my consent, whichever is sooner, except to the extent that the program or person authorized to make the disclosure has already acted in reliance on this consent. I understand I may revoke this authorization at any time by signing the revocation statement below and provide this document to the appropriate agencies. Agencies and providers who request information under this release may use a copy or facsimile (FAX) of this form in place of the original signed consent form.

This Authorization for information sharing has been explained to me. I have read it (or it was read to me) and understand its provisions. I have been given a reasonable amount of time to ask questions and consider whether to permit sharing of this information. I hereby willingly agree to share of information as described above.

Dated: _____

_____
Signature of Youth

Also known as: _____

_____
(Staff person facilitating this Authorization)

Title/Agency _____

Dated: _____

_____
Signature of Parent, Guardian or Authorized Representative

Also known as: _____
Soc.Sec. #_____
Date of Birth _____

_____
(Staff person facilitating this Authorization)

Title/Agency _____

NOTE: If you choose to modify or revoke this Authorization, you must sign below and provide to the appropriate agency (agencies).

I hereby revoke my authorization and consent for release of information to the parties listed on this form.

Signed: _____

Date: _____

(For questions regarding this form, please call the Center for Network Development - (303) 893-6898)

Information in this Appendix has been adapted from the *DJJITN, 1999*

CENTER FOR NETWORK DEVELOPMENT

COMMON INFORMED CONSENT FORM

AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION

(Alcohol and Substance Abuse)

I, _____, on behalf of myself and/or my children and/or wards,

_____ _____ _____,
(Name of child/ward) (date of birth) (Soc.Sec. No.)

_____ _____ _____,
(Name of child/ward) (date of birth) (Soc.Sec. No.)

_____ _____ _____,
(Name of child/ward) (date of birth) (Soc.Sec. No.)

_____ _____ _____,
(Name of child/ward) (date of birth) (Soc.Sec. No.)

hereby authorize the _____ to
(name of drug and/or alcohol treatment program)

hereby authorize the agencies listed in the attachments to release and share among themselves confidential information checked below on a need-to-know basis; for investigatory purposes and case management purposes as defined in the Colorado Children's Code.

_____ Alcohol/drug use history
_____ Consultation reports
_____ Transition plan
_____ Treatment discharge summary
_____ Court history and reports
_____ Urinalysis results
_____ Assessment/evaluation reports
_____ Progress/compliance reports
_____ Family history and social information
_____ Alcohol/drug abuse treatment summary
_____ Psychiatric history and treatment summary
_____ Medical history and treatment summary (except HIV and AIDS-related information)
_____ Other: _____

with the exception of the following: _____
_____
_____

Purpose of Release

_____ To facilitate alcohol/drug treatment
_____ To coordinate medical care
_____ To provide follow-up information
_____ To comply with court-imposed conditions
_____ To inform relative/friend of treatment status
_____ To provide information to the Court
_____ For interagency coordination and case management among those with a "need to know", to facilitate investigations, assessments, evaluations, care and treatment, supervision, education, protection, proper disposition or placement of the subject person(s), and other services incidental to the administration of the respective agency programs and in the best interests of the subject person(s).
_____ Other: _____

Information in this Appendix has been adapted from the *DJJITN, 1999*

The information exchanged may not be used as evidence in a criminal proceeding nor be used to investigate or prosecute a suspected crime unless such documents are subpoenaed through a court order.

I understand that my records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, Part 2 of Title 42 of the Code of Federal Regulations and that recipients of this information may share it only in connection with their official duties.

This consent automatically ends one year from the date I sign this form, or when the sharing of information is no longer needed to manage or provide services to me, my child(ren), or wards, or when I revoke my consent, whichever is sooner, except to the extent that the program or person authorized to make the disclosure has already acted in reliance on this consent. I understand I may revoke this authorization at any time. Agencies and providers who request information under this release may use a copy or facsimile (FAX) of this form in place of the original signed consent form.

This Authorization for information sharing has been explained to me. I have read it (or it was read to me) and understand its provisions. I have been given a reasonable amount of time to ask questions and consider whether to permit sharing of this information. I hereby willingly agree to share information as described above.

Dated: _____ Dated:_____

I _____ consent _____ do not consent (check one) that this information may be shared with my parent or guardian.

_____ _____
Signature of Youth Signature of Parent, Guardian or Authorized Representative

Also known as: _____ Also known as: _____
Soc.Sec. #_____
Date of Birth _____

_____ _____
(Staff person facilitating this Authorization) (Staff person facilitating this Authorization)

Title/Agency _____ Title/Agency _____

NOTE: If you choose to modify or revoke this Authorization, you must sign below and provide to the appropriate agency (agencies).

I hereby revoke my authorization and consent for release of information to the parties listed on this form.

Signed: _____

Date: _____

CENTER FOR NETWORK DEVELOPMENT

Common Informed Consent Form
Public System Member Agencies

Colorado Department of Education

Colorado Department of Public Safety

Colorado State Department of Human Services, including
Division of Alcohol and Drug Abuse Services
Division of Child Welfare Services
Division of Developmental Disabilities Services
Division of Mental Health Services
Division of Vocational Rehabilitation Services
Division of Youth Corrections

Colorado State Judicial, including
State Court Administrator's Office
Denver Juvenile Court and Probation
Denver Juvenile TASC
Denver Juvenile Community Assessment Center

Denver City Attorney's Office
Denver County Court and Probation
Denver Department of Human Services
Denver District Attorney's Office

Denver Department of Safety, including
Denver Police Department
Denver Sheriff's Department
Denver Fire Department

Denver Public Schools

Office of the State Public Defender

CENTER FOR NETWORK DEVELOPMENT SERVICE PROVIDERS

Date: _____

	Telephone	FAX
Adolescent Counseling Exchange	(303) 436-9588	(303) 436-0919
Adventure in Change	(303) 337-4808	(303) 337-5087
Alcohol & Drug Abuse Division	(303) 866-7486	(303) 886-7481
ALPAR	(303) 329-8209	(303) 329-0094
Alta Vista Counseling Services, Inc.	(303) 904-2571	(720) 904-2562
Alternative Transition/Gilliam Detention Schools	(303) 832-1036	(303) 764-7996
Arapahoe House	(303) 657-3700	(303) 825-7627
Asian-Pacific Development Center	(303) 393-0304	(303) 388-1172
Bridging Group	(303) 394-9330	(303) 394-9334
C.A.D.R.E.C.	(303) 295-2521	(303) 295-2326
Camfield, Michael R., Psy. D.	(303) 744-8355	NONE
Catholic Charities Mulroy	(303) 892-1540	(303) 892-1420
Center for Community Excellence & Social Justice	(303) 831-4500	(303) 831-4499
Children's Hospital/Dept. of Psychiatry	(303) 861-6207	(303) 861-6209
Christian Intervention Program/Denver	(303) 988-7226	NONE
Colorado Assoc. of Fam. & Children's Agencies	(303) 698-1876	(303) 733-2064
Colorado Division of Vocational Rehab	(303) 894-2515	(303) 894-6857
Colorado Health Sciences Center of Nursing & Family Health Clinic	(303) 315-9728	(303) 315-9747
Colorado Inhalant Abuse Program	(303) 446-0604	(303) 452-4978
Colorado Juvenile Parole Board	(303) 866-3767	(303) 866-3905
Colorado Mental Health Services	(303) 866-7406	(303) 866-7428
Commission on Youth	(720) 913-0306	Unknown
Community Care Foundation	(303) 777-0303	(303) 733-4565
Community College of Denver/North	(303) 289-2243	(303) 289-1044
Community College of Denver/TEC West	(303) 477-5864	(303) 477-5894
Community College of Denver/TEC East	(303) 293-8737	(303) 866-6785
Comprehensive Human Services, Inc.	(303) 890-4828	NONE
Conflict Center	(303) 433-4963	(303) 433-6166
Correctional Connections	(303) 691-9980	(303) 691-9978
Counterman Clinical Services	(303) 825-2055	NONE
Denver Area Youth Services	(303) 698-2300	(303) 727-9534
Denver Children's Home	(303) 399-4890	(303) 320-8619
Denver DA's Office – Diversion Program	(720) 913-9013	(303) 640-4890
Denver Family Therapy Center	(303) 456-0600	(303) 456-0607
Denver Health Medical Center	(303) 436-6000	(303) 436-5131
Denver Kids Inc.	(303) 764-3353	(303) 405-8264
Denver One Stop Shop Career Center	(303) 534-8342	(303) 295-4309
Denver Options	(303) 753-6688	(303) 752-6364
Denver Works, Inc.	(303) 477-6401	(303) 433-3035
Dr. Manny Rodriguez	(303) 266-3049	NONE
Eagle Lodge Residential	(303) 393-7773	(303) 393-1613
Empowerment Program	(303) 863-7817	(303) 863-0341
Ethic Counseling Consultation Comm. Outreach	(303) 696-7487	(303) 696-1449
Family Therapy Training Center	(303) 756-3340	(303) 758-6140
Federation of Families for Children/s Mental Health	(303) 572-0302	(303) 572-0304
Fresh Start, Inc.	(303) 331-9597	(303) 331-9644
Goodwill Industries of Denver	(303) 650-7748	(303) 650-7782
Group Network Counseling Services	(303) 863-8836	NONE
Healing from the Heart	(303) 733-1176	NONE
Hope Center, Inc.	(303) 388-4801	(303) 388-0249
I.S.A.E.	(303) 433-1900	(303) 433-6012

	Telephone	FAX
Job Corps	(303) 831-1525	(303) 831-1829
Lifework, Inc.	(303) 863-7714	(303) 861-8782
Lost & Found, Inc.	(303) 697-5049	(303) 233-1417
Mayor's Commission on Youth	(720) 913-0306	(303) 640-4627
Mayor's Office of Workforce Development	(303) 376-6720	303) 376-6721
Mental Health Corporation of Denver	(303) 504-6552	(303) 757-8281
Metro Denver Black Church Initiative	(303) 355-3423	(303) 355-1807
Metro Denver Gang Coalition	(720) 904-3511	(720) 904-3164
Metro Denver Prevention II Office	(303) 504-9935	NONE
Mi Casa Resource Center for Women, Inc.	(303) 573-1302	(303) 595-0422
Mile High Council on Alcoholism	(303) 825-8113	(303) 825-8166
New Cole Economic Development Corporation	(303) 293-8737	(303) 292-4315
NEWSED CDC (Poder Project)	(303) 534-8342	NONE
OMNI Research & Training	(303) 722-4969	(303) 722-4325
Peregrine/BI Day Reporting	(303) 832-1144	(303) 832-2224
Progressive Therapy System, PC	(303) 831-9344	NONE
Project PAVE	(303) 333-7127	(303) 322-0032
Project Self-Discovery	(303) 830-8500	(303) 830-8420
Resource Center for High Risk Youth	(303) 584-0709	(303) 623-5766
Safe City Office/Safe Nite	(303) 640-5968	(720) 913-7013
Sankofa Psychological Services	(303) 297-1998	(303) 297-3270
Savio House	(303) 922-5577	(303) 727-8364
Servicios de la Raza	(303) 458-5851	(303) 455-1332
Shaka Franklin Foundation For Youth	(303) 337-2515	(303) 671-7934
SHALOM Denver	(303) 623-0251	NONE
SPIRIT Leadership	(303) 293-8737	(303) 292-4315
Street Beat	(303) 333-2878	(303) 355-3709
Synergy	(303) 781-7875	(303) 762-2196
The Denver Street School	(303) 860-1702	(303) 860-1402
Third Way	(303) 832-6622	(303) 863-0705
Urban Peak	(303) 863-7511	(303) 777-9438
Volunteers of America	(303) 295-2165	(303) 297-2310
Year One, Inc.	(303) 892-8485	(303) 620-9112
Young Father's Program	(303) 307-0051	(303) 561-1256
Youth Biz, Inc.	(303) 297-0212	(303) 297-0228
Youth Intervention Strategies	(303) 388-4259	(303) 388-0910
Youth Offender System	(303) 375-2901	(303) 375-2909
Youth Social Development Center	(303) 321-4710	(303) 321-8747
Youthtrack	(303) 904-0998	(303) 904-1798

For adding agencies names, date added and initial (guardian/child).

Other Agencies:

Agency Name	Date Added	Initial
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Information in this Appendix has been adapted from the *DJJITN, 1999*

Common Informed Consent Form
Request for Information

Records being requested by:

Agency Name: ____

Address: ____ Telephone: ____________________

Contact: ____ Date: ________________________

This consent to release information is limited to information generated by your agency only.

(Please state the name or title of the individual or the name of the organization, with the address, which is the custodian of the records being requested.)

TO:

(Please identify the person who is the subject of the request, with identifying information):

RE: (Name)

DATE OF BIRTH:

In accordance with the attached consent to share information form, please forward the following types of information concerning ____ (Please be specific).

____

____

____

The information will be used for the purpose(s) of: (Please be specific) ____________________________________

____

____

____

The person named above or his/her legal representative has been notified of this request by mail/phone/in person (please circle one) on this date: ____________________________________.

>>

(TO BE COMPLETED BY THE CUSTODIAN OF THE RECORD)

Action Taken:

Date: ____________________________ Signature: _______________________________

Information in this Appendix has been adapted from the *DJJITN, 1999*

Resources
Websites:

State of Colorado

Office of the Attorney General	www.ago.state.co.us
Sex Offender Management Program	http://dcj.state.co.us/odvsom
Colorado Coalition Against Sexual Assault (CCASA)	www.ccasa.org
Colorado Organization for Victim Assistance (COVA)	www.coloorg.com
Colorado Bureau of Investigations *Sex Offender Registry*	http://sor.state.co.us
Colorado Department of human Services	http://www.cdhs.state.co.us
Division of Probation Services	www.courts.state.co.us/probation
The Kempe Children's Center	www.kempecenter.org
SAFE Jeffco	http://jeffcoweb.jeffco.k12.co.us/counselors/safe_jeffco_manual.doc
University of Denver, Graduate School of Social Work Institute for Families	www.induonline.org
Center for Network Development	http://www.djjitn.state.co.us

National

Association for the Treatment of Sexual Abusers (ATSA)	www.atsa.com
Center for Sex Offender Management (CSOM)	www.csom.org
Department of Justice, Office for Victims of Crime	www.ojp.usdoj.gov/ovc
Justice Research and Statistics Association	www.jrsa.org
National Criminal Justice Reference Service	www.ncjrs.org
Office of Juvenile Justice and Delinquency Prevention	http://ojjdp.ncjrs.org
The Safer Society Foundation, Inc.	www.safersociety.org
Sinclair Seminars	www.sinclairseminars.com
Specialized Training Services	http://www.specializedtraining.com

The websites listed provide valuable information and publications, along with links and references to other useful sites.

Reading Materials:

Colorado Revised Statutes, available on the State of Colorado government website: www.Colorado.gov

Standards and Guidelines for the Evaluation, Assessment, Treatment and Supervision of Juveniles Who Have Committed Sexual Offenses. 2003. Available on the Sex Offender Management Website listed on the previous page.

Colorado School Violence Prevention and Student Discipline Manual
Revised Edition, August 2002
Available on the Office of the Attorney General website listed on the previous page.

There are many books and articles related to sexual assault, victimization and recovery, and though less abundant, publications regarding juveniles who commit sexually abusive and offending behavior are available. The websites provided in this appendix cite many references which provide links and bibliographies.

Appendix G of this Guide is a reprint of Appendix I in the Juvenile Standards which cites the research used in developing the Standards and Guidelines.

Contacts:

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Fax: 303-866-6811

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