

**AN IMPLEMENTATION EVALUATION OF  
SPECIALIZED SEX OFFENDER PROBATION  
PROGRAMS IN  
COLES, VERMILION AND MADISON COUNTIES**

**Prepared for the  
Illinois Criminal Justice Information Authority**

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## EXECUTIVE SUMMARY

In 1996 the Administrative Office of the Illinois Courts (AOIC) prepared guidelines for intensive supervision of specialized adult and juvenile sex offenders, to assist probation departments in designing specialized programs and in supervising sex offenders on probation. Specialized adult projects were subsequently implemented in five Illinois counties (Coles, DuPage, Lake, Vermilion, and Winnebago) and supported by the Illinois Criminal Justice Information Authority (ICJIA) through federal funds. Madison County developed a juvenile sex offender probation project intended to combine specialized supervision of juveniles with in-house treatment. In February 1998 the ICJIA issued a request for proposals to conduct an implementation and short-term impact evaluation of the sex offender probation projects in these six counties. The ICJIA, through federal anti-drug abuse funds, subsequently awarded a contract to the Center for Legal Studies at the University of Illinois at Springfield to evaluate the projects in Coles, Vermilion, and Madison counties (the downstate counties). A comparable contract was awarded to Loyola University in Chicago to evaluate the projects in DuPage, Lake, and Winnebago counties. The two research teams collaborated on the overall research design to facilitate the comparability of the data that were collected.

The purpose of this report is to describe and evaluate the implementation processes for the three downstate programs, and to explore the short-term impact of each program. While all three programs had similar goals and objectives, each was located in a different institutional and geographic context

and each targeted a somewhat different offender population. As a result, this report includes a separate evaluation of each program.

#### Coles County Intensive Specialized Sex Offender Supervision Program

The Coles County court services department began supervising offenders under the Intensive Specialized Sex Offender Supervision Program (ISSOS) in 1997 by transferring existing sex offender probation cases from the general probation caseload to an officer with a specialized caseload (the ISSOS case manager). The target population was all sex offenders sentenced to probation, both juvenile and adult, but the caseload has consisted primarily of adult offenders. The program provides for three levels of supervision, all more intensive than the maximum supervision requirements under standard probation. ISSOS probation sentences generally include special sex offender-specific conditions of probation, approved by the sentencing judge and enforced by ISSOS. Initial difficulties in getting other parts of the criminal justice system to support the unit's strict supervision with appropriate administrative sanctions and revocations have been overcome, in part through the well-organized use of monthly proof-of-progress meetings that bring all parties together on a regular basis.

During the 17 months covered in this evaluation the caseload for the Coles County program increased from an initial size of 29 to a high of 40 in March 1999. While this is a smaller caseload than many probation officers normally supervise, it is approaching the maximum size for effective supervision at the level of intensity recommended by the AOIC guidelines. Sex offenders are



automatically assigned to a Maximum level of supervision when they enter Phase I of the program. Phase I requires a minimum of five contacts for each seven-day period, including at least two face-to-face contacts, and at least one daily event log verification.

Detailed information on probation violations was collected for the last five months of 1998. During this period there were 11 probation violations. Only two were new offenses; only one of them was sexual. Of the violations that were not new offenses, two involved prohibited contact with a person; five related to lack of progress or cooperation in treatment; and two were miscellaneous violations of non-sex offender-specific probation conditions. Eleven reported probation violations is a significant number in a program involving approximately thirty-five probationers. Many of these violations might not have been identified as quickly or treated as seriously if the offenders had not been part of a specialized caseload.

The sex offender treatment program developed and offered by the Coles County Mental Health Center (CCMHC) contributes to the strength of the supervision program. The case manager co-facilitates offender groups, working cooperatively with the treatment provider and developing a therapeutic knowledge of many of the probation offenders. The CCMHC individualized treatment plans consist of sex offender-specific goals and objectives which are directly tied to treatment contracts, homework assignments, and in-session emphases. However, the file review conducted as part of this evaluation

indicated a lack of consistent pre-treatment evaluation and assessment of the sex offenders assigned to the program.

#### Vermilion County Sex Offender Probation Program

The Vermilion County Sex Offender Probation Program (SOP) opened late in 1997. Only newly-sentenced sex offenders were assigned to the intensive program. At the same time the probation officer continued to carry a specialized sex offender caseload that he had developed informally, consisting of sex offenders sentenced to general probation. During the 14 months for which data were collected, the intensive supervision portion of the SOP officer's caseload has gradually expanded, although the number of offenders specifically sentenced to the intensive program remains relatively low. The program was designed with a four-phase supervision strategy, beginning with at least three probation officer contacts each week and imposing an evening curfew. The SOP program has generally taken an aggressive approach toward surveillance, requiring a high number of probationer contacts.

#### Madison County Juvenile Sex Offender Program

The Madison County Juvenile Sex Offender Program (JSOP) began accepting juvenile offenders for treatment and supervision in 1998. This program emphasizes the provision of in-house sex offender treatment for juveniles, and involves a close cooperative arrangement between the treatment provider and the probation office. The program makes treatment available at the probation offices on Sunday mornings. There are now about 30 active cases in the probation program; approximately half of them participate in the on-site treatment

program. The specialized probation officer attends all on-site treatment sessions, providing an opportunity for informal contact with the treatment provider as well as regular observation of the juveniles. She does not participate as a therapist or co-facilitator in any of the groups she observes, but uses her knowledge of the offenders' cases and backgrounds to confront youth who make false or misleading statements. The Madison County program has been successful in achieving its stated goal of establishing an in-house self-contained juvenile sex offender treatment program, but some of the other, probation-based goals that were included in the project proposal are not yet in place.

### Program Comparisons

In comparing the structural components of the three sex offender probation programs, more similarities appear than differences. The staffing levels, the means for delivering treatment services, and the control over program admission are similar in many respects. However, significant differences do exist. The programs differ in caseload size, some staffing distinctions exist, and there are differences in the degree to which the programs are integrated into their local justice systems.

### **Program Organization**

All three programs employ a single officer who is responsible for routine contacts with offenders and treatment providers. In each county the specialized officer is provided some assistance in supervising the caseload. However, the nature and focus of this assistance varies from program to program. In Coles County the specialized officer works in conjunction with a surveillance officer who

provides evening supervision of the caseload through home visits and other field contacts. In Madison County the specialized officer is allowed to concentrate more on field contacts because the supervisor maintains responsibility for many of the record keeping functions for the program, as well as initial intakes.

Vermilion County entered into a contractual relationship with a licensed clinical psychologist to assist the specialized officer in making pre-sentence assessment decisions and to act as a liaison between probation and treatment.

In all three counties, sex offender treatment services are provided by non-probation entities that entered into an agreement with the probation department to provide services. All treatment programs consist of focused group treatment with supplemental referrals made as needed. In Madison and Vermilion counties, offenders excluded from the primary group treatment programs may be referred to outside treatment providers for individual or other group therapy. Treatment programs typically determine the length of treatment, which may extend to the end of the probation term.

### **Communication and Cooperation With Other Criminal Justice Components**

In all three counties, intake decision making power resides with the judiciary and the prosecutor. However, the extent of teamwork that exists between the sex offender probation programs, the treatment professionals, and the key members of the county justice systems varies from county to county and appears to be in a state of evolution in some instances. Coles County has the most closely integrated team approach. The specialized probation officer co-facilitates sex offender treatment groups with the treatment provider, and the

monthly judicial proof-of-progress hearings incorporate the judiciary in monitoring probationer compliance with the terms of probation. Both the specialized officer and the treatment provider participate in the proof-of-progress hearings by offering information to the court, and their recommendations are generally accepted. Although this system of supervision was in place before the ISSOS program was instituted, it has been particularly useful in maintaining close supervision of both adult and juvenile sex offenders.

In addition to the Coles County program's relationship with the judiciary, the relationship between the program and the prosecutor's office has been very positive. The program staff report that their requests and recommendations have nearly always been received favorably by the prosecutor who has handled sex offender prosecutions in the county for many years. This portion of the team approach in Coles County was in a state of uncertainty at the time of this report due to staff turnover in the prosecutor's office.

While officials associated with the sex offender probation programs in Vermilion and Madison counties report generally positive relationships with other members of the local justice system and their treatment providers, the degree of integration does not approach the level existing in Coles County.

### **Caseload**

Differences in caseload sizes between the three counties vary depending upon what cases are counted. While Coles County has consistently supervised the largest caseload, the caseloads in Madison and Coles Counties for the sex offender probation programs are similar. During the course of this evaluation,

caseloads in Madison County have ranged between 23 and 32, while those in Coles County have ranged between 29 and 40. If the intensive Sex Offender Probation program in Vermilion County is considered by itself, the Vermilion caseloads were much smaller, gradually increasing from one to twelve. However, if the additional sex offenders supervised by the SOP officer under standard probation orders are added to the intensive caseload, the SOP officer consistently supervised a caseload of nearly 40 sex offenders. Given the apparent trend in Vermilion County toward increasing the percentage of sex offenders on probation who are placed in the intensive program and decreasing the percentage under standard probation, this caseload distinction between the counties may disappear over time.

While Coles and Vermilion counties both supervise a small number of juveniles in their sex offender probation programs, adults predominate in both programs. The Madison County program is limited to juveniles, although a separate probation unit supervises adult sex offenders using a similar approach and treatment model.

### Treatment Programs

The process used to develop the treatment services provided to sex offenders in the three programs included data collection about the organizational structure and operation of the treatment provider, and structured observation of the treatment process. With the consent of the treatment providers and the probationers in treatment, six consecutive group sessions at each site were observed. The observations concentrated on gathering descriptive information

about treatment structure, process, and focus, and were designed to minimize intrusion while still providing adequate information regarding the typical structure and process of treatment.

Based on the data gathered through these structured observations, as well as through interviews with treatment providers and probation staff, treatment programs were assessed in terms of the assessment and treatment guidelines prepared by the AOIC for intensive specialized sex offender probation supervision. The following nine basic process elements were selected as particularly representative of a sex offender treatment focus: 1) appropriate self-disclosure related to sex offending; 2) confrontation of denial or minimization;

3) acceptance of personal responsibility for sex offenders or other current maladaptive behavior; 4) developmental work toward accurate empathy with victims; 5) foundational learning about the sex offense cycle; 6) foundational learning about risk factors related to sex offending; 7) identification of personal risk factors; 8) analysis of contemporary experience in the service of relapse anticipation; and 9) problem-solving in direct support of relapse prevention.

Treatment program-specific recommendations based on the AOIC guidelines are provided in the specific chapters dealing with each county's program.

Using interviews and file data the research team also examined intake procedures and the kinds of initial assessment evaluations that were conducted. In all three counties a need was identified for more consistent assessment and evaluation of those assigned to the sex offender probation programs to obtain better information on any special conditions or diagnoses that may impact on

their participation in treatment, as well as provide baseline data for use in evaluating their progress and change over time.

### Short-Term Impact Evaluation

All three of the downstate programs are still in the early stages of their development and operation. Although each has drawn heavily on the AOIC guidelines for intensive specialized sex offender supervision, each county works with those recommendations in a somewhat different setting. Implementation of the programs remains an on-going activity. Because the number of probationers assigned to the downstate programs was relatively small, it is difficult to draw conclusions about the impact of these programs on probationer behavior at this time. However, data were gathered on documented violations of probation and probation revocations, as well as the level of supervision that each program was able to maintain. These data will contribute to the research team's planned assessment of each program's ability to meet its own specified goals, as well as the assessment of each program's impact on the probationers assigned to it.



## CHAPTER 1: STUDY BACKGROUND

Although the majority of convicted sex offenders continue to be sentenced to prison, sex offenders now also represent a significant portion of the non-incarcerated correctional population. In 1994, for example, a total of 29,791 arrests were reported in the United States for forcible rape, and 20,239 felony convictions were obtained. An additional 81,887 arrests were made for other sex offenses. Of those who were convicted of forcible rape in state courts, 71 percent were sentenced to a prison term, 17 percent were sentenced to jail, and 12 percent were sentenced to probation (Maguire & Pastore, 1998). This trend toward utilizing a mix of sentencing options, noted by English, Colling-Chadwick, Pullen, and Jones (1996), has continued as overall prison populations have grown.

In November 1993 the Administrative Office of the Illinois Courts (AOIC) conducted a statewide survey of probation administrators and probation officers to determine how many sex offenders were currently sentenced to probation and to obtain basic demographic data on offenders and victims. Based on the results of that survey, the AOIC estimated that there were at least 3,000 offenders sentenced to probation for sex offense charges, at that time approximately 3 percent of the total probation caseload (AOIC, 1996). Most probation departments at that time had not established specialized sex offender caseloads or developed specialized supervision strategies to manage and control the risks posed by these offenders.

In October 1996, the AOIC promulgated guidelines for probation supervision of adult and juvenile sex offenders. It created a manual to assist probation managers and line staff in designing specialized programs regarding sex offenders and in supervising sex offenders on probation. This manual included information and recommendations on development of policy, selection and training of staff, victim assistance components and resources for victims, prevention activities, coordination with law enforcement and service providers, treatment options and selection of treatment providers, risk assessment, supervision and case management, statutory requirements, and other issues. It also included interview, evaluation, and other forms related to designing and implementing specialized sex offender probation programs.

Specialized adult sex offender probation projects were subsequently established by the Illinois Criminal Justice Information Authority (ICJIA) through federal funding in a number of Illinois counties, including Coles, DuPage, Lake, Vermilion, and Winnebago. In addition, the Madison County Probation and Court Services Department developed a juvenile sex offender probation project intended to combine specialized supervision and in-house treatment.

In February 1998 the ICJIA issued a request for proposals to conduct an implementation and short-term impact evaluation of sex offender probation projects in these six counties. In the *Request for Proposals* (RFP), the ICJIA stated that the implementation process evaluation was intended to address three primary purposes: 1) to assess the extent to which project implementation met pre-operational expectations; 2) to guide the development and refinement of the project by providing feedback to project staff and making recommendations for

project improvements; and 3) to guide other agencies in replicating this project or undertaking similar projects. Since all the sex offender probation projects were relatively new, the evaluation teams would be expected to develop an impact evaluation design, but to conduct only a preliminary impact evaluation. The purpose of a project impact evaluation is to evaluate how well the project is achieving the goals and objectives it set for itself and to determine how the project is affecting its target population.

This report, divided into seven chapters, presents the evaluation of the three downstate Illinois projects conducted by researchers at the Center for Legal Studies at the University of Illinois at Springfield. Chapter Two reviews the study's methodology, with particular attention to the way in which sex offender treatment programs were evaluated. Chapters Three, Four and Five describe and evaluate the specialized sex offender probation projects in Coles, Vermilion, and Madison counties respectively. Chapter Six provides a brief cross-program comparison of the three downstate projects. Chapter Seven provides a brief design for the proposed long-term impact evaluation of these projects.



## CHAPTER 2: METHODOLOGY

This project involved the evaluation of three different intensive specialized sex offender probation programs in three different downstate Illinois counties: Coles, Vermilion, and Madison counties. While all three programs had similar goals and objectives, each was located in a different institutional and geographic context and each targeted a somewhat different offender population. As a result, this report includes a separate evaluation of each program. Comparable evaluation formats have been used to facilitate comparisons across programs.

The purpose of the evaluation was to assess the implementation process and its outcomes at each site, as well as the short-term impact of the programs on the sex offenders participating in them. This one-year evaluation project examined a 20-month period of program operation. The Coles County Court Services Department began supervising offenders under the Intensive Specialized Sex Offender Supervision Program (ISSOS) on August 1, 1997 by transferring 29 existing probation cases from the general probation caseload into ISSOS. The first offender entered the Vermilion County Sex Offender Probation Program (SOP) in November 1997. Only newly sentenced sex offenders were assigned to SOP, so the intensive supervision portion of the SOP officer's caseload expanded gradually. The Madison County Juvenile Sex Offender Program (JSOP) began accepting juvenile offenders in March 1998. Data were collected in each program from the start of the program's operation through March 1999.

## DATA COLLECTION STRATEGIES

A variety of data collection strategies were used to obtain the information needed to describe each program's operating procedures and practices. Two sources of information were central to this portion of the evaluation: program documents maintained by the ICJIA and interviews with program staff and associated personnel. The program documents obtained from the ICJIA included grant applications and associated materials, correspondence between the ICJIA and the programs, and each program's monthly data reports.

The monthly data reports include information about the number of cases supervised within the program, the number of new cases entering the program each month, the number of cases exiting the program successfully or unsuccessfully each month, and the number of probationers assigned to each treatment phase status or probation supervision level. These reports were used to document the aggregate number and type of supervision and surveillance contacts and any violations of probation conditions.

Because the monthly data reports to the ICJIA provided only aggregate statistical data (category totals) for each month, it was necessary to develop procedures to collect information on individual offenders and to document supervision activities on an individual level. The research team from Loyola University of Chicago, which evaluated programs in three counties in Northern Illinois, developed a standardized code book that both teams agreed to use to collect information from probation department files. This code sheet included information on social demographics, alcohol and drug history, family and sexual history, the offense for which the offender had received probation, criminal

history, special conditions of probation, and treatment assessments. Although it was anticipated that the probation files maintained on juveniles would include somewhat different information, the same data collection instrument was used in all cases.

All six probation departments were also asked to complete a standardized compliance sheet for each offender included in the research sample for the five-month period from August through December 1998, recording any violations of probation and documenting any sanctions that were imposed. For the downstate counties, the sample included every person assigned to the program.

Additional information about the origins of the sex offender programs and their operations were obtained from interviews with program staff, probation administrators, members of the local justice system, and treatment providers who interact with the programs. Interview subjects were identified from the program documents and through a “snowball” technique where initial interview subjects were asked to identify other appropriate subjects who should be interviewed. On-site visits to programs and treatment providers were made in all counties, and proof-of-progress hearings were observed in one county.

## EVALUATION OF TREATMENT SERVICES

A somewhat different process was developed to evaluate the treatment services provided to sex offenders in the three different programs. This evaluation process included data collection about the organizational structure and operation of the treatment provider, and structured observation of the treatment process. Clearly, the nature of naturalistic treatment observation does

not allow for the rigorous research control possible with experimental design; however, consistent with general recommendations for descriptive research (e.g., Silverman, 1993), a conscientious attempt was made to control possible threats to reliability and validity by grounding the observational process in clear and consistent procedures, by using a consultative approach to information gathering, and by making explicit those treatment guidelines which served as a foundation for evaluative considerations.

The treatment-related review process was grounded in both a preliminary review of relevant literature (including current AOIC guidelines), as well as in a semi-structured initial interview with treatment providers, which allowed significant program-specific elements to be included in the overall observational plan. Multiple content and process elements were attended to in the course of observations at all sites. While an attempt was made to keep the observational format as open as possible within the general parameters outlined in the reference guidelines section found later in this chapter, some general consistencies in treatment process and focus were expected across programs.

### Data Collection

In preparation for the actual observations of treatment, preliminary descriptive information was collected from probation officers and treatment directors, using a semi-structured initial interview protocol (see Appendix A). The initial interview was focused on obtaining a broad range of information about pre-treatment assessment, treatment program structure and orientation, staffing resources, scope of documentation, and informational exchange between treatment providers and probation officers. Initial interviews were conducted



through site visits made during November 1998. The resulting preliminary information served as background context for the subsequent development of a semi-structured observation form (Appendix B), which was used to support consistency of observational focus across sites and sessions. A variety of possible treatment components, linked to sex-offender treatment in the relevant literature or specifically described by treatment providers during preliminary interviews, formed the skeletal framework for observation and were included on the observation form. Treatment observations were conducted during the first five months of 1999.

The observation plan for the evaluation of treatment services included observing six consecutive group sessions at each site and concentrated on gathering descriptive information about treatment structure, process, and focus. The form and duration of observation were designed to minimize intrusion but still provide adequate information regarding the typical structure and process of treatment. In view of the group-level focus of observation and in the interest of protecting confidentiality, the respective treatment providers conducted informed consent procedures prior to the initial observation session, and retained all consent or release of information forms signed by group members. Model informed consent language that had been reviewed by the Internal Review Board at the University of Illinois at Springfield was distributed to all treatment providers (see Appendix C for a copy of this language). At the beginning of the initial observation session, a group therapist briefly introduced the clinical observer and restated the purpose of the observation. Group members were also told that the observer would neither participate in the group process nor take any written

notes during the group sessions. All treatment providers were asked to send a single unsigned copy of their consent form to the evaluation team for research documentation; thus far, the consent forms used by the Coles County and Madison County treatment providers have been received (see Appendix D).

The observer dictated notes after each treatment session, using the semi-structured form. In addition to judgments regarding the presence of specific components included on the form, free-form process notes were dictated in an effort to capture as much of the natural format and content of sessions as possible. Therapists were also given opportunities to comment on each session and were asked to provide copies of treatment-related materials (e.g., treatment contracts, progress note forms, and current homework assignments) in support of treatment structure; materials were either included in research files or reviewed on-site by the observer.

Six consecutive, weekly, group treatment sessions were observed at each treatment facility, resulting in a total of 18 observations equally distributed across the three providers. All treatment facilities were running several sex offender treatment groups scheduled for different days and/or times. At each site, the selection of a particular group and starting date for observation were based upon the need to coordinate observer and therapist schedules, and the ability to obtain appropriate consents for observation. The beginning and ending dates of observations were: February 16 through March 23, 1999 for the Center for Children's Services in Vermilion county; March 18 through April 15, 1999 for Coles County Mental Health Center; and April 18 through May 23, 1999 for the Professional Academy in Madison County. Each treatment provider obtained

informed consent for observation, from either adult group members (Coles and Vermilion counties) or from the parents or legal guardians of adolescent group members (Madison County), before observation began. For 16 of the 18 observations, process notes were dictated immediately following the session, and within 8 hours of the session on the other two occasions. Audio taped observation notes were subsequently transcribed and served as the primary data source for the descriptive summary of treatment services included in this report.

### Reference Guidelines for the Review of Treatment Services

The guidelines developed by AOIC concerning evaluation and assessment conducted for intensive specialized sex offender probation supervision programs (AOIC, 1996), as well as relevant clinical literature on sex offender assessment and treatment, served as reference standards for the evaluation of treatment services summarized in this report. An abbreviated summary of core reference standards is presented below.

### **Expectations Regarding Assessment**

AOIC guidelines require mental health professionals to conduct a comprehensive evaluation of sex offenders. Selection of specific measures is left to clinical judgment; however, it is expected that comprehensive assessment includes the gathering of sex offense-specific information gathering and testing, as well as a somewhat broader psychological/psychiatric evaluation related to individual functioning, life context, and risk of re-offense. The guidelines are consistent with current authoritative perspectives in the field (e.g. Barbaree, Marshall, & Hudson, 1993; Hall, 1996; Lane, 1997; Marshall, 1996; McGovern, 1991). In addition to evaluating offense-related parameters (such as offense

profile, deviant fantasies and patterns of arousal, denial, and deception), it has been recommended that assessment efforts also address the following areas: medical, substance use, and psychiatric histories; current diagnoses; sexual history; recent stressors; current family structure and functioning; personality functioning; individual capacity for empathy; social support and skills; and cultural issues. According to Lane and Ryan (Lane, 1997; Ryan & Lane, 1997), the need for a developmental-contextual assessment and a balanced approach to treatment is particularly important for juvenile sex offenders. Summarizing relevant literature, Lane (1997) wrote:

As both clinical and empirical research unfolds, it has become apparent that there is no single causative path and that many of the risks are associated with the antecedents described in the cycle prior to the emergence of the sexual aspects of the pattern; many of those risk factors are related to deficits in attachment, developmental competence, and concurrent disorders. . . . An important component of assessment is the evaluation of the interaction of the various issues in the life of the youth and their influence on his ability to function effectively, as well as their impact on his sexually abusive behavior patterns. (pp. 220-221)

In order to evaluate the consistency and comprehensiveness of pre-treatment evaluations, treatment providers were asked preliminary questions about interview protocols and standardized testing, and members of the evaluation team subsequently reviewed the treatment files of offenders in each program during the evaluation period. File review involved recording the names

of tests for which scores were included and any psychiatric diagnostic information.

### **Expectations Regarding Treatment**

AOIC guidelines for sex offender treatment are strongly grounded in relapse anticipation and prevention goals, and are consistent with current professional perspectives (e.g., Barbaree & Cortoni, 1993; Becker & Kaplan, 1993; Gray & Pithers, 1993; Hall, 1996; Maletzky, 1991; Marshall, 1996; McGrath, Hoke, & Vojtisek, 1998; Ryan & Lane, 1997). Treatment providers are expected to develop a written treatment plan based on comprehensive evaluation, to maintain a community safety orientation, and to coordinate their treatment functions with the monitoring and offense prevention efforts of probation officers. Recommendations include the primary use of group treatment, a male and female co-therapist team, and a group size limited to 12 offenders or less. With regard to sex offender-specific intervention, the guidelines advocate the integrative use of psychotherapeutic and educational techniques to promote understanding of individual sexual offense patterns and to enhance offenders' capacities for self-monitoring and control. Briefly summarized, the guidelines indicate that treatment should include:

- (1) behavioral monitoring and cognitive-behavioral analysis to increase self-awareness;
- (2) confrontation of resistance, denial, or minimization to facilitate the treatment process and increase accountability;
- (3) cognitive and emotional work to restructure distorted thinking, enhance self-control, and promote empathy for others; and

(4) normative as well as values-based education to facilitate the development of healthy sexual and social relationships and to remediate deficits in basic living skills.

Additional features of treatment, of potential significance for the purposes of treatment review, are also found in the current literature. These include the need for consistently clear communication regarding treatment policies; for the use of homework and cyclical sexual abuse models; and for a positive therapeutic alliance despite the involuntary nature of treatment. Given offenders' typical levels of resistance to disclosure and behavior change, treatment-related requirements and policies must be clearly, directly, and consistently communicated, and instances of resistance or noncompliance must be confronted as part of the treatment process. Most treatment models use some form of sexual abuse cycle as a foundational framework to help clinicians and offenders identify important cognitive, affective, behavioral, and situational components of individual offense patterns. Homework assignments are also used to facilitate learning, enhance self-awareness, and increase involvement with treatment.

Most professionals agree on the need to balance confrontational and community-oriented techniques with reasonable levels of psychotherapeutic support; Gray and Pithers (1993) have characterized a sound therapeutic alliance as "collaboration without collusion". In their view, such an alliance "does not allow clients to excuse abusive behavior, nor does it endorse abuse of the abuser under the guise of treatment" (p. 300). Although many important sex offender-specific treatment functions realistically require clinicians to adopt a

judgmental attitude, nonjudgmental and supportive techniques should also be integrated into the treatment environment. Such techniques are legitimately needed to promote offenders' involvement in treatment, to model interpersonal sensitivity, and to encourage personal identifications with healthier and more socially appropriate behavior. Ryan and Lane (1997) suggested that creating a positive alliance has been under-valued in the past, but is particularly important when treating juvenile sex offenders:

There has been a tendency among practitioners to avoid the process of creating a therapeutic relationship; to look for interventions that could be applied in an educational, didactic, or impersonal fashion; and to create the illusion of safety by imposing tight structure and rules in the treatment setting. It is our belief, however, that the struggle to create psychologically safe relationships (and to model the empathic care that is missing in the youth and puts him most at risk of abusing others) is an important part of treatment. (p. 281)

## Organization and Presentation of Findings

Treatment review sections begin with an overview of the treatment program in terms of staffing resources; program structure; treatment philosophy and therapeutic orientation; pre-treatment assessment; progress reviews and records; and communication between probation officers and treatment providers. Based on the data collected through group treatment observations, the following aspects of treatment are then described: structure, composition, and policies; attendance and attrition; session format and content; use of homework; and process. In addition, a table is included for each site, showing the use of homework and the presence of particular process elements on a session-by-session basis.

Nine basic process elements were selected, through a review of all observation notes, as being particularly representative of a sex offender treatment focus. They refer to prominent instances of interpersonal communication or group process that, in the observer's judgment, could be reasonably categorized as one of the following:

- (1) appropriate self-disclosure by offenders of information either directly or indirectly related to sex offending;
- (2) confrontation of denial or minimization either directly or indirectly related to sex offending;
- (3) the acceptance of personal responsibility for one's offense or for other forms of current maladaptive behavior, including noncompliance with treatment;



- (4) developmental work toward an experience of accurate empathy with victims;
- (5) foundational learning about the sexual offense cycle generally;
- (6) foundational learning about risk factors related to sex offending;
- (7) the identification of personal risk factors for sexual offending;
- (8) the analysis of contemporary experience in the service of relapse anticipation; or
- (9) problem-solving in direct support of relapse prevention.

An element was simply considered present within a session if it was observed in the form of an identifiable thematic focus or was part of a relatively sustained emphasis within the group process. Isolated, vague, or brief and unelaborated references to risk factors, victim empathy, relapse, et cetera, were not considered sufficient evidence of inclusion, and are not reflected in the tables. It is important to note that multiple factors can be expected to differentially influence session structure and focus, both within and across treatment facilities, despite common programmatic emphases. Such factors include, but are not limited to, a therapist's style and treatment philosophy, group members' combined cognitive and emotional characteristics, recent events in group members' lives, and the particular group's history. Therefore, no assumptions were made prior to observation regarding the frequency with which any particular treatment element, focus, or combination thereof, would appear within or across sessions.



## **CHAPTER 3: COLES COUNTY INTENSIVE SPECIALIZED SEX OFFENDER SUPERVISION PROGRAM**

### **DEVELOPMENT OF THE INTENSIVE SPECIALIZED SEX OFFENDER SUPERVISION PROGRAM**

The Coles County Intensive Specialized Sex Offender Supervision Program (ISSOS) evolved from a specialized caseload one officer in the county developed beginning in 1990. This program sought to improve the probation department's ability to supervise sex offenders by adding a supervision officer to provide the capability for expanded supervision in the community and also by assigning the specialized officer to supervise only sex offenders. The specialized officer (the case manager) would continue to monitor offender progress in treatment, co-facilitate some treatment groups, and maintain daytime contact with the offender. The supervision officer would provide evening supervision for the sex offender caseload. In addition, the case manager was responsible for increasing coordination and communication between probation and treatment providers, prosecutors, and victims. Grant funds received from the ICJIA provided for the case manager's salary and a half time surveillance officer. This allowed the probation department to use existing funds to hire a new officer to take over the case manager's non-sex offender obligations and other cases.

The target population for ISSOS consisted of all sex offenders sentenced to probation. This included both juveniles and adults, whether they had been placed on probation for a felony or a misdemeanor charge. The probation department began supervising offenders under ISSOS on August 1, 1997. At

that time 29 cases were transferred from existing probation caseloads into the ISSOS program.

ISSOS established a three-phase supervision regimen for offenders admitted into the program. This was designed to allow a gradual decrease in supervision as offenders progressed in treatment and demonstrated an ability to comply with the conditions of their probation. Phase I was designed as the entry point for all offenders and provided the most intense level of supervision. A minimum of five contacts each seven-day period was required as well as a progress hearing in court each month. Phase II reduced the minimum contacts to two per seven days and maintained the progress hearing requirement. Phase III allowed further reduction of contacts to six per month while retaining the progress hearing requirement.

In addition to the supervision requirements established in the three phases, those offenders sentenced to ISSOS were required to comply with other conditions that were different from the standard conditions of probation. All new offenders were required to serve a sentence of incarceration, although the length would vary from case to case. Also, offenders were required to complete sex offender-specific treatment. Offenders in ISSOS were to have no contact with any victim of their crime and no contact with anyone 17 years of age or younger without the permission of the court. In addition, offenders were required to pay for the victim's treatment, abstain from alcohol and drugs, not possess pornography, and submit to psychological and other testing as required. A copy of the model court order for ISSOS is attached as Appendix E. New criminal offenses that did not indicate a threat to individual or community safety and non-

criminal failures to comply with the order would be reconciled through administrative sanctions and/or periodic imprisonment. New sex offenses and complete failure to comply with the program would result in requests for incarceration.

#### IMPLEMENTATION OF THE INTENSIVE SPECIALIZED SEX OFFENDER SUPERVISION PROGRAM

For purposes of this evaluation, program implementation includes all activities taking place after the inauguration of the program. While the essential components of ISSOS, as set forth above have remained constant during the implementation of the program, there have been changes in the use of technology and a continuing evolution in the relationship of the program and the local criminal justice system.

The program has diverged from the original design in the use of the polygraph and plethysmograph. The original program design indicated an intention to regularly employ polygraph and plethysmograph testing for offender assessment. However, interviews indicate these technologies are limited in availability to program staff and the treatment provider utilized by the program, and are very costly. Because of the cost and limited availability, program staff decided not to employ these technologies at this time.

Over the course of ISSOS's operation, program staff have worked to foster positive relationships with key members of the local criminal justice system. During the first months of program existence, sanctions for program violations were an area of concern for program staff. Program documents indicate that serious violations did not always result in sanctions as severe as those

recommended by the program. However, interviews with program staff and members of the local criminal justice system indicate that all parties have come to an understanding of core issues regarding sex offender supervision through frequent communication between offices. However, turnover in both the prosecutor's office and within the judiciary has created uncertainty about the continuation of this unified approach.

Through normal judicial rotation, the judge who was assigned to criminal felony cases in Coles County was replaced near the end of this evaluation. ISSOS staff quickly began to communicate their philosophy to the judge in an effort to continue a positive working relationship. More significantly for ISSOS, the individual who prosecuted sex offense cases left the state's attorney's office for other employment at the end of March 1999. Since then two new assistant prosecutors have been assigned to ISSOS cases, creating uncertainty for ISSOS staff. The recently hired attorneys are inexperienced both in the prosecution of criminal cases and in the complexities of sex offender supervision. Program staff interviewed as part of this evaluation stated they continue to work at developing a positive working relationship with the new prosecutors.

One area in which the cooperation between ISSOS, the court, and the prosecutor can be examined is the response to program violations. Program staff and members of the probation department familiar with the operations of the program were interviewed as part of this evaluation; they agree that, after some early uncertainty, they are pleased with the response they have received from the criminal justice system when violations have occurred.

The program design called for the development of a sex offender-specific risk/needs assessment tool. ISSOS has experimented with an instrument developed by Dr. Mark Carich, and has also used the model developed by AOIC. Program staff indicated they still employ the AOIC instrument but are continuing to search for additional tools. Program staff have communicated with the Center for Sex Offender Management and other sex offender probation programs in their on-going search for the most useful assessment tool.

### Organizational Structure

The organizational structure of ISSOS has remained stable with the exception of the surveillance officer position. The case manager is responsible for the day-to-day operations of the program. She supervises ISSOS offenders, maintains direct contact with the offenders in the office and the community, and coordinates program functions with the treatment provider and other elements of the community. She serves under the supervision of the director of court services. During the existence of ISSOS, the same individuals have remained in the positions of case manager and director of court services.

The surveillance officer position was established to provide extended supervision of offenders beyond the hours of the case manager. This position was initially filled in the fall of 1997. However, program documents indicate the surveillance officer left and the position remained vacant for approximately two months in the summer of 1998, after an individual initially accepted the position but was later unable to fulfill the commitment. Program records indicate that, during this time, the number of home visits declined sharply. A solution was reached when the program received permission to use a hire-back arrangement

with probation officers to conduct evening supervision of the ISSOS caseload. Program staff indicated the hire-back arrangement worked well as a temporary measure. In December 1998, ISSOS acquired a new surveillance officer who remains in that position. The specific ramifications of the changes in the surveillance officer position on offender supervision are discussed more fully in the surveillance section of this report. This officer is a full-time employee of the probation department but divides her duties equally between sex offender surveillance and performing the duties of public service work coordinator.

## PROGRAM OPERATION

### Intake and Caseload

ISSOS documents and interviews with program staff indicate that all convicted sex offenders are subject to an evaluation conducted by the county mental health department. The evaluation is used to determine if the offender is an appropriate candidate for sex offender treatment. (A more detailed discussion of the assessment process is contained in the treatment section of this chapter.) This information and a sentencing recommendation are included in a pre-sentence report provided to the court. Interviews with ISSOS staff and court personnel indicate the court has concurred in all recommendations for ISSOS placement. However, in some instances the procedures for pre-sentence screening regarding treatment amenability have not been followed. While those interviewed indicated the pre-sentence screening process was normally followed, in some instances plea agreements were approved without a pre-sentence evaluation. Those interviewed indicated the divergence from the regular pre-sentence screening process has been limited to misdemeanor cases. There is

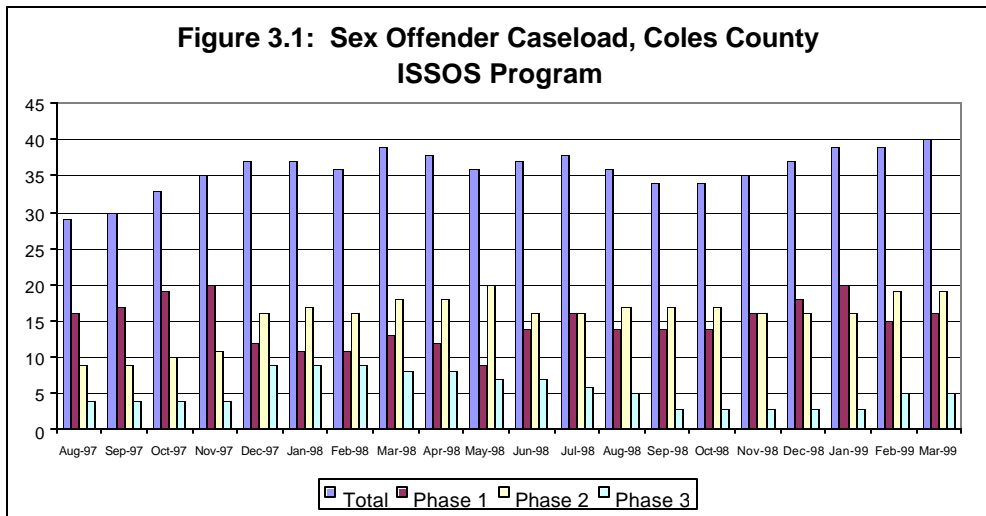


uncertainty regarding the extent to which changes in judicial and prosecutorial staffing discussed earlier in this chapter will affect future adherence to the established intake process.

In the future the program will receive participants who have been sentenced to a term of incarceration in the Illinois Department of Corrections followed by an additional sentence of probation. Illinois law allows a sentence of incarceration on one charge and a sentence of probation on another charge to be served post-incarceration. The court has adopted this procedure in a limited number of cases in which the offender was found guilty of multiple sex offense charges. Program staff indicated at least six to eight sex offenders who are currently incarcerated will be subject to a post-incarceration term of probation. Their return to the community and their integration into ISSOS will be a concern for the future development of the program.

The standard protocol for admission to ISSOS is modified if the offender is not suitable for treatment due to limited intellectual functioning. If a person is not suitable for standard treatment for this reason but has been convicted of a sex offense, the individual may still be assigned to the sex offender probation officer's caseload. The case manager voluntarily accepts these cases in order to provide supervision, even though current treatment options are not appropriate for this population.

The initial program design for ISSOS included an objective for a caseload of 40 sex offenders supervised by the case manager. As illustrated in Figure 3.1, during the 17 months from November 1997 through March 1999 the ISSOS caseload has stayed between 35 and 40 offenders in all but two months. The ISSOS caseload is made up primarily of adults.



Data were collected for 34 offenders placed in the Coles County ISSOS program.<sup>1</sup> Twenty-six (76%) of these were adults and eight (24%) were juveniles. The length of probation for these offenders ranged from 12 to 60 months. Data regarding the juvenile offenders are displayed in Table 3.1. Of the juvenile offenders, two (25%) were adjudicated delinquent for committing aggravated criminal sexual assault, a Class X felony. Both of these juvenile offenders received 60 months of probation. (In Illinois felonies are ranked in seriousness in descending order of homicide, Class X, Class 1, Class 2, Class 3, and Class 4.) The other six juvenile offenders (75%) were adjudicated delinquent for committing aggravated criminal sexual abuse, a Class 2 felony.

<sup>1</sup> Offenders who were sentenced in another county and later transferred to Coles County or who were sentenced in Coles County and later allowed to transfer to another county for supervision

Half of the juvenile offenders in this category received 24 months probation; the other half received 36 months.

**Table 3.1: Length of Probation in Months by Offense, ISSOS Juvenile Offenders**

Probation Sentence in Months	OFFENSE		Total
	Aggravated Criminal Sexual Assault	Aggravated Criminal Sexual Abuse	
24.0		3	3
36.0		3	3
60.0	2		2
<b>Total</b>	<b>2 (25.0%)</b>	<b>6 (75%)</b>	<b>8 (100%)</b>

Data for the adult offenders are presented in Table 3.2. The most common offense for adult offenders in ISSOS was aggravated criminal sexual abuse. Eleven (42.3%) of these offenders were convicted of aggravated criminal sexual abuse, a Class 2 felony. Ten (91%) of the eleven ISSOS offenders convicted of aggravated criminal sexual abuse were given 48 months probation while the remaining one (9%) was given 44 months. Criminal sexual abuse was the second most common offense, with six convictions (23%), for ISSOS adult offenders. Criminal sexual abuse is a misdemeanor for a first offense and a Class 2 felony for a subsequent offense. Five of the Coles County offenders convicted of criminal sexual abuse received misdemeanor convictions and the other received a felony conviction. Three of the offenders convicted of criminal sexual abuse (50%) received 12 months probation, two (33.3%) received

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were not included in this analysis and account for the difference between total ISSOS caseload and the number of offenders for which data were collected.

24 months, and the remaining one (16.7%) was the only adult offender to receive 60 months probation.

**Table 3.2: Length of Probation in Months by Offense, ISSOS Adult Offenders**

Months	OFFENSE						Total
	Attempted Criminal Sexual Abuse	Criminal Sexual Assault & Aggravated Criminal Sexual Abuse	Criminal Sexual Assault	Criminal Sexual Abuse	Aggravated Criminal Sexual Abuse	Failure to Register as a Sex Offender	
12.0				3			3
24.0				2			2
30.0						2	2
44.0					1		1
48.0	1	2	4		10		17
60.0				1			1
<b>Total</b>	<b>1 (3.8%)</b>	<b>2 (7.7%)</b>	<b>4 (15.4%)</b>	<b>6 (23.1%)</b>	<b>11 (42.3%)</b>	<b>2 (7.7%)</b>	<b>26 (100%)</b>

Four of the adult offenders (15.4%) were convicted of criminal sexual assault, a Class 1 felony; two others (7.7%) were convicted of both criminal sexual assault and criminal sexual abuse; and one (3.8%) of the adult offenders was convicted of a felony for attempted criminal sexual abuse. All of these offenders received 48 months of probation. The two (7.7%) who were convicted for failure to register as a sex offender, a Class 4 felony, each received 30 months probation. The mean length of probation sentence for the adult offenders was 41 months; the median length was 48 months.

#### Offender Profiles

According to the original grant application, the Coles County ISSOS Program was designed to supervise all offenders who were convicted of either a misdemeanor or a felony sex offense and placed on probation. The target population included juvenile offenders adjudicated in juvenile court as well as all

offenders convicted in adult court. The information gathered by the evaluation team, presented in Table 3.3, confirmed that all probationers assigned to ISSOS had been convicted on a sex offense charge, although the team was unable to ascertain the specific details of the original charge in seven cases.

**Table 3.3: Current Convictions of ISSOS Probationers**

Offense	Adult Offenders		Juvenile Offenders	
	N	%	N	%
Aggravated Criminal Sexual Assault	--		2	25.0
Criminal Sexual Assault	4	15.4	--	
Criminal Sexual Assault and Aggravated Criminal Sexual Abuse	2	7.7	--	
Aggravated Criminal Sexual Abuse	11	42.3	6	75.0
Criminal Sexual Abuse	6	23.1	--	
Attempted Criminal Sexual Abuse	1	3.8	--	
Failure to Register as a Sex Offender	2	7.7	--	
<b>TOTAL</b>	<b>26</b>	<b>100.0</b>	<b>8</b>	<b>100.0</b>
Missing data	7		--	

The probation department and the state’s attorney’s office agree that all convicted sex offenders who were sentenced to probation were assigned to ISSOS. Individuals who are initially charged with a sex offense but convicted of a non-sexual offense were not assigned to ISSOS, even though there may have been an element of sexual misconduct in their offense.

The evaluation team coded all ISSOS cases from August 1997 through March 1999. During this 19-month period there were a total of 41 probationers, including eight juveniles. The information reported below is drawn primarily from probation files, supplemented in some cases by data recorded in treatment reports.

**Juvenile Offender Characteristics**

The eight juvenile probationers represented 20% of the total ISSOS caseload during the period studied. Because they vary significantly from the adult offenders in some ways, and because the total number of juvenile cases in Coles County is relatively small, data on these offenders are presented separately from that on adults. Seven of the eight juvenile offenders (87.5%) are male. Seven of the eight are Caucasian; the other youth is identified as “Other” (multi-racial).

They range in age from 11 to 15 years (see Table 3.4), with a median age of 13.5. This youthful age may reflect the impact of the national trend toward trying older juveniles, particularly those charged with serious sexual offenses, as adults. However, all of the ISSOS youth were adjudicated on felony charges

**Table 3.4: Age of ISSOS Juvenile Offenders at Conviction**

<b>Age</b>	<b>Frequency</b>	<b>Percent</b>
11	1	12.5
12	1	12.5
13	2	25.0
14	2	25.0
15	2	25.0
<b>Total</b>	<b>8</b>	<b>100.0</b>

### **Adult Offender Characteristics**

Adult offenders made up 80% of the total ISSOS caseload during the period studied by the evaluation team. They were predominantly male (31 of 33 adult offenders, or 94%) and predominantly Caucasian (see Table 3.5).

**Table 3.5: Offender Ethnicity**

<b>Ethnicity</b>	<b>Frequency</b>	<b>Percent</b>
White	30	96.8
Black, non-Hispanic	1	3.2
<b>TOTAL</b>	<b>31</b>	<b>100.0</b>
Missing data	2	--

The ethnic distribution among offenders is comparable to the 1990 census data for Coles County, which reported 97.2 percent of the population as White, 1.8 percent as Black, and 0.8 percent as Hispanic.<sup>2</sup> They ranged in age from 17 to 71 years, with a median age of 33 years and a mean age of 26 years (see Table 3.6).

**Table 3.6: Age of Adult Offenders at Conviction**

<b>Age</b>	<b>Frequency</b>	<b>Percent</b>
17-20	6	18.2
21-25	8	24.2
26-30	5	15.1
31-35	4	12.1
36-40	3	9.1
41-45	3	9.1
46-50	1	3.0
51-60	0	---
Over 60	3	9.0
<b>TOTAL</b>	<b>33</b>	<b>100.0</b>

The majority the ISSOS offenders were single (n=19, or 57.6%) or divorced (n=6, or 18.2%); only 24.2 percent (n=8) were currently married. Even though three-fourths of the ISSOS probationers were single or divorced (see Table 3.7), over half (51.5%) had victimized family members. Victimization patterns are discussed more fully in the next section of this report.

**Table 3.7: Adult Offender Marital Status**

<b>Marital Status</b>	<b>Frequency</b>	<b>Percent</b>
Single	19	57.6
Divorced	6	18.2
Currently Married	8	24.2
<b>TOTAL</b>	<b>33</b>	<b>100.0</b>

<sup>2</sup> These and all subsequent county-wide demographic data for Coles, Madison, and Vermilion Counties are from the U.S. Bureau of the Census (1994) report, County and City Data Book: 1994, unless otherwise cited.

Approximately one-third of the adult offenders reported being in a sexually active relationship at the time of probation (see Table 3.8).

**Table 3.8: Is Offender In A Sexually Active Relationship?**

<b>Sexually Active Relationship?</b>	<b>Frequency</b>	<b>Percent</b>
No	19	65.5
Yes	10	34.5
<b>TOTAL</b>	<b>29</b>	<b>100.0</b>
Missing data	4	--

None of the probationers reported earning more than \$30,000, and the median income was below the poverty level (\$13,500 or less). In 1989 the median family income for the county was \$24,153, and the median per capita income was \$11,315. The majority of Coles County offenders were employed in some capacity, although not necessarily full-time (see Table 3.9).

**Table 3.9: Adult Offender Employment Status While on Probation**

<b>Employment Status</b>	<b>Frequency</b>	<b>Percent of All Offenders</b>	<b>Percent of Employed Offenders</b>
<b>EMPLOYED</b>	<b>23</b>	<b>69.7</b>	
Employed Full-time	15	45.5	65.2
Employed Part-time	7	21.2	30.4
Employed, status unknown	1	3.0	4.3
<b>UNEMPLOYED</b>	<b>10</b>	<b>30.3</b>	
<b>TOTAL</b>	<b>33</b>	<b>100.0</b>	

Thirty percent reported themselves as unemployed, compared with an official unemployment rate of 3.9 percent in 1995 for Coles County (Hall & Gaquin, 1997).

Over one-third of the offenders (36.7%) had not completed high school. The combined total of those who had completed high school or earned a GED degree (36.7%) and those who had attended at least some college (26.6%) was



63.3 percent (see Table 3.10). According to 1990 census data, 76.1 percent of the age-eligible residents in Coles County had completed high school.

**Table 3.10: Adult Offender Education Levels**

<b>Education Level</b>	<b>Frequency</b>	<b>Percent</b>
Did not complete high school	11	36.6
Completed high school or GED	11	36.6
Some college	7	23.3
Completed B.A./B.S. degree	1	3.3
<b>TOTAL</b>	<b>30</b>	<b>100.0</b>
Missing data	3	--

These summary statistics suggest that the adults who were sentenced to probation for sex offenses in Coles County were less educated and less well-off economically than the average Coles County resident. Many had not been able to establish or maintain stable family relations.

### **Alcohol and Substance Abuse**

While recent studies have documented high levels of alcohol and substance use and abuse among those arrested for many crimes (Taylor & Bennett, 1999), this pattern is less well documented among sex offenders. Early research, much of which focused on convicted rapists whose victims were primarily strangers, reported that significant numbers of offenders were intoxicated or had been drinking prior to the offense (for example, Amir, 1967; Rada, 1975). But more recent studies involving child molesters and adolescent offenders, particularly those who employ persuasion and coercion rather than physical force, have reported mixed findings (see Lightfoot & Barbaree, 1993, for a discussion relating to juvenile offenders; see also Milloy, 1994; Valliere, 1997).

A recent study of the Illinois adult probation system (Olson & Adkins, 1998) found that 55.7 percent of all adults discharged from probation in November-December 1997 had been identified as having a prior history of substance abuse: 20.8 percent had a history of alcohol abuse only, 6.4 percent of drug abuse only, and 28.5 percent of both drug and alcohol abuse. The pattern of alcohol abuse was even more pronounced outside of Cook County, where 23.1 percent had a prior history of alcohol abuse, 5.3 percent had a history of drug abuse, and 35.3 percent had a history of both drug and alcohol abuse (for a total of 63.7 percent of all adult probationers).

Olson & Adkins (1998) note that determinations of abuse history are made in varied, noncomparable ways ranging from self-disclosure or the undocumented observations and conclusions of the probation officer to a formal assessment. These problems are less likely to occur in the ISSOS program, since one probation officer deals with all probationers. The AOIC guidelines for intensive specialized sex offender probation supervision, issued in 1996, include a model mental health evaluation personal survey and a model sex offense-specific evaluation, both of which include evaluation and assessment of alcohol and drug use. Data from assessments made using these or other instruments were accessed only to the extent that they were reported to the probation officer and documented in probation files.

ISSOS adult probationers disclosed higher rates of alcohol abuse and lower rates of drug abuse than were reported for the overall Illinois adult probation population in the 1997 snapshot study (Olson & Adkins, 1998). These rates are compared in Table 3.11. Nine ISSOS offenders were identified as

having a prior history of alcohol abuse, and five offenders as having a prior history involving both alcohol and drug abuse (a combined total of 48.5%). Six ISSOS offenders had been using alcohol or drugs immediately before or during the commission of the crime for which they were convicted.

**Table 3.11: Prior History of Alcohol and Drug Abuse Among ISSOS Adult Probationers and Among All Adults Discharged from Probation in Illinois, November-December 1997.**

Substance Usage	Coles County ISSOS Program		Illinois Outside of Cook County Percent	Statewide Illinois Percent
	N	%		
Only Alcohol Abuse	9	29.0	23.1	20.8
Only Drug Abuse	0	--	5.3	6.4
Both Drug <i>and</i> Alcohol Abuse	5	16.1	35.3	28.5
Usage not documented in file	2	--		
<b>Total (History of Any Substance Abuse)</b>	<b>16</b>	<b>48.5</b>	<b>63.7</b>	<b>55.7</b>

However, only three ISSOS offenders initially reported having participated in any prior treatment for substance abuse (see Table 3.12). Data are not currently available on the proportion of ISSOS offenders participating in alcohol or substance abuse treatment during probation, since such treatment is not ordered as a specific requirement of the ISSOS program. Data on documented alcohol and substance abuse during probation are presented in the supervision and surveillance section of this chapter.

**Table 3.12: Did Offender Have Prior Treatment for Substance Abuse?**

Prior Treatment	Frequency	Percent
No	28	90.3
Yes	3	9.7
<b>TOTAL</b>	<b>31</b>	<b>100.0</b>
Missing data	2	--

### Mental Health Characteristics

Mental health problems were noted in the probation files of ten ISSOS probationers (32.3%). These identifications were generally based on the offender's prior mental health history, including previous psychiatric evaluations and social history reports, and the observations and conclusions of the probation officer. Six offenders (22.2 percent of the 27 cases in which this information was available) were identified as having received prior mental health treatment.

A review of treatment files for 45 ISSOS offenders, including some juveniles, identified psychiatric diagnostic information in 32 files. A total of 38 DSM Axis I diagnostic codes<sup>3</sup> and 31 Axis II diagnostic codes<sup>4</sup> were found, although 26 of the Axis II diagnostic codes were either No Diagnosis or Diagnosis Deferred. The Axis I diagnostic codes included two alcohol abuse diagnosis and two depressive disorder diagnoses. A fuller discussion of this psychiatric diagnostic information is presented in the treatment services section of this chapter.

#### Characteristics Potentially Related to Sexual Reoffending

Research on sex offender recidivism has suffered from a number of substantive and methodological problems. Foremost among them are the lack of a widely accepted definition of recidivism and a general inability to obtain accurate data on sex-offending behavior that does not result in arrest or criminal conviction. In their review of the literature on adult sex offenders, Furby, Weinrott, and Blackshaw (1989) concluded that poor study design and failure to

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<sup>3</sup> Axis I pertains to major clinical syndromes or clinically recognizable mental conditions that are a focus of treatment. The elements required for these diagnoses are provided in the Diagnostic and Statistical Manual published by the American Psychiatric Association.

agree on a definition of recidivism made it almost impossible to draw conclusions about the extent of sex offender recidivism and the characteristics associated with it. (See also Graves, 1993 on studies of juvenile sex offenders.)

Despite these problems, a number of studies have examined factors that may be related to recidivism for sex offenders, generally defined as the commission of a new sex offense or a new criminal offense with a sexual component. Most of these studies examine patterns of re-offending after completion of a prison sentence, but Hall (1995) provides a useful review of studies specifically focusing on offenders serving community-based sentences such as probation (see also Hanson & Bussiere, 1998).

### **Offense Characteristics**

The Illinois Criminal Sexual Assault Act defines five separate acts of criminal sexual assault and abuse, although several additional sex offenses are defined in other related statutes (ICASA, 1998). Aggravated criminal sexual assault and predatory criminal sexual assault are Class X felonies and carry mandatory prison sentences. Criminal sexual assault is a Class 1 felony normally punishable by a prison sentence, although family member offenders who have not been convicted of a Class 2 or greater felony within ten years may be eligible for a sentence of probation. Special conditions of probation are specified in the Illinois Consolidated Statutes (730 ILCS 5/5-5-3). All criminal sexual assault crimes by definition involve an act of sexual penetration;<sup>5</sup> crimes

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<sup>4</sup> Axis II captures personality disorders or specific developmental disorders that significantly interfere with adaptive functioning or result in clinically significant levels of subjective distress for the patient.

<sup>5</sup> "Sexual penetration" is defined in 720 ILCS 5/12-12 as "any contact, however slight, between the sex organ or anus of one person by an object, the sex organ, mouth or anus of another

of criminal sexual abuse involve an act of sexual conduct.<sup>6</sup> Aggravated criminal sexual abuse is a Class 2 felony for which probation is an option; however, as with criminal sexual assault, family member offenders are subject to special conditions of probation. Criminal sexual abuse is a Class A misdemeanor for which offenders may be sentenced to jail for up to a year or to probation for up to two years. As this brief review makes clear, most of those convicted of any form of criminal sexual assault do not qualify for a probation sentence, and most of those who are convicted of a felony sex crime and are sentenced to probation are family member offenders.

Some offense characteristics have been reported to be associated with a greater likelihood of recidivism, although these research findings are often based on a single study involving a small number of subjects. Abel, Mittelman, Becker, Rathner, and Rouleau (1988) studied 192 adult child molesters involved in an outpatient treatment program. Factors associated with sex offense recidivism included victimizing both boys and girls, selecting victims from a wider age range (both adolescents and younger children), selecting both familial and non-familial victims, and committing both “hands on” and “hands off” offenses.

Marshall and Barbaree (1990) found that the type of sexual contact predicted recidivism in some cases. Offenders who had genital-genital or genital-anal contact with their victims were more likely to reoffend, as were

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person, or any intrusion, however slight, of any part of the body of one person or of any animal or object into the sex organ or anus of another person, including but not limited to cunnilingus, fellatio or anal penetration.”

<sup>6</sup> “Sexual conduct” is defined in 720 ILCS 5/12-12 as “any intentional or knowing touching or fondling by the victim or the accused, either directly or through clothing, of the sex organs, anus or breast of the victim or the accused, or any part of the body of a child under 13 years of age, for the purpose of sexual gratification or arousal of the victim or the accused.

offenders who had molested girls (whether they were family members or not). However, a study of 136 nonfamilial child molesters confined in a secure psychiatric institution found that recidivism (including both new sexual offenses and violent non-sexual offenses) was associated with the selection of male victims, as well as with a higher number of previous sexual offenses (Rice, Quinsey, & Harris, 1991). In a more recent study that included sex offenders who had been sentenced to probation, Bench, Kramer, and Erickson (1997) found that offenders who used physical force (rather than persuasion or nonphysical coercion) were more likely to commit additional offenses.

The research team from Loyola University (Chicago), which evaluated three sex offender probation projects in northern Illinois counties, identified the following factors as likely to be associated with a high risk of recidivism: selection of nonfamilial victims, selection of same sex victims, and commission of “hands off” offenses such as voyeurism or exhibitionism. They also suggested that some characteristics that have not received substantial research attention may be related to recidivism, including penetration as an element of the offense (see the findings of Marshall & Barbaree, 1990, on this) and “the amount of time the abuse has been occurring” (i.e., duration of offending with a single victim).

To the extent that it was available in probation files, information on these factors was gathered during this project. These data will provide a baseline on the characteristics of convicted sex offenders. Where case frequencies are sufficient in number to support reliable statistical analysis, relationships between offense and offender characteristics and success in probation will be analyzed as part of a later impact and outcome evaluation. Offense characteristics are

summarized in several tables presented below. Although the charge on which an offender is formally convicted is not always indicative of the seriousness of the underlying behavior, information was gathered on the nature of the offense for which this term of probation had been imposed (referred to as “current convicted offense”). These data are presented in Table 3.13.

**Table 3.13: Penetration as an Element of Current Convicted Offense**

<b>Penetration</b>	<b>Frequency</b>	<b>Percent</b>
<b>YES (penetration occurred)</b>	<b>17</b>	<b>56.7</b>
Vaginal penetration only	12	40.0
Vaginal and other penetration	1	3.3
Oral penetration only	2	6.7
Anal penetration only	1	3.3
Multiple forms of non-vaginal penetration	1	3.3
<b>No Penetration</b>	<b>13</b>	<b>43.3</b>
<b>TOTAL</b>	<b>30</b>	<b>100.0</b>
Missing data	3	

The majority of ISSOS probationers (69.2%) were convicted of a felony sex offense. The remaining offenders (30.8%) were convicted on misdemeanor charges. Sexual penetration of some kind was involved in 56.6% of these cases, but not all felony offenses involved penetration (see Table 3.14).

**Table 3.14: Presence of Penetration in Felony and Misdemeanor Sex Offenses**

<b>Did Penetration Occur?</b>	<b>Felony</b>		<b>Misdemeanor</b>		<b>Total</b>
	<b>Frequency</b>	<b>Percent</b>	<b>Frequency</b>	<b>Percent</b>	
Yes	14	87.5	2	12.5	16
No	5	55.6	4	44.4	9



Probation files showed that physical force was used in only three of the cases (10.7 percent of the 28 cases in which information on use of force was available). However, this does not mean that the sexual behavior was voluntary or desired. According to victim statements, coercion was an element of almost all offenses (see Table 3.15).

**Table 3.15: Relationship Between Use of Force and Victim Statement that Sexual Behavior was Consensual**

How did Victim Describe Sexual Behavior?	Was Physical Force Used?			
	No		Yes	
	N	%	N	%
Consensual	3	12.5	0	--
Not Consensual	21	87.5	3	100.0
<b>Total</b>	<b>24</b>	<b>100.0</b>	<b>3</b>	<b>100.0</b>

Identified victims were primarily female. This was expected, since more than 40 percent of the offenses involved vaginal penetration. Table 3.16 summarizes the data on victim gender, showing that 76.7 percent of the files involved female victims only.

**Table 3.16: Gender of Victim(s)**

Gender of Victim(s)	Frequency	Percent
Male only	7	23.3
Female only	23	76.7
Both Male and Female	--	--
<b>TOTAL</b>	<b>30</b>	<b>100.0</b>
Missing data	3	--

None of the offenders reported offending against both female and male victims, although a pattern of mixed victim selection is not uncommon for adult child molesters (Marshall, 1996; Marshall, Barbaree, & Eccles, 1991). Most of the ISSOS offenses involved only a single victim, although one case involved eleven different identified victims (see Table 3.17).

The age of a particular offender's youngest identified victim (in three-quarters of the cases this was the offender's only identified victim) ranged from age 2 to age 60 years (see Table 3.18). The median victim age was 13 years. The mean age for victims under 18 was 10.5 years. The mean was calculated only for victims under the age of 18, since the presence of even one substantially

**Table 3.17: Number of Victims**

<b>Number of Victims</b>	<b>Frequency</b>	<b>Percent</b>
1	23	76.7
2	3	10.0
5	2	6.7
6	1	3.3
11	1	3.3
<b>TOTAL</b>	<b>30</b>	<b>100.0</b>
Missing data	3	--

older victim tends to skew the average. Age 18 was chosen as the dividing point, since Illinois criminal law for sexual assault and sexual abuse treats crimes differently if the victim is below age 18 (see ICASA, 1998, or the Illinois Compiled Statutes (ILCS), Chapter 720, Sections 5/12-12 through 5/12-16).

**Table 3.18: Age of Youngest Victim in Current Offense**

<b>Age of Youngest Victim</b>	<b>Frequency</b>	<b>Percent</b>
Age 2	1	3.6
Age 5	3	10.7

Ages 7 and 8	3	10.7
Ages 9 through 12	5	17.9
Ages 13 and 14	11	39.3
Ages 15 through 17	0	--
<b>TOTAL, Below Age 18</b>	<b>23</b>	<b>82.1</b>
Age 18	2	7.1
Age 19	1	3.6
Age 22	1	3.6
<b>TOTAL, Ages 18 – 22</b>	<b>4</b>	<b>14.3</b>
Age 60	1	3.6
<b>TOTAL</b>	<b>28</b>	<b>100.0</b>
Missing data	5	--

Over 40 percent (42.9%) of the victims were under age 13, with an additional 39.3 percent between age 13 and 14. This distribution of victims demonstrates that sentences of probation are being imposed primarily against adult sex offenders who victimize children.

In 15 of the cases (48.4%), there was a family connection between the offender and the victim (see Table 3.19). In most of the other offenses involving victims under age 15, the offender knew the victim as a neighbor or through an adult friendship. Only rarely did these cases involve victims who did not know the offender.

**Table 3.19: Relationship between Offender and Victim**

<b>Offender's Relationship to Victim</b>	<b>Frequency</b>	<b>Percent</b>
<b>FAMILY RELATIONSHIP</b>	<b>15</b>	<b>48.4</b>
Father	5	16.1
Stepfather	4	12.9
Uncle	3	9.7
Step-brother	1	3.2
Brother-in-law	1	3.2
Cousin	1	3.2
<b>ACQUAINTED, NO FAMILY RELATIONSHIP</b>	<b>11</b>	<b>35.5</b>
Acquaintance	4	12.9
Neighbor	1	3.2
Friend	1	3.2

Child of a Friend	2	6.5
Friend of Offender's Child	2	6.5
Boyfriend	1	3.2
<b>STRANGER or LIMITED RELATIONSHIP</b>	<b>5</b>	<b>16.1</b>
College Student	3	9.7
Nursing Home Resident	1	3.2
Stranger	1	3.2
<b>TOTAL</b>	<b>31</b>	<b>100.0</b>
Missing data	2	--

Sexual offenses committed against children often involve a pattern of multiple offenses occurring over an extended period of time (see, for example, O'Brien, 1989; Ward, Loudon, Hudson, & Marshall, 1995). For this reason, information about the duration of on-going sexual abuse, as well as the offender's age at the time of his first offence, may be useful in determining an overall offense pattern and in assessing a molester's degree of fixation on child victims. However, accurate information about these factors may not be available in standard police and probation records. Unless an identified victim provides information about past abuse, that information is unlikely to be voluntarily revealed by the offender at the time of arrest and sentencing. Acknowledging and taking responsibility for all sex offending behavior, even when it did not result in criminal charges, is emphasized in most sex offender-specific treatment programs as an essential part of addressing denial and minimization (ATSA, 1997).

Information was available on the duration of abuse in 26 of the 33 adult cases in Coles County. Although the data collection instrument directed coders to "count the time from when the offender first started sexual offending even if it was with a different victim" (see Appendix H for a copy of the standardized code

sheet), most files contained information on only one victim. In a limited number of cases where the victims were related and the sexual abuse of these victims was connected or overlapped in time, information about the reported onset of this pattern of related offenses was available in the file. Based on information provided by victims and by offenders, the mean length of time during which abuse occurred was 4.7 months (see Table 3.20). The median length of abuse was one month, which suggests that most probationers were first-time offenders or that file information was incomplete.

**Table 3.20: Duration of Abuse Associated with Current Sexual Offense**

<b>Number of Months</b>	<b>Frequency</b>	<b>Percent</b>
Single incident	6	23.1
One month	11	42.3
2 through 6 months	5	19.2
7 through 12 months	1	3.8
24 months	2	7.7
36 months	1	3.8
<b>TOTAL</b>	<b>26</b>	<b>100.0</b>
Missing data	7	--

### **Offender Characteristics**

Most adults who are convicted of criminal sexual assault, rape, or comparable sexual crimes involving the use of force are sentenced to a term of imprisonment (Maguire & Pastore, 1998). Illinois criminal law specifically mandates prison for crimes of sexual assault except when committed by a family member, when probation is permitted under some circumstances. This means that the population of adult sex offenders sentenced to probation are not representative of the total sex offender population. They are less likely to have used physical force and more likely to be family member offenders. In Coles

County, criminal sexual abuse convictions represent 69.2% of the ISSOS adult caseload.

One offender characteristic that is believed to be important in predicting recidivism for child molesters is the extent to which the offender is fixated on children as objects of sexual interest (Groth, 1979; Knight & Prentky, 1990). Adults who have sexually offended against children but are not fixated on children, sometimes referred to as “regressed” (Groth, 1979) or “situational” (Lanning, 1986) offenders, are generally believed to be more open to change and more able to make changes in their behavior (Schwartz, 1997). One possible indicator of fixation is the age of the offender, as well as the number of previous arrests and convictions for sexual offenses. An analysis of current convictions of ISSOS probationers by age of offender is presented in Table 3.21. This table indicates that older offenders are likely to be convicted of more serious offenses (criminal sexual assault and aggravated criminal sexual abuse) than younger offenders, and that older offenders account for the majority of these more serious offenses.

**Table 3.21: Current Convictions of ISSOS Probationers by Age of Offender**

Offense	Age of Offender							
	17-20	21-25	26-30	31-35	36-40	41-45	46-50	Over 60
Criminal Sexual Assault			1		1	1		
Criminal Sexual Assault and Aggravated. Crim. Sexual Abuse						1		1
Aggravated Crim. Sexual Abuse	1	3			2	1	1	1
Criminal Sexual Abuse	3	1	1					1
Attempted Criminal Sexual Abuse			1					

Failure to Register as a Sex Offender	1	1						
<b>TOTAL</b>	<b>5</b>	<b>5</b>	<b>3</b>	<b>3</b>	<b>3</b>	<b>3</b>	<b>1</b>	<b>3</b>

For most ISSOS offenders, the current conviction represented their first arrest for a sex offense (see Table 3.22). This is explained primarily by the provisions of the relevant Illinois statutes. Except for a first conviction for criminal sexual abuse, which is a Class A misdemeanor, all forms of criminal sexual assault and criminal sexual abuse are at least Class 2 felonies.

**Table 3.22: Prior Arrests and Convictions for Sex Offenses**

<b>Prior Arrests and Convictions</b>	<b>Frequency</b>	<b>Percent</b>
<b>Number of Prior Arrests for Sex Offenses</b>		
No prior arrests	22	81.5
One prior arrest	4	14.8
Two prior arrests	1	3.7
<b>TOTAL</b>	<b>27</b>	<b>100.0</b>
Missing data	6	
<b>Number of Prior Convictions for Sex Offenses</b>		
No prior convictions	22	81.5
One prior conviction	5	18.5
<b>TOTAL</b>	<b>27</b>	<b>100.0</b>
Missing data	6	

The law does not allow probation to be granted on any of these charges if the offender has been convicted of any Class 2 or greater felony within the previous ten years.

It is often argued that the best predictor of recidivism is a record of past offenses, although research focusing specifically on sex offenders indicates that the existence of a criminal record is not a reliable predictor of sexual reoffending (Furby, Weinrott, & Blackshaw, 1989). The evaluation team collected data on the prior arrests and convictions of ISSOS probationers in six categories: violent offenses against persons, felony property offenses, drug offenses, domestic

battery/assault/stalking, and misdemeanors (other than domestic violence charges). These data are presented in Table 3.23.

**Table 3.23: Prior Arrests and Convictions for Selected Non-Sex Offenses**

Prior Arrests and Convictions	None		One		Two or more		Missing Data
	N	%	N	%	N	%	
<b>Prior Arrests for:</b>							
Violent offenses	23	88.5	3	9.1	0	--	7
Felony property offenses	22	84.6	2	7.7	2	7.7%	7
Drug offenses	24	96.0	1	4.0	0	--	8
Domestic battery, domestic assault, stalking	23	95.8	1	45.2	0	--	9
Misdemeanors	16	59.3	6	22.2	5	18.5	6
<b>ALL ARRESTS</b>	<b>14</b>	<b>50.0</b>	<b>5</b>	<b>17.9</b>	<b>9</b>	<b>32.1</b>	<b>5</b>
<b>Prior Convictions for:</b>							
Violent offenses	22	88.0	3	12.0	0	--	8
Felony property offenses	24	88.9	3	11.1	0	--	6
Drug offenses	23	100	0	--	0	--	10
Domestic battery, domestic assault, stalking	23	100	0	--	0	--	10
Misdemeanors	17	58.6	6	20.7	6	20.7	4
<b>ALL CONVICTIONS</b>	<b>15</b>	<b>50.0</b>	<b>5</b>	<b>16.7</b>	<b>10</b>	<b>33.3</b>	<b>5</b>

Probation file data also indicated that most ISSOS offenders (71.4%) have not previously been placed on probation or incarcerated (see Table 3.24). Only eight had previously been placed on probation, and only two had served more than one term of probation. Three ISSOS offenders (11.1%) had previously been incarcerated, but none had served more than one term. The data presented in these two tables indicate that most of the offenders sentenced to ISSOS probation have no record of arrests or convictions on serious criminal charges.

**Table 3.24: Number of Prior Probation Sentences and Incarcerations**

Prior Probation and Incarceration	None		One		Two or more		Missing Data
	N	%	N	%	N	%	
Prior Probation Sentences	20	71.4	6	21.4	2	7.2	5
Prior Periods of Incarceration	24	88.9	3	11.1	0	--	6



Many researchers believe that there is a strong connection between the experience of childhood abuse and the commission of sex offenses as an adolescent or adult (Becker, Kaplan, Cunningham-Rathner, & Kavoussi, 1986; Kaufman, Hilliker, & Daleiden, 1996; Overholser & Beck, 1989; Williams & Finkelhor, 1990). The effects of the joint experience of both physical and sexual abuse have also been explored (Benoit & Kennedy, 1992). Although many retrospective studies of adult offenders have reported childhood abuse, prospective studies such as those carried out by Widom (1996, 1989) have demonstrated that many children who survive sexual and physical abuse do not become offenders themselves.

Childhood abuse is an important variable that needs to be documented, but it is difficult to determine its significance when estimates of abuse rates in the general population vary so widely (Barnett, Miller-Perrin, & Perrin, 1997). Many adults who were abused as children do not readily admit it, while others may assert claims of childhood abuse in an effort to deny responsibility for their current behavior. As a result, many clinicians and researchers believe that intake admissions by themselves are not a reliable measure of abuse history (NAPN, 1993). Still, offender disclosures of childhood abuse provide an important baseline measure. More than half of the ISSOS offenders disclosed that they had been abused, either sexually or physically, as children (see Table 3.25). Sexual abuse was an element in over 60% of the reported abuse histories.

**Table 3.25: Disclosures of Childhood Abuse by ISSOS Offenders**

Did Offender Disclose Abuse?	Frequency	Percent
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NO	11	45.8
YES	13	54.2
<b>Sexual Abuse</b>	5	20.8
Sexual and Physical Abuse	5	20.8
Physical Abuse Only	3	12.5
<b>TOTAL</b>	<b>24</b>	<b>100.0</b>
Missing data	9	--

Most sex offenders initially deny or minimize the offenses with which they are charged and, if the alleged behavior is admitted, seek to place responsibility for the offense on the victim. Probation files and progress reports from treatment providers were reviewed to determine the extent to which the offender appeared to acknowledge or to deny the offense for which he had been convicted. Very few of the ISSOS offenders completely denied the truth of the charges against them (see Table 3.26).

**Table 3.26: Offender Denial**

Offender Denial	Frequency	Percent
Offender denies completely	3	11.1
Offender denies part of the offense	12	44.4
Offender admits all aspects of the offense (close agreement with police or victim version)	12	44.4
<b>TOTAL</b>	<b>27</b>	<b>100.0</b>
Missing data	6	

Another factor that may be important in the offender's ability to complete a treatment program and refrain from re-offending is the offender's attitude toward treatment, sometimes discussed in terms of offender motivation or readiness for treatment. There are a number of potential indicators of a positive attitude

toward treatment and a willingness to change. One element that was commonly documented in probation files was whether the offender expressed remorse for the crime or for its impact on the victim. Over half of the ISSOS offenders whose files contained information on this variable (56.7%, n=17) expressed some degree of remorse.

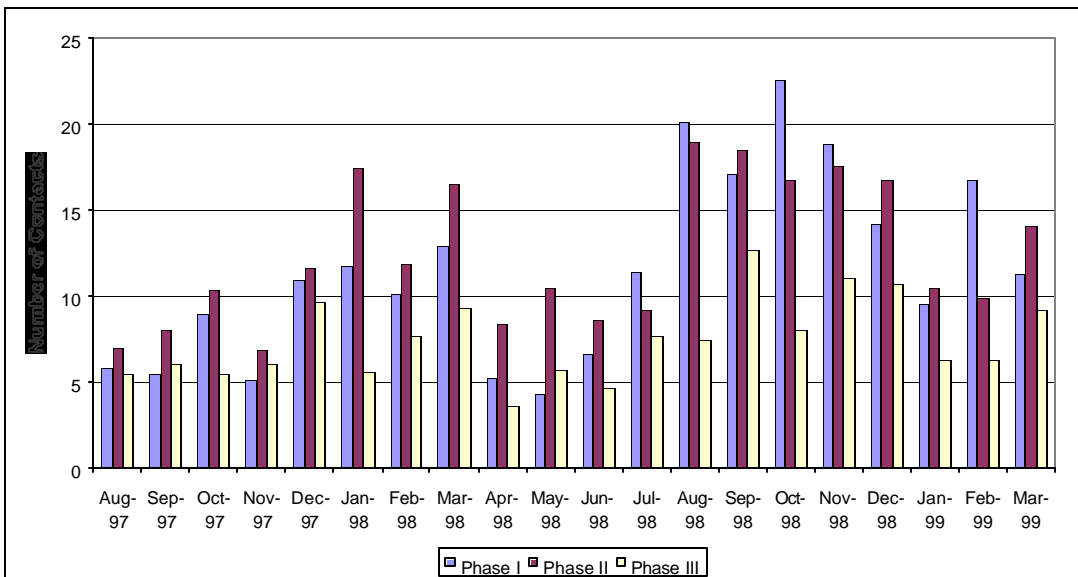
### Supervision and Surveillance

ISSOS established a three-phase supervision regimen for offenders admitted into the program. The ISSOS program was designed to allow a gradual decrease in supervision as offenders progressed in treatment and demonstrated an ability to comply with the conditions of their probation. Phase I was designed as the entry point for all offenders. Phase II reduced the number of required contacts by the probation officer, and Phase III reduced the number of minimum contacts even more. The requirement for a regular court progress hearing remained in effect during the entire probation period to serve as a motivation for offenders to comply and as an institutional check on non-compliance. In addition to the supervision requirements established in the three phases, those offenders sentenced to ISSOS were required to comply with other conditions that were different from the standard conditions of probation. These conditions included a sentence of some amount of incarceration in many cases, as well as compulsory completion of a sex offender-specific treatment program and other conditions designed to reduce the risk of harm to victims and the risk of re-offending.

The essential components of ISSOS as set forth above have remained constant during the implementation of the program. However, monthly data submitted by ISSOS to the ICJIA indicate the program has had difficulty meeting

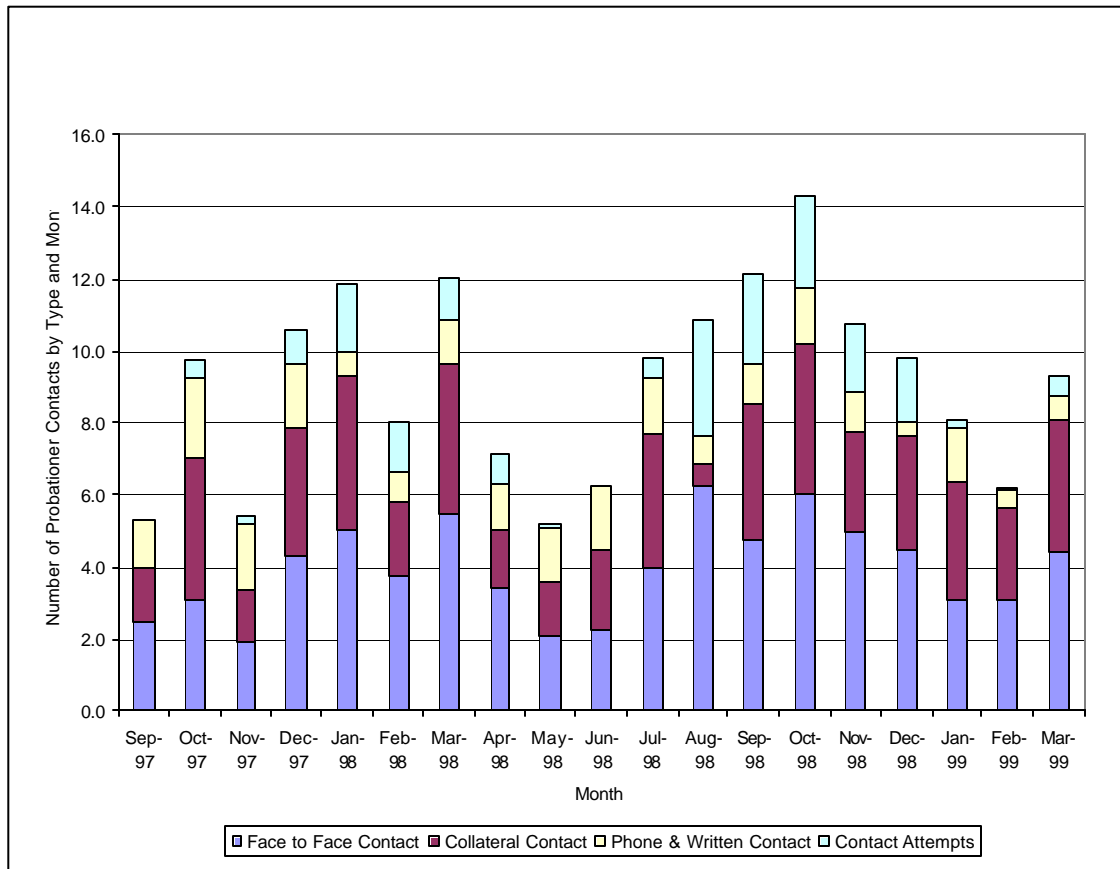
the contact standards established for offenders. This is most evident with respect to Phase I offenders, where the contact standards are highest. Figure 3.2 is derived from data contained in ISSOS monthly reports and documents the average number of contacts between program staff and offenders each month from August 1997 through March 1999.

**Figure 3.2: Average Number of ISSOS Contacts By Month Per Probationer**



Based on the program standard of five contacts every seven days for Phase I offenders, average monthly contacts should exceed 20 for this group. The standard of 20 Phase I contacts per probationer per month was reached only twice, in August 1998 and October 1998. Even so there was a marked improvement in the number of Phase I contacts after July 1998. Until then, the average number of contacts per month for Phase II offenders was higher than for Phase I offenders. Figure 3.3 identifies the specific types of contacts that were documented.

**Figure 3.3: Average Number of ISSOS Contacts Per Probationer, By Type**



It is encouraging to note that contacts with all offenders have steadily increased, with two exceptions. Some problems occurred in May and June 1998, when the surveillance officer position was vacant. The probation department went to a hire-back arrangement in July 1998, hiring a regular probation officer to work overtime as a surveillance officer until the vacancy position could be filled on a permanent basis. The second exception came in December 1998 when a permanent surveillance officer was hired from outside the probation department. The case manager provided training to the new surveillance officer during the last part of December and the next two months, which resulted in a reduced number of contacts with ISSOS probationers. Since completion of the

surveillance officer's training, contacts with Phase I offenders have risen and are approaching program standards, while contacts with Phase II and III offenders are beginning to exceed program standards. Small fluctuations in the average number of contacts may result when one or more probationers are incarcerated for a period of time as a result of lack of progress. These offenders remain on the case manager's caseload, but no visits are required while the offenders are incarcerated.

### **Supervision Standards**

The supervision standards adopted by Coles County for Phase I incorporated the following requirements for each seven-day period:

- At least five probation officer contacts
- At least two face-to-face contacts with the case manager or the surveillance officer, one of which must be a home visit.
- Participation in at least one session of sex offender-specific treatment.
- At least one verification by a probation officer of an activity reported by the offender in the required daily event log.
- At least one collateral contact concerning the offender by the case manager.
- At least one court progress hearing each month, to monitor compliance.
- Daily local arrest check to verify that the offender has been arrest-free, combined with a monthly national arrest check.
- Verification of residence and employment by the offender on a weekly basis.
- Before completion of treatment the offender must complete a written relapse prevention plan that identifies his high risk factors, and must provide a copy to the ISSOS probation officer.
- All of this information will be used to develop a supervision plan and to assist with other contact standards.

### **Supervision Components**

Many of the ISSOS participants were required to keep a daily events log and turn it in to the case manager, as recommended in the AOIC guidelines (AOIC, 1996). These logs serve two purposes. First, they allow emerging patterns of high-risk behavior and activities to be identified and addressed by the ISSOS case manager and the treatment provider. Second, they allow the probation officers to check and confirm an offender's reported activities more easily.

The daily events log is crosschecked with home visit attempts and collateral contacts to verify that the probationer was where he said he was. This has been very effective in holding the offender accountable and promotes truthfulness in the daily event logs. As a result of this process, many of the offenders have stated that the surveillance officer must be working a 24/7 schedule (24 hours a day, 7 days a week). The officer actually works half-time on this assignment, on a varied schedule.

Participants in all three phases of ISSOS are required to attend monthly proof-of-progress hearings. These hearings are presided over by the judge who is responsible for sentencing sex offender cases, and the presentation of information is controlled by the case manager. Similar proof-of-progress hearings are utilized for all probationers in Coles County, with separate dates each month for felony and misdemeanor cases. However, the reporting requirements for individual probationers normally vary; some will be required to attend every month, while others may be scheduled to appear only a few times a

year. ISSOS participants are generally required to attend proof-of-progress hearings each month, particularly while they remain in Phase I.

When an individual case is called, the probationer is required to approach the judge while the judge reads a letter from the probation officer regarding the probationer. The probation officer then orally informs the court of the status of the case and makes a recommendation for the case based on the offender's reported progress and compliance. If the officer reports that the case is proceeding adequately, the case is set for hearing in a month and the probationer is dismissed from the courtroom. In such a case the entire process may last only a few minutes. If the report indicates less than adequate progress, the court addresses the matter either in the form of a warning, an agreed sanction, or by setting the matter for a hearing to determine the appropriateness of additional sanctions such as incarceration.

The proof-of-progress hearings avoid the possibility of non-compliance continuing unchecked for any substantial period of time. They also serve to reinforce the importance of compliance to the probationer. When project staff observed a proof-of-progress day, it was noted that many probationers completed required tasks, such as payment of costs or completion of community service hours, during the day before or the day of the proof-of-progress hearing.

Each of these phases is designed to promote responsibility and accountability of the offender. The decision to move a probationer from one phase to another, either up or down, will depend on the offender's behavior. Assessments by the treatment provider and the case manager will be used for



this determination, with the case manager having final authority over moves to the less restrictive phases.

### **Program Violations**

In order to obtain preliminary information regarding program violations, the evaluation team collected data on violations occurring during the five-month period from August through December 1998. The data collected included the date and nature of all violations, the response from ISSOS, and the sanction ultimately administered. During this time seven probationers were reported to have committed a total of 11 violations. There were two instances involving new offenses, two involving prohibited contact with another person, five relating to lack of progress or cooperation in treatment, and one each involving lack of steady employment and an outstanding debt for treatment services. During this same time the ISSOS caseload ranged from a low of 34 in September and October to a high of 37 in December.

The two instances of unauthorized contact resulted in incarceration for the offender. In one instance the sentence was five years in the Illinois Department of Corrections; the other violation resulted in 364 days in the county jail along with unsuccessful discharge from the program. One of the new offenses was a new sex offense committed by a juvenile offender. This offense resulted in an additional five years probation, 20 days in juvenile detention, and six months home confinement. In the other case involving a new offense, driving under the influence, the offender was sentenced to serve 30 days incarceration in the county jail and re-sentenced to probation for one year. One individual, who was cited for poor behavior in the treatment group, was assessed four days in juvenile

detention. The other violations resulted in warnings or increased frequency of appearances at the court proof-of-progress hearings.

### Communication and Cooperation

Coles County has a highly integrated team approach to the management of sex offenders. In addition to the contractual relationship between probation and the treatment provider, the specialized probation officer co-facilitates sex offender treatment groups. This allows the officer to remain current on treatment issues related to offenders on the ISSOS caseload. The case manager's presence and participation demonstrate to offenders that the treatment provider is supported by the probation office, and that these two entities regularly share information. This reduces the ability of the offender to obscure or avoid information regarding his case.

The court is also an active participant in sex offender supervision in Coles County. Monthly judicial proof-of-progress hearings involve the judiciary in actively monitoring probationer compliance with the terms of probation. Both the specialized officer and the treatment provider participate in the proof-of-progress hearings by offering information to the court. The court, in turn, reinforces the status of the probation officer and the treatment provider by giving judicial credence to the recommendations of these individuals.

During the course of this evaluation, the relationship between the program and the prosecutor's office also has been very positive. The program staff reports that their requests and recommendations have nearly always been received favorably by the prosecutor who handled sex offender prosecutions for many years. This individual prosecutor developed an interest in ISSOS and was

frequently willing to consult with, and defer to, the probation staff regarding appropriate handling of sex offense cases. This portion of the team approach in Coles County was in a state of uncertainty at the time of this report due to staff turnover in the prosecutor's office.

### Treatment Services

#### **Overview of the Treatment Program**

##### Staffing Resources

The provision of group treatment at Coles County Mental Health Center (CCMHC) is directed by a licensed clinical psychologist, who also serves as a co-facilitator for the adult offender groups. Three additional clinicians serve as group facilitators; all have master's-level degrees in relevant concentrations (i.e., social work, counseling, or psychology) and are licensed in their respective professions. Well before the ISSOS program was established, CCMHC had a positive working relationship with the Coles County probation department. CCMHC was already providing services to sex offenders on probation in Coles County, and the adult sex offender probation officer was co-facilitating sex offender groups at CCMHC. That pattern has continued with ISSOS offenders.

##### Treatment Structure

The provision of group treatment at CCMHC includes three groups for adult sex offenders and one for adolescent sex offenders. None of these groups are reserved exclusively for ISSOS probationers. Two additional sex offender groups are held for adult parolees only. Two-hour group sessions are held on a weekly basis. Sex offenders are charged a sliding scale fee (approximately \$5.00 per session). An effort is made to have male and female co-facilitators

assigned to each group, and groups are capped at 12 offenders. Therapists consistently facilitate the same groups. The ISSOS case manager currently serves as a co-facilitator for three of the adult sex offender groups.

According to the clinical director, spouses or partners are formally involved in treatment or post-treatment relapse prevention plans through participation in a partner's group. Participation in the partner's group is required in incest cases when there is a potential goal of family reunification.

### Program Philosophy and Therapeutic Orientation

Group therapy is described as being community-oriented, behavioral in nature, and grounded in a relapse prevention model. According to CCMHC, treatment is roughly divided into three steps, or phases: (1) demonstrating accountability and accepting responsibility for behavior; (2) accepting responsibility for the impact of the abuse on the victim and on others; and (3) preventing relapse. While new offenders are admitted to pre-existing groups on an on-going basis as they are sentenced to probation, the use of graduated and offender-specific homework assignments allows for phase-specific work. The following were identified as being prominent targets or components of treatment: denial of offense, other cognitive distortions, analyzing events in the offense cycle, arousal or deviant fantasy control, empathy for victims, sex education, social skills development, anger management, and dealing with depression related to the treatment focus. Group treatment for juvenile offenders is structured to follow the same treatment model. However, it is described as differing from adult treatment in that therapeutic confrontation occurs at a

somewhat lower level of intensity, homework assignments tend not to be as detailed, and there is parental involvement.

#### Treatment Progress Reviews and Records

Treatment progress is reviewed on a monthly basis. General criteria for a positive discharge are described as involving successful completion of all treatment tasks and the demonstration of at least nine months of no known high-risk behavior. The end of the original probation sentence is not synonymous with a positive discharge in that the probation term can be extended if treatment is deemed unsuccessful or progress is inadequate. The general criteria for negative discharge include re-offending sexually, other evidence of victimizing behavior, or repeated failures to satisfactorily complete assigned treatment work.

Treatment records include a treatment contract, treatment tasks and progress assessment, information on weekly session attendance and participation, and monthly progress reviews. Group treatment drop-out or expulsion rates were estimated by the provider to be roughly 1 in 5 or 1 in 6, but have not been formally calculated.

#### Communication Between Probation Officers and Treatment Providers

In addition to serving as a co-facilitator for three adult sex offender groups, the ISSOS case manager meets with the treatment provider before and after group sessions for case management and as preparation for monthly progress reviews, after formal monthly progress reviews (which are held at the county courthouse and attended by both the treatment provider and the probation officer), and by phone or through face-to-face appointments as needed. Reciprocal releases of information are in effect for the duration of treatment.

Monthly progress reports are sent to the ISSOS case manager; these include information regarding attendance, payment of treatment fees, and standardized treatment participation evaluations. The probation officer indicated satisfaction with the timeliness, extent, and form of treatment information that is routinely provided. Both the case manager and the treatment provider indicated that the case manager's involvement as a treatment group co-facilitator greatly expedites the effective exchange of information.

## **Review of Treatment Evaluations**

### Background Information

According to the treatment provider, pre-sentencing assessment is conducted using a battery of clinical measures and culminates in an assessment report. The assessment report includes recommendations for optimal probation, an assessment of the probability of re-offending, and treatment recommendations. Sex offenders are excluded from treatment if the treatment provider finds evidence of severe mental illness or mental disability that would interfere with effective participation in the treatment process. Offenders who are recommended for treatment, based on assessment, are specifically court-ordered for treatment. A formal treatment contract is signed by the offender and by the group therapists or facilitators. The standard adult sex offender treatment contract includes 20 sex offender-specific behavioral requirements and also allows for additional individual-specific requirements to be added.

The treatment director indicated that pre-treatment evaluation includes the extensive pre-treatment questionnaire recommended in AOIC guidelines, a direct

interview and mental status evaluation, and a variety of personality and sex offender-specific tests. A blank copy of the pre-treatment questionnaire was provided for research records; it is used to gather specific information about any presenting problems and symptoms, current living situation and relationships, social history, sexual history, substance use, sexual activities and fantasies (normative & deviant), child sexual abuse, and victim awareness. (See AOIC, 1996 for a complete copy of this 54-page document.) In addition, the treatment provider indicated that the following tests are used for assessment: Minnesota Multiphasic Personality Inventory-2 (MMPI-2); Beck Depression Inventory (BDI); Brief Symptom Inventory (BSI); Multiphasic Sex Inventory (MSI); Michigan Alcohol Screening Test (MAST); Shipley Institute of Living Scale (Shipley); Burt Myths about Rape Scale (Burt) and Abel Sexual Stereotypes & Beliefs Scale (Abel). A subsequent review of treatment files generally confirms the use of these measures with ISSOS probationers, albeit not on a consistent basis.

#### Treatment File Review

The evaluation team reviewed the treatment files of 45 Coles County sex offenders (assigned to the ISSOS program at the time of program evaluation) for representative testing and/or psychiatric diagnostic information. Although pre-treatment questionnaire results were not found in the file materials given to the evaluation team, information regarding testing was included in 73.3% (n=33) of the files reviewed. Information on all assessment instruments used is presented in Figure 3.4.

The tests given included the MMPI or MMPI-2 (n=27, 81.8%); MSI (n=16, 48.5%); MAST (n=15, 45.4%); BDI (n= 12, 36.4%); Shipley (n=8, 24.2%); Burt

(n=4; 12.1%); Abel (n=4; 12.1%); BSI (n=4, 12.1%); and the Interpersonal Reactivity Index (n=2; 6.1%). Other tests, appearing only once each, included the Wechsler Adult Intelligence Scale-Revised, an ADHD evaluation, the Internal/External Scale, a Sexual Attitudes Questionnaire, and the RRASOR (Rapid Risk Assessment of Sex Offender Recidivism). Several adolescent-specific tests were also noted in the files of two juvenile sex offenders (e.g., Adolescent Questionnaire for Juvenile Sex Offenders, Adolescent Sex Offender Sentence Completion; Diagnostic Test for Teenagers). Psychiatric diagnostic information was found in 32 files (71.1% of the files reviewed).

**Figure 3.4: Pre-Treatment Assessment Measures, Coles County**

<p><u>Clinical Symptoms, Syndromes, and/or Personality Disorders</u></p> <p><i>Beck Depression Inventory (BDI)</i> <i>Brief Symptom Inventory (BSI)</i> <i>Diagnostic Test for Teenagers</i> <i>Minnesota Multiphasic Personality Inventory* (MMPI or MMP-II)</i></p> <p><u>Intellectual Assessment or Screening</u></p> <p><i>ShIPLEY Institute of Living Scale</i> <i>Wechsler Adult Intelligence Scale-Revised (WAIS-R)</i></p> <p><u>Sex Offender-Specific</u></p> <p><i>Abel Sexual Stereotypes &amp; Beliefs Scale</i> <i>Adolescent Questionnaire for Juvenile Sex Offenders</i> <i>Burt Myths About Rape Scale</i> <i>Multiphasic Sex Inventory (MSI)</i> <i>Rapid Risk Assessment of Sex Offender Recidivism (RRASOR)</i> <i>Sexual Attitudes Questionnaire (SAQ)</i></p> <p><u>Other</u></p> <p><i>Michigan Alcoholism Screening Test (MAST)</i> <i>Interpersonal Reactivity Index (assesses empathy)</i> <i>Adolescent Sentence Completion (personality or significant issues)</i></p>
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*Internal/External Scale* (internalizing/externalizing tendencies)

\* includes a scale which assesses hostility and antisocial characteristics

The following clinical disorders represent the DSM Axis I diagnostic codes found: Paraphilia (n=14, 43.7% of the files having diagnostic information); Disruptive Behavior Disorder (n=4, 12.5%); Pedophilia (n=3, 9.4%); Sexual Abuse of Child (n=3, 9.4%); Impulse Control Disorder (n=2, 6.2%); Exhibitionism (n=2, 6.2%); Alcohol Abuse (n=2, 6.2%); Adjustment Disorder (n=2, 6.2%); Major Depression or Depressive Disorder (n=2, 6.2%); Conduct Disorder (n=1, 3.1%); and Learning Disorder (n=1, 3.1%). Thirty-one Axis II diagnostic codes were found; 26 (81.2% of the files having diagnostic information) were either No Diagnosis on Axis II or Diagnosis Deferred. The remaining Axis II codes included Mild Mental Retardation (n=2; 6.2%); Borderline Intellectual Functioning (n=1; 3.1%); Dysthymia (n=1; 3.1%); Avoidant Personality Disorder (n=1; 3.1%); and Personality Disorder Not Otherwise Specified (n=1, 3.1%).

Axis V coding reflects the diagnostician's judgment of the patient's overall level of functioning at the time of evaluation ("Global Assessment of Functioning" or GAF), with numerical scores ranging from 1 (severely deficient functioning and/or threat to self or others) to 100 (superior functioning/no symptoms). Axis V GAF scores were found in 16 files and ranged from 45 (serious symptoms or impairment in social, occupational, or school functioning) to 75 (transient, stress-related symptoms or slight impairment in some area of functioning), with a median score of 62 (mild-to-moderate level of symptoms or of difficulty in some areas of functioning).

## **Observational Review of Treatment Services**

### Group Structure, Composition, and Policies

Group sessions were two hours in length, with a 10- to 15-minute mid-session break. The group observed was conducted by male and female co-therapists; both therapists are Caucasian. For two of the six observed sessions, due to illness or other professional obligations, only one therapist was present. The ISSOS case manager also routinely attends and participates in the group sessions; she attended five of the six group sessions observed. Ten offenders (9 men, 1 woman) were assigned to this group at the time observations began, and all were Caucasian. According to therapist report, length of time in the group varied considerably across current members, ranging from four years to four months.

Unexcused absences and non-compliance with homework assignments or with other aspects of treatment are considered violations of the treatment contract, with the therapists retaining authority for determining appropriate sanctions on a case-by-case basis. Only one such violation (a second failure to comply with behavioral restrictions) occurred during the observation period, and it resulted in a negative discharge from group treatment. The violation was processed clearly and openly within the group session, with the focal group member present, and all group members had an opportunity to share their perspectives before the therapists made their decision.

Blank copies of the initial mental health evaluation questionnaire; adult sex offender treatment contract, tasks, and progress evaluation; and a group therapy progress note form were given to the observer as material in support of treatment

structure. Detailed poster-sized renderings of the sexual abuse cycle and descriptions of victim perspectives were also prominent features of the room where group sessions were held, and were periodically used for reference.

### Attendance and Attrition

Attendance varied from seven to eight offenders per session. There were no unexcused absences or significant instances of lateness. In addition to the one offender who was negatively discharged from treatment, another offender moved away from Coles County during the observation period.

### Session Format and Content

Treatment sessions followed a consistent format. Completed homework assignments, attendance, and fee payments were logged in at the beginning of each session by a designated group member. This process was typically completed before the session started or within the first five minutes. The sessions formally began with an open call for “emergency check-ins”. During this period, group members were asked to present any problems, concerns, stressful recent events, or any changes in living situations that might relate to risk of relapse. Significant events or problems not volunteered could also be introduced by a therapist or by the probation officer. The remainder of the session was used to address these issues or others carried over from the previous week’s session, or to conduct a group review of a significant homework assignment read by a focal group member. Previous weeks’ homework assignments, already evaluated by a therapist, were returned to group members at the end of the session, and the current week’s completed assignments were distributed among

group members for individualized peer review; these were subsequently reviewed by a therapist as well.

Check-in issues introduced by group members included changes in work status, duties, or hours; peer group and adult relationship issues; and problems related to basic living skill deficits and stressful life events. Significantly, all events and issues were processed carefully and thoroughly for their implications regarding current risk of relapse and/or for their usefulness in building empathy with victims. Across the six-week observation period, session focuses primarily included compliance with treatment; identifying personal and situational risk factors; disclosure related to sexual offenses; empathy and responsibility exercises; interpersonal issues; and work attitudes. Table 3.27 depicts significant treatment elements within sessions, as identified by the observer.

**Table 3.27: Components of ISSOS Group Treatment - CCMHC**

	Observation Week					
	One	Two	Three	Four	Five	Six
<b>Use of Homework</b>						
<i>Homework collected or reviewed in session</i>	X	X	X	X	X	X
<b>Session Elements</b>						
<i>Appropriate disclosure</i>	X	X	X	X	X	X
<i>Overcoming denial</i>	X	X	X	X	X	X
<i>Accepting responsibility</i>	X	X	X	X	X	X
<i>Developing empathy for victims</i>	X	X		X		X
<i>Learning about basic offense cycle</i>						
<i>Learning risk factors</i>		X	X		X	
<i>Identifying personal risk factors</i>	X	X	X			X
<i>Relapse anticipation</i>	X	X	X	X	X	
<i>Developing personal intervention plans or other relapse prevention work</i>	X	X	X	X	X	X

It indicates that sessions consistently involved homework and a variety of focused and clearly identifiable sex offender-specific treatment components.

### Use of Homework

In addition to maintaining a personal log of significant events, each offender completes a structured series of homework assignments. These standard assignments are directly tied to the identification of deviant fantasies or other personal risk factors linked to the sexual abuse cycle, and are completed at an individualized pace. The sequence of homework assignments is developmentally related to 17 formal treatment objectives, which are used in individual treatment contracts. Observations indicated that individual group members were also given individualized homework assignments based on significant issues that arose in the context of the group process. There were clear guidelines for the manner in which all homework assignments were to be completed, and any deviations from the standard format were subject to question and disapproval by the therapists. Standard homework assignments were routinely distributed to group members for peer-review before being collected for final review by a therapist. Peer-reviewers were required to provide brief written comments regarding their evaluations of homework. A single completed homework assignment might have to be revised, based on feedback from peers and the therapists. The therapists consistently followed-up on any individualized homework assigned the previous week.

Standardized homework assignments were directly focused on therapeutically significant, offense-related content. Individual group members were sometimes asked to read their homework assignments aloud, and this was followed by a group analysis for adequacy, sincerity, and other therapeutic implications. Typically, almost all group members present participated in the process, without therapist prompting, by providing comments or asking questions directed to the focal group member. Comments and questions from group members were not always positive or affirmative in nature; there were instances in which group members confronted someone for not spending enough time on an assignment or for not being specific in his answers. Overall, the content and level of participation indicated that homework assignments were taken very seriously by group members, as well as by the therapists. There were no instances of failure to complete assigned homework noted during the observation period.

### Process Observations

The group structure was grounded in clear rules and realistic expectations for active and responsible participation in the treatment process. Although group members varied considerably in their apparent verbal and social skills, the therapists acted as excellent role-models in the sense that each routinely shared his or her own understanding of situations with the group, but also consistently elicited and listened to group members' views. They monitored individual behavior and levels of participation across group members, created a therapeutic climate conducive to active listening, and facilitated engagement by prompting or asking questions of less vocal members. Individuals were admonished, when

needed, to direct their comments to focal group members. Positive participation was verbally reinforced; instances of minimization or denial were confronted directly and processed openly within the group.

The therapists functioned extremely well as a team. They coordinated their efforts and maintained a high level of consistency of focus within and across sessions. Significant issues were processed to a point of resolution within a reasonable time frame. Therapeutic interventions consistently combined appropriate levels of respect and empathy for group members, while clearly emphasizing the ongoing need for risk assessment, accepting responsibility, adaptive behavior change, and the development of empathy for victims. Although the specific content presented by individual group members understandably varied across observed sessions, the therapists consistently focused the processing of content issues on the identification of specific thoughts, feelings, and behaviors related to relapse prevention. The probation officer also served an important supportive role in the group by providing (a) an ongoing reminder of the need for effective participation; (b) timely and relevant information, based on probation-related interactions with group members; and (c) advice on related practical matters.

Overall, the quality of rapport between the therapeutic team and group members could be characterized as excellent. Group members were generally attentive to each other, as well as to the therapists and the probation officer. The level of spontaneous participation in the group process was high; group member comments and questions tended to be relevant and responsive to the therapeutic direction. Several group members demonstrated a willingness to respectfully

confront others and to raise very personal issues voluntarily, which indicated that a climate of openness and relative trust had been well established. Participation by some of the more long-term group members suggested an understanding of personal risk factors and the abuse cycle, more realistic awareness of the consequences of their offenses, and a willingness to support the therapeutic process for others. It is likely that such participation fosters motivational pressure for newer group members to conform their behavior to the group requirements.

### **Compliments, Concerns, and Formative Recommendations**

Based upon the information collected, the CCMH group treatment program for sex offenders demonstrates significant strengths and functions remarkably well. Therapists have strong educational and professional experience backgrounds in relevant fields. An attempt is made to have male and female co-therapist teams facilitate the sex offender groups, and to maintain consistent therapist-to-group assignments. Treatment plans consist of sex offender-specific goals and objectives, and these are directly tied to treatment contracts, homework assignments, and in-session emphases. Observational data were consistent with the treatment provider's description of services as being community-oriented, cognitive-behavioral in nature, and grounded in a relapse prevention model.

Therapists for the observed group demonstrated an exceptional level of teamwork and of consistency in focus within and across sessions. Sessions were organized to provide a relatively predictable but flexible structure. Group process clearly and consistently reflected a variety of sex offender-specific treatment elements. There was excellent cooperation between the treatment



providers and the probation officer, and compatible treatment and probation functions appeared to be tightly coordinated. No areas of concern were noted regarding the nature of treatment provided.

With regard to the comprehensiveness of pre-treatment evaluation, the information collected to date, through interviews and actual file review, suggests the treatment provider is sensitive to the need for comprehensive assessment. Some of the evaluations documented in treatment files included the use of standardized objective measures of personality, screening measures of symptoms and general level of intellectual functioning, as well as sex offender-specific measures. However, it remains unclear whether the extensive pre-treatment questionnaire (adopted from the AOIC guidelines) is routinely administered as part of the pre-treatment evaluation process, and it does not appear that comprehensive assessment is consistently conducted or that a particular core battery of tests is given to all offenders. Evidence of formal testing or diagnostic assessment could be found in about 70% of the treatment files of ISSOS program sex offenders.

Thus, at a minimum, it is recommended that a core battery of measures be selected and used for all sex offenders, to assist clinicians in treatment planning and in determining needs for additional testing or for psychiatric referral.

Ideally, such a battery would include a standardized personality test and screening measures of intellectual functioning and psychiatric symptoms. The core battery for juvenile offenders should include instruments specifically designed and normed for use with adolescents.

#### SHORT-TERM IMPACT

Although a Coles County probation officer had been supervising all the sex offenders placed on probation for several years, the ISSOS program did not officially begin until 1997. Since the program has been operating for less than two years, the evaluation team was asked to carry out a preliminary, short-term impact evaluation. There are two related questions that an impact evaluation should address: to what extent is the project achieving the goals and objectives it set for itself, and how is the project affecting its target population? Since these two questions involve different kinds of issues, they will be addressed separately.

### Progress Toward Achieving Program Goals and Objectives

In its proposal to the ICJIA, Coles County described its overall mission as follows: “to create a sex offender supervision, control, and treatment strategy intended to reduce victimization by providing comprehensive evaluation, treatment, and intense supervision of all sex offenders in Coles County from presentence throughout the completion of their sentence” (RFP (Exhibit A, p.4), 1998). Five specific objectives were stated:

1. provide more appropriate assessment, surveillance, and monitoring of the sex offender caseload;
2. provide sex offender specific treatment to all offenders regardless of ability to pay;
3. provide intensive supervision to all sex offenders throughout their entire sentence of probation;
4. co-facilitate three 3-hour group treatment sessions each week (to be done by the case manager); and

5. provide type and frequency of contacts with probationers that meet or exceed the standards recommended by AOIC.

ISSOS has made substantial progress toward meeting each of these objectives. Although not always fully documented in the probation file, appropriate assessments involving both general mental health evaluations and sex offender-specific measures appear to have been conducted on a consistent basis. Coles County has implemented a specialized strategy for sex offenders which includes intensive levels of supervision, the use of a surveillance officer to make additional home visits and curfew checks, and specialized conditions of probation. These conditions address sex offender-specific concerns, including no-contact and visitation restrictions in cases involving familial offenders. ISSOS has patterned many of its special conditions on the AOIC guidelines for intensive and specialized sex offender supervision programs (AOIC, 1996).

Although the data vary considerably in terms of completeness, most of the ISSOS offenders (91.1%) have multiple special probation conditions (see Table 3.28). The most frequently imposed conditions deal with sex offender-specific issues of victim and community safety. Most of the probationers (73.3%) are required to attend sex offender treatment, most of them through CCMHC where the ISSOS case manager co-facilitates groups. Most of them are not permitted to have contact with the victim or with other minors, and in some cases they are also required to have no contact with members of the victim's family. Surprisingly, only 20% are required to pay the costs of counseling for the victim. However, this might be explained because the majority of ISSOS offenders have incomes below the recognized poverty line. Other special conditions include

compliance with a curfew and participation in a substance abuse treatment program, along with a number of other conditions that are commonly imposed in probation sentences generally, such as jail time, community service, probation fees, and fines and court costs.

**Table 3.28: ISSOS Offenders Subject to Special Conditions of Probation, By Percent Affected**

<b>Was Special Condition of Probation Imposed? (Total n=45)</b>	<b>No (Percent)</b>	<b>Yes (Percent)</b>	<b>Missing Data (Percent)</b>
Any Special Conditions of Probation?	6.7	91.1	2.2
Sex Offender Treatment/Counseling	8.9	73.3	17.8
No Contact with Victim	11.1	73.3	15.6
No Contact with Minors	13.3	68.9	17.8
No Contact with Victim's Mother or Family	40.0	8.9	51.1
Pay for Victim's Counseling	40.0	20.0	40.0
Substance Abuse Treatment	42.2	8.9	48.9
Curfew	44.4	6.7	48.9
Fine and/or Court Costs	11.1	53.3	35.6
Probation Fee	13.3	46.7	40.0
Jail Time	22.2	48.9	28.9
Community Service	22.2	48.9	28.9
Other Conditions (Miscellaneous)	8.9	73.3	17.8

The level of supervision provided by ISSOS is significantly more intensive than that normally required for any level of standard probation. Although the program has had some difficulty meeting its standard of five contacts in each seven-day period for Phase I probationers, the average number of contacts per week steadily increased in 1998 once the surveillance officer position was staffed consistently. The requirement that probationers complete and submit a daily event log permits the ISSOS officer to review each offender's pattern of activity, and makes it possible to identify problem areas and backsliding much more quickly. Even unsuccessful home visits and unanswered telephone calls can

provide useful information when used to check the accuracy of the log. The monthly proof-of-progress hearings are also used effectively to promote participation in treatment and compliance with other conditions of probation.

The case manager's active participation as a treatment group co-facilitator enhances her ability to supervise the probationers who participate in the program and to assess the risk they pose to the community. Of the three programs evaluated by this research team, ISSOS is the only one in which the probation officer co-facilitates treatment groups, although this kind of dual responsibility is a common element in corrections-based sex offender treatment programs. Her role as treatment provider allows her to become much more familiar with the offenders and with the strategies they use to justify or rationalize their behavior. At the same time, her position as ISSOS case manager allows her to bring detailed knowledge of their criminal histories and current offenses to the therapeutic environment.

### Project Impact on its Target Population

All convicted sex offenders who are sentenced to probation in Coles County are supervised through the ISSOS program. The program is reaching the target population it was designed to serve. There are several possible ways to evaluate the impact or effect of this program on its participants. They include:

1. Changes over time in attitudes or other personal characteristics of the participants that are considered relevant to sex offending behavior.
2. Changes in the amount and quality of probationer participation in sex offender-specific treatment programs. While successful completion of treatment is not a direct measure of desired psychological or

behavioral change, research indicates that those who fail to complete a treatment program are more likely to repeat or continue the problem behavior.

3. Changes in rates of subsequent reoffending. Although recidivism can be defined in a variety of ways, the central component of most definitions is an additional act of criminal behavior. Compliance with the conditions of probation and with treatment requirements is sometimes used as an indicator of the likelihood of reoffending.

### **Assessing Attitudinal Change**

As part of this project, the research team was asked to evaluate the short-term impact of ISSOS on the offenders being supervised during the 12 to 18 months of its operation. The research team has been unable to use any of the approaches outlined above to evaluate the short-term impact of ISSOS satisfactorily. As the discussion of assessment found earlier in this chapter indicated, appropriate assessment tests have not been consistently administered to ISSOS probationers at intake. As a result, we lack baseline information, needed as a point of comparison from which to measure any subsequent change. If such assessment measures are used more consistently in the future, it is important that a second assessment be conducted before the offender is discharged from probation or from treatment, so that change over time can be examined.

### **Treatment Participation and Cooperation**

The CCMHC treatment services were evaluated in part through the observation of six consecutive weekly group sessions. The observation focused

on the nature and quality of treatment provided, and was not intended to assess the treatment status or progress of those in the groups. While CCMHC has provided reliable data on probationer attendance to ISSOS, assessments of treatment progress have generally been communicated more informally. The participation and progress of individuals in the groups need to be documented by a treatment provider before program impact can be evaluated. The research team encourages CCMHC treatment providers to consider completing a brief but standardized progress form on a regular basis, in addition to the current process of case notes and oral consultation.

### **Offender Recidivism**

Although there is disagreement among both researchers and clinicians as to the rate of recidivism among sex offenders, they generally agree that a considerable period of time often elapses before a convicted sex offender commits any additional sex crime. This pattern suggests that we should not expect to find many new sex offenses in the first year of the program's operation. Records from the last five months of 1998 show that seven ISSOS probationers committed a total of 11 violations during this period. There were two new offenses, one of them an additional sex offense by a juvenile on probation. Seven of the probation violations involved non-compliance with sex offender-specific conditions of probation; the other two violations involved ordinary probation requirements. However, the way in which these violations were handled was consistent with the ISSOS goal of rapid detection and sanctioning of offender noncompliance.

In conclusion, although the data currently available do not permit the research team to make a reliable assessment of the impact of the ISSOS program on the sex offenders who are being supervised, there is considerable evidence that ISSOS has made substantial progress toward achieving program goals and objectives.





## **CHAPTER 4: VERMILION COUNTY SEX OFFENDER PROBATION PROGRAM**

### **DEVELOPMENT OF THE SEX OFFENDER PROBATION PROGRAM**

The Vermilion County Sex Offender Probation Program (SOP) developed from an individual probation officer's specialization with sex offenders and a desire on the part of the Vermilion County Probation Department to devote more resources to sex offender supervision and treatment. The first offender entered the program in November 1997.

Prior to program initiation, one officer supervised most sex offenders who were placed on probation in Vermilion County. Probation staff interviewed indicated these offenders were usually supervised as maximum risk probationers under standards for offender classification and supervision promulgated by AOIC. In addition to the sex offenders, this officer supervised a full caseload of other probationers. The SOP was designed to allow the probation department to dedicate one officer to supervising all sex offenders placed on probation without having to manage any other caseload. Also, the SOP would develop specialized conditions of probation for sex offenders that would combine treatment and supervision in order to reduce the risk that sex offenders on probation would commit new sex offenses. Program documents indicate only sex offenders placed on probation after the SOP was created would be placed under these special conditions. Those sex offenders placed on probation prior to the SOP would continue to be supervised by the specialized officer but under the conditions of probation established at the time of their sentencing.

The organizational structure of the SOP has remained stable during the course of program implementation. The SOP has one full-time officer on staff. The SOP officer operates under the supervision of the Director of Court Services for Vermilion County. In addition, the SOP officer consults with a clinical psychologist for assessment and treatment issues, and in compiling the sex offender pre-sentence investigation report. The psychologist is retained under a contract with the SOP. The same individuals have occupied these three positions throughout the duration of the SOP. The SOP also has a contract with a local agency to provide sex offender treatment. The same agency has provided this treatment during the existence of the SOP.

The SOP was designed with a four-phase supervision strategy. The SOP officer and the sex offender treatment provider would determine initial placement after an assessment of the offender. Interviews and program documents indicate that the nature of the offense, criminal history, and psychological testing results are all included in the assessment decision. After initial placement, program design also included a gradual reduction in the intensity of supervision as the probationer demonstrated progress in treatment and the ability to comply with the conditions of probation.

In Phase I, the probationer has a minimum of three contacts with the probation officer each week and a curfew from 7:00 p.m. to 7:00 a.m. Electronic monitoring is available to verify compliance with the curfew requirement. The offender remains in Phase I a minimum of three months until the SOP officer moves him to the next phase. In Phase II, minimum contacts are reduced to two per week and the curfew begins two hours later, at 9:00 p.m. Phase II lasts a

minimum of six months. In Phase III, minimum contacts are decreased to one per week and the curfew is reduced an additional two hours to 11:00 p.m. The offender must remain in Phase III a minimum of three months. In Phase IV, the offender is transferred from the SOP officer to a line officer's caseload. At this point, minimum contacts are two per month and a curfew is not required. All sex offenders are drug tested a minimum of once a month in each of the four phases.

The SOP officer is responsible for monitoring compliance with the conditions established in the first three phases and with all other conditions of the SOP. In addition to the requirements of the phases, offenders in the SOP are required to attend sex offender treatment, as required by the SOP officer and the treatment provider. The SOP officer maintains communication with the treatment provider through weekly staffings. Other conditions of SOP probation include no contact with victims or children under age 17, DNA fingerprinting, and sex offender registration as required. A list of the probation conditions normally imposed on SOP probationers is included as Appendix F.

#### IMPLEMENTATION OF THE SEX OFFENDER PROBATION (SOP) PROGRAM

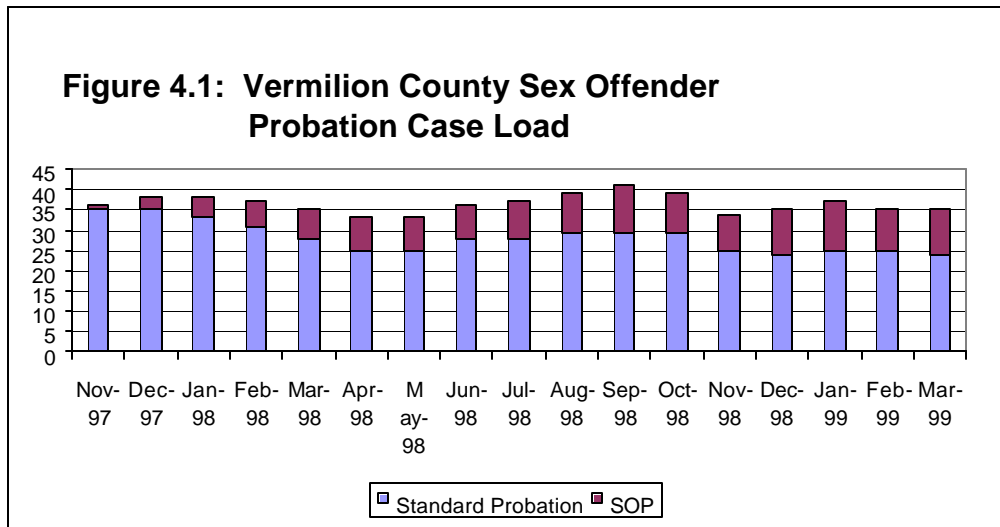
For purposes of this evaluation, program implementation includes all activities taking place after the inauguration of the program. Interviews with probation personnel and service providers indicate that probationers sentenced to the SOP are supervised according to the standards set forth in the program design. However, as the program evolved, changes were made in the utilization of the SOP pre-sentence investigation report. In addition, there is some

uncertainty regarding the program's continuing access to the original treatment provider.

The original program design anticipated that the prosecutor would defer to the judgment of the SOP officer and the treatment provider employed by the program in determining program eligibility. However, program and treatment personnel interviewed reported that in some instances sentences were imposed by the court without the defendant being assessed by SOP. In other instances assessments were conducted, but sentences were imposed that were inconsistent with the prognosis and recommendations provided in the assessment. Probation staff interviewed at the close of the evaluation period reported more favorable relationships with the judiciary and an increased utilization of the pre-sentence report.

While members of the criminal justice system in Vermilion County did not always defer to the assessment conducted by the SOP, reports submitted to the ICJIA by the SOP indicate the overall sentencing trend in the county favors utilization of SOP over standard probation. Figure 4.1, documenting the number of sex offender probationers on SOP and on standard probation, was created from monthly reports prepared by the SOP for ICJIA from November 1997 through March 1999. The number of sex offenders in the community who are subject to SOP rules and conditions has increased from one in November 1997 to eleven in March 1999. At the same time, the number of sex offenders in the community who are supervised under standard rules of probation has decreased from 35 in November 1997 to 24 in March 1999. Also, in interviews conducted

near the end of the evaluation period, probation staff noted several sex offense cases were pending that could add to the SOP portion of the caseload.



During the course of the evaluation, the SOP utilized the same sex offender treatment provider. There was only minor staff turnover during the treatment provider’s relationship with the SOP. One of the clinicians responsible for conducting group sessions left the service provider and was replaced by an individual with significant clinical experience but limited experience with sex offenders. However, interviews conducted at the end of the evaluation period disclosed that the treatment provider would no longer accept additional SOP members into treatment groups. Those interviewed explained that the treatment provider believed the payments received from SOP clients were insufficient to cover expenses. While this created some uncertainty for the future provision of treatment services to SOP offenders, court services personnel disclosed that they were pursuing other options for treatment services and were optimistic a positive solution would be reached.

## PROGRAM OPERATION

### Intake and Caseload

Program documents submitted by SOP to the ICJIA indicate offenders targeted for the SOP program are adults or juveniles sentenced or adjudicated to probation for the felony sex offenses of aggravated criminal sexual abuse and child exploitative offenses. Felony charges that are reduced to misdemeanors as part of a plea negotiation may also be considered for assignment to the specialized program. The original design of the SOP provided that the SOP officer would determine eligibility into the program. Those cases where the victim is 13 years old or younger would automatically be placed in the program. In cases involving older victims, the SOP officer would determine eligibility based upon a number of criteria including the age(s) and number of victims, the nature of the abuse, the circumstances of the offense, risk of re-offending, and the prior criminal history of the offender. As described in more detail above, the court and prosecutor control which cases enter the SOP through sentencing decisions and plea agreements, although the SOP does have some input into this process through the sex offender pre-sentence report.

In order to better determine offender risk factors, the program design specified that the SOP officer would conduct a background check that would include police reports, information from the Department of Children and Family Services (which investigates many child abuse allegations), a substance abuse evaluation, and a full pre-sentence investigation and report (PSI) prior to sentencing. The sex offender-specific PSI set forth in the program design included the Minnesota Multiphasic Personality Inventory-1, the Hare

Psychopathy evaluation, and a mental health evaluation form based on the AOIC model.

During the existence of the SOP, thirteen adults and one juvenile entered the program. Data regarding the adult offenders' crimes and the length of their probation terms are presented in Table 4.1. Of the 11 adults for whom complete information was available, 7 (64%) were convicted of aggravated criminal sexual abuse, a Class 2 felony. The other four offenders were convicted of criminal sexual assault, a Class 1 felony. All adult offenders were sentenced to 48 months probation except one criminal sexual assault offender, who was sentenced to 57 months. The lone juvenile offender was adjudicated delinquent for aggravated criminal sexual abuse and placed on probation for 36 months.

**Table 4.1: Length of SOP Probation in Months by Offense**

Length of Probation Sentence	OFFENSE		Total Number of Cases
	Aggravated Criminal Sexual Abuse	Criminal Sexual Assault	
48 month	7	3	10
57 months		1	1
<b>Total</b>	<b>7 (63.6%)</b>	<b>4 (36.4%)</b>	<b>11 (100%)</b>

#### Offender Profiles

According to the original grant application, the Vermilion County SOP program was designed to allow one probation officer to supervise all offenders who were convicted of a sex offense and placed on probation. While existing probationers would continue to be supervised under their original terms of probation, all offenders convicted after the start of the SOP would be subject to the specialized conditions of probation that SOP developed. While all adult sex



offenders were assigned to the specialized SOP officer, many of them were not placed under the special conditions of probation that were part of the SOP. This section examines only the limited number of offenders who were formally assigned to the SOP program and who were subject to these special conditions.

The evaluation team coded all SOP cases from November 1997, when the first SOP probationer was assigned to the program, through March 1999. During this 17-month period a total of 14 probationers were assigned to the SOP, at least briefly, including one juvenile. The information reported below is drawn primarily from probation files, supplemented in some cases by data recorded in treatment reports.

### **Offender Characteristics**

As noted above, only one juvenile offender was assigned to SOP during the period of this evaluation. This offender, a 12-year-old Caucasian female, had been adjudicated delinquent on a felony charge of aggravated criminal sexual abuse. Because no valid conclusions can be drawn based on a single offender, no further analysis was carried out on this individual. The small number of adult offenders supervised under the SOP program places similar limitations on the analyses that can be conducted. This section will therefore emphasize descriptive statistics.

The adult offenders were predominantly male (12 out of 13, or 92%) and predominantly Caucasian. Ten of the SOP offenders were Caucasian (77%), two were African-American (15%) and one was Hispanic (8%). This distribution is similar to the 1990 census data for Vermilion County, which reported 89.5 percent of the population as White, 8.9 percent as Black, and 1.6 percent as

Hispanic. The probationers ranged in age from 17 to 58 years, with a median age of 34 years and an average age of 33.6 years (see Table 4.2).

**Table 4.2: Age of SOP Adult Offenders at Conviction**

<b>Age</b>	<b>Frequency</b>	<b>Percent</b>
17-20	2	15.4
21-25	3	23.1
26-30	0	--
31-35	3	23.1
36-40	0	--
41-45	3	23.1
46-50	1	7.7
51-60	1	7.7
<b>TOTAL</b>	<b>13</b>	<b>100.0</b>

Only three of the offenders (23%) were currently married; the rest were single (n=6, or 46.2%), divorced (n=2, or 15.4%) or separated (n=2, or 15.4%). Although three-fourths of the SOP probationers were not currently married, half of them had victimized family members. Victimization patterns are discussed more fully in the next section of this report. Approximately half of the adult offenders (n=5, or 56 percent of the offenders for which this information was available in the file) were in a sexually active relationship at the time of probation.

Half of the Vermilion County offenders were employed, all of them full-time; the rest reported themselves as unemployed. This compares with a reported unemployment rate of 7.7 percent in 1995 for Vermilion County (Hall & Gaquin, 1997). Only one of the probationers reported earning more than \$25,000, and the median income was below the poverty level (\$13,500 or less). In 1989 the median family income for Vermilion County was \$23,841, the median per capita income was \$11,771. Almost half of the offenders (46.2%) had not

completed high school (see Table 4.3). The combined total of those who had completed high school or earned a GED degree (38.5%) and those who had attended at least some college (7.7%) was 46.2 percent. According to 1990 census data, 72.8 percent of the age-eligible residents in Vermilion County had completed high school.

Table 4.3: SOP Offender Education

Education Level	Frequency	Percent
Did not complete high school	6	46.2
Completed high school or GED	5	38.5
Some college	1	7.7
Completed B.A./B.S. degree	0	--
Completed M.A./M.S. degree	1	7.7
<b>TOTAL</b>	<b>13</b>	<b>100.0</b>

These summary statistics suggest that the adults who were sentenced to probation for sex offenses were less well educated and less well-off economically than the average Vermilion County resident. Many had not been able to establish or maintain stable family relations.

#### Alcohol and Substance Abuse

As indicated in the discussion on this topic in Chapter Three, studies have produced mixed data on the incidence and frequency of substance abuse by sex offenders. A comparison of the data collected from SOP files with those produced in a recent snapshot study of Illinois probationers (Olson & Adkins, 1998) shows that SOP adult probationers disclosed lower rates of alcohol abuse and slightly higher rates of drug abuse than were reported for the overall Illinois adult probation population. These rates are compared in Table 4.4. Although seven offenders revealed a prior history of substance abuse, only one offender was identified as having participated in any prior treatment for substance abuse.

**Table 4.4: Prior History of Alcohol and Drug Abuse Among SOP Adult**

**Probationers Compared to and All Adults Discharged from Probation in Illinois, November-December 1997.**

Substance Usage	Vermilion County SOP Program		Illinois, Outside of Cook County	Illinois Total, All Counties
	N	%	Percent	Percent
Only Alcohol Abuse	2	15.4	23.1	20.8
Only Drug Abuse	1	7.7	5.3	6.4
Both Drug <i>and</i> Alcohol Abuse	4	30.8	35.3	28.5
<b>Total (History of Any Substance Abuse)</b>	<b>7</b>	<b>53.8</b>	<b>63.7</b>	<b>55.7</b>

Mental Health Characteristics

Mental health problems were noted in the probation files of five SOP probationers (71.4% of those files that included relevant data); almost half the SOP files did not provide information on the presence or absence of mental health problems. Only two offenders were identified as having received prior mental health treatment. A review of program files for 14 SOP offenders identified the presence of psychiatric diagnostic information in five of those files (35.7%). A discussion of the DSM diagnostic codes is presented in the treatment section of this chapter.

Characteristics Potentially Related to Sexual Reoffending

**Offense Characteristics**

To the extent that it was available in probation files, information on a number of interesting variables that had been identified as potentially relevant in the literature or by investigators associated with this evaluation was gathered during this project. These data provide baseline data on the characteristics of the sex offenders in each of the programs that was studied. Offense characteristics for SOP offenders are summarized in Tables 4.5 through 4.10.

Although the charge on which an offender is formally convicted is not always indicative of the seriousness of the underlying behavior, information was gathered on the offense for which probation had been imposed (the “current

convicted offense”). All of the probationers assigned to the SOP program were convicted of felony sex offenses, although aggravated criminal sexual abuse does not necessarily involve penetration. Table 4.5 summarizes the nature of the penetration involved in criminal sexual assault charges.

**Table 4.5: Penetration as an Element of Current Convicted Offense**

Penetration	Frequency	Percent
<b>YES (penetration occurred)</b>	<b>10</b>	<b>83.3</b>
Vaginal penetration only	8	66.7
Vaginal and anal penetration	1	8.3
Oral penetration only	1	8.3
<b>No Penetration</b>	<b>2</b>	<b>16.7</b>
<b>TOTAL</b>	<b>12</b>	<b>100.0</b>
Missing data	1	

Probation files showed that physical force was used in only two cases. However, this does not mean that the sexual behavior was voluntary or desired. According to victim statements, coercion was an element of almost all offenses (see Table 4.6)

**Table 4.6: Relationship Between Use of Force and Victim Statement that Sexual Behavior was Consensual**

How did Victim Describe Sexual Behavior?	Was Physical Force Used?			
	No		Yes	
	N	Percent	N	Percent
Consensual	1	11.1	0	--
Not Consensual	8	88.9	2	100.0
<b>Total</b>	<b>9</b>	<b>100.0</b>	<b>2</b>	
Missing data	1			

Identified victims were primarily female. This was expected, since 75 percent of the offenses involved vaginal penetration. Table 4.7 shows that 91.7 percent of the offenders’ files showed female victims only. One of the offenders had committed crimes involving both female and male victims.

**Table 4.7: Gender of Victim(s)**

<b>Gender of Victim(s)</b>	<b>Frequency</b>	<b>Percent</b>
Female only	11	91.7
Both Male and Female	1	8.3
<b>TOTAL</b>	<b>12</b>	<b>100.0</b>
Missing data	1	--

Most of the SOP offenses (75%, n=9) involved only a single victim, and none involved more than two identified victims. The age of the youngest identified victim (in three-quarters of the cases this was the only victim) ranged from five to fifteen (see Table 4.8). Excluding the one juvenile offender from consideration, only adult sex offenders who victimized children have been sentenced to SOP probation in Vermilion County. The median victim age was 8 years; the mean age was 8.9 years. Over 80 percent (83.3%) of the victims were under age 13, with an additional 8.3 percent aged 13 or 14.

**Table 4.8: Age of Youngest Victim in Current Offense**

<b>Age of Youngest Victim</b>	<b>Frequency</b>	<b>Percent</b>
Age 5	2	16.7
Age 6	2	16.7
Ages 7 and 8	3	25.0
Ages 9 through 12	3	25.0
Ages 13 and 14	1	8.3
Age 15	1	8.3
<b>TOTAL</b>	<b>12</b>	<b>100.0</b>
Missing data	1	

There was a family connection between the offender and the victim in half of the SOP cases (see Table 4.9). In most of the other cases the offender had the quasi-familial status of mother's boyfriend.

**Table 4.9: Relationship between Offender and Victim**

<b>Offender's Relationship to Victim</b>	<b>Frequency</b>	<b>Percent</b>
<b>FAMILY RELATIONSHIP</b>	<b>6</b>	<b>50.0</b>
Father	2	16.7
Stepfather	1	8.3
Uncle	1	8.3
Aunt	1	8.3

Cousin	1	8.3
<b>ACQUAINTED, NO FAMILY RELATIONSHIP</b>	<b>6</b>	<b>50.0</b>
Mother's boyfriend	4	33.3
Babysitter	1	8.3
Father of Victim's Friend	1	8.3
<b>TOTAL</b>	<b>12</b>	<b>100.0</b>
Missing data	1	--

Information was available on the duration of abuse, measured in months, in 11 of the 13 Vermilion County cases. Although the data collection instrument directed coders to “count the time from when the offender first started sexual offending even if it was with a different victim,” most files contained information on only one victim. In a limited number of cases where the victims were related and the sexual abuse of these victims was connected or overlapped in time, information about the reported onset of this pattern of related offenses was available in the file. Based on file information provided by victims and by offenders, the mean length of the abuse was 6.4 months (see Table 4.10). The median length of abuse was three months. The low median suggests that most probationers were first-time offenders or that file information on abuse that was not prosecuted was incomplete.

**Table 4.10: Duration of Abuse Associated with Current Sexual Offense**

<b>Number of Months</b>	<b>Frequency</b>	<b>Percent</b>
Single incident	1	9.1
1 month	2	18.2
2 months	2	18.2
3 months	1	9.1
6 months	1	9.1
7 months	1	9.1
12 months	1	9.1
18 months	2	18.2
<b>TOTAL</b>	<b>11</b>	<b>100.0</b>
Missing data	2	--

## Offender Characteristics

Most adults convicted of criminal sexual assault, rape, or comparable sexual crimes involving the use of force are sentenced to a term of imprisonment (Maguire & Pastore, 1998). Thus, the population of adult sex offenders sentenced to probation is not representative of the total sex offender population. They are less likely to have used physical force and more likely to be family member offenders. In Vermilion County, aggravated criminal sexual abuse convictions made up almost two-thirds of the SOP adult caseload.

One offender characteristic that is believed to be important in predicting recidivism for child molesters is the extent to which the offender is fixated on children as objects of sexual interest (Groth, 1979; Knight & Prentky, 1990). One possible indicator of fixation is the age of the offender, as well as the number of previous arrests and convictions for sexual offenses. An analysis of current convictions of SOP probationers by age of offender is presented in Table 4.11. This table indicates that older offenders are likely to be convicted of more serious offenses (criminal sexual assault and aggravated criminal sexual abuse) than younger offenders, and that older offenders account for the majority of these offenses.

**Table 4.11: Current Convictions of SOP Probationers by Age of Offender**

Current Convicted Offense	Age of Offender							
	17-20	21-25	26-30	31-35	36-40	41-45	46-50	51-60
Criminal Sexual Assault				2		1		1
Aggravated Criminal Sexual Abuse	1	3		1		2		
<b>TOTAL</b>	<b>1</b>	<b>3</b>	<b>0</b>	<b>3</b>	<b>0</b>	<b>3</b>	<b>0</b>	<b>1</b>



It is often argued that the best predictor of recidivism is a record of past criminal behavior. Criminal history information on six categories of offenses, including sex offenses, was collected from the SOP files. For all eleven files that contained this information, the current conviction also represented their first arrest for a sex offense. The evaluation team collected data on the prior arrests and convictions of SOP probationers in five other categories: violent offenses against persons (non-sexual), felony property offenses, drug offenses, domestic battery/assault/stalking, and misdemeanors (other than domestic violence charges). These data are presented in Table 4.12.

Probation file data also indicated that most of the SOP offenders have not previously been placed on probation or incarcerated (see Table 4.13). Three offenders (25%) had previously been placed on probation, although none had served more than one term of probation. Three offenders had also previously been incarcerated, but again none had served more than one previous term of incarceration. The data presented in these two tables indicate that most of the offenders sentenced to SOP probation have no significant record of arrests or convictions for violent crimes, although about one-third have been convicted on misdemeanor charges and three of the sex offenders had previously been convicted on drug charges.

**Table 4.12: Prior Arrests and Convictions for Selected Non-Sex Offenses**

Offenders with Prior Arrests and Convictions	None		One		Two or More		Missing data
	N	%	N	%	N	%	
<b>Prior Arrests for:</b>							
Violent offenses	11	100.0	0	--	0	--	2
Felony property offenses	9	81.8	2	18.2	0	--	2
Drug offenses	8	72.7	1	9.1	2	18.2	2

Domestic battery or assault, stalking	10	90.0	1	9.1	0	--	2
Misdemeanors	7	63.6	2	18.2	2	18.2	2
<b>ALL ARRESTS</b>	<b>5</b>	<b>45.5</b>	<b>2</b>	<b>15.4</b>	<b>4</b>	<b>36.4</b>	<b>2</b>
<b>Prior Convictions for:</b>							
Violent offenses	11	100.0	0	--	0	--	2
Felony property offenses	9	81.8	2	18.2	0	--	2
Drug offenses	8	72.7	1	9.1	2	18.2	2
Domestic battery or assault, stalking	10	90.9	1	9.1	0	--	2
Misdemeanors	8	72.7	1	9.1	2	18.2	2
<b>ALL CONVICTIONS</b>	<b>6</b>	<b>54.5</b>	<b>1</b>	<b>9.1</b>	<b>4</b>	<b>36.4</b>	<b>2</b>

**Table 4.13: Number of Prior Sentences of Probation or Incarceration**

Offenders with Prior Sentences of Probation or Incarceration	None		One		Missing data
	N	%	N	%	
Prior Probation Sentences	9	75.0	3	25.0	1
Prior Periods of Incarceration	8	72.7	3	27.3	2

Many researchers believe that there is a strong connection between childhood abuse and the commission of sex offenses as an adolescent or adult (Becker, Kaplan, Cunningham-Rathner, & Kavoussi, 1986; Kaufman, Hilliker & Daleiden, 1996; Overholser & Beck, 1989; Williams & Finkelhor, 1990). The effects of the joint experience of both physical and sexual abuse have also been explored (Benoit & Kennedy, 1992). Offender disclosures of childhood abuse can help to establish an important baseline measure, although the nature of these experiences needs to be verified. Half of the SOP offenders who had information relating to this item in their file had disclosed that they had been abused, both sexually and physically, as children; no instances of only sexual abuse or only physical abuse were documented (see Table 4.14). However, less than half of the files reviewed included information on this topic.

**Table 4.14: Disclosures of Childhood Abuse by SOP Offenders**

<b>Did Offender Disclose Abuse?</b>	<b>Frequency</b>	<b>Percent</b>
NO	3	50.0
YES, both sexual and physical abuse	3	50.0
Missing data	7	--

Most sex offenders initially deny or minimize the offenses with which they are charged. If the alleged behavior is admitted, offenders frequently seek to place responsibility for the offense on the victim. Probation files and progress reports from treatment providers were reviewed to determine the extent to which the offender appeared to acknowledge or deny the offense for which he had been convicted. Very few of the SOP offenders completely denied the truth of the charges against them (see Table 4.15).

**Table 4.15: Offender Denial**

<b>Offender Denial</b>	<b>Frequency</b>	<b>Percent</b>
Offender denies completely	1	9.1
Offender denies part of the offense	9	81.8
Offender admits all aspects of the offense (close agreement with police or victim version)	1	9.1
<b>TOTAL</b>	<b>11</b>	<b>100.0</b>
Missing data	2	

Another factor that may be important in the offender's ability to complete a treatment program and to refrain from re-offending is the offender's attitude toward treatment, often discussed in terms of offender motivation or readiness for treatment. There are a number of potential indicators of a positive attitude toward treatment and a willingness to change. One element that was commonly documented in probation files was whether the offender expressed remorse for the crime or for its impact on the victim. Half of the SOP offenders whose files

contained information on this variable expressed some degree of remorse. However, no relevant information was found in five of the thirteen files reviewed.

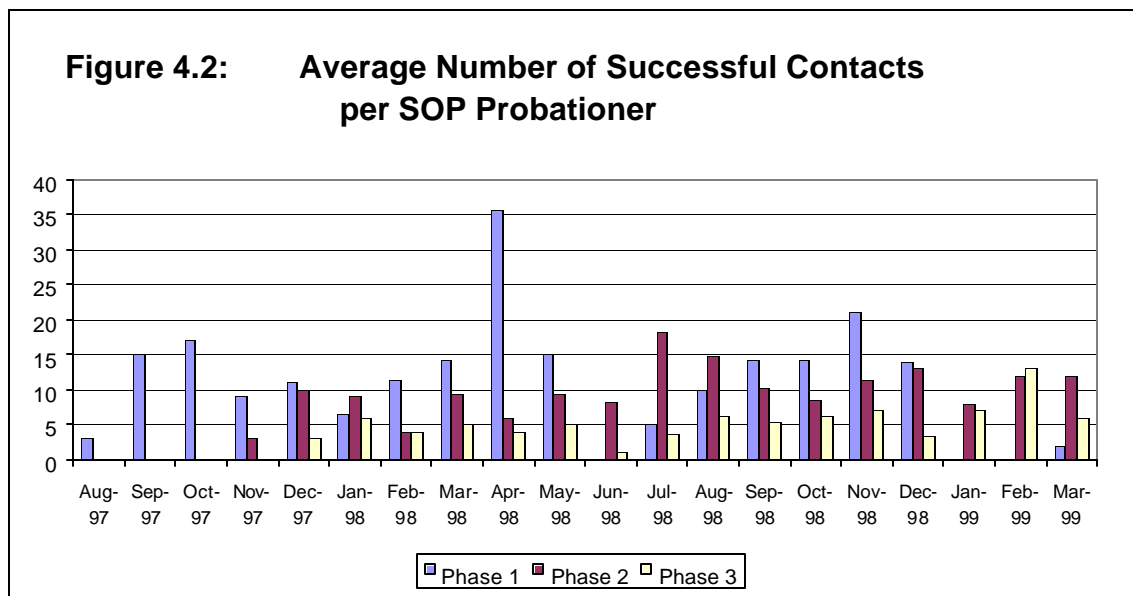
### Supervision and Surveillance

The Vermilion County Sex Offender Probation Program (SOP) was designed to allow the probation department to dedicate one officer to supervise all sex offenders without the need to carry additional cases involving other kinds of offenders. Although the caseload would be specialized, the probationers would not all be sentenced to intensive SOP probation. Although the SOP was designed to provide more intensive supervision and management of offenders, some sex offenders on the SOP officer's caseload were sentenced to standard probation. The decision about what kind of probation to impose has never been controlled by probation, as the department's original proposal had envisioned. It is determined by the judiciary and the state's attorney's office. According to probation interviews, the number of sex offenders in SOP has remained lower than originally anticipated, although the SOP officer has maintained a fairly consistent caseload level.

The SOP was designed with a four-phase supervision strategy. The SOP officer and the sex offender treatment provider would decide on the initial placement after an assessment of the sex offender. The program design called for a gradual reduction in the intensity of supervision as the probationer demonstrated progress in treatment and the ability to comply with the conditions of probation. Specific phase requirements and standards have been discussed earlier in this chapter.

The SOP began in August 1997 with one probationer subject to intensive supervision. During that month the SOP officer completed two home visits and had one office visit contact with the probationer. During the next two months this probationer continued to be the sole person on SOP probation. The SOP officer continued to maintain this level of intensive supervision, surpassing the standards set for Phase I supervision with seven home visits in September, seven more in October, and four in November before the probationer was moved from Phase I to Phase II status. After the change to Phase II, the SOP officer conducted an additional home visit in November, combined with two office visits with the probationer.

After November 1997 the SOP caseload began to grow slowly, reaching a peak of 12 in January 1999. The mean number of monthly contacts for probationers in each phase is shown in Figure 4.2.



Assuming a four-week period for each month, office visits and home visits during Phase I should total 12 for each probationer. Figure 4.2 shows that

probationer contacts with the SOP officer exceeded expectations almost every month. The few months in which the average dropped below 12 contacts were months in which a probationer was assigned to SOP late in the month, resulting in a smaller number of required contacts.

There should be at least eight contacts a month between each Phase II probationer and the SOP officer. These requirements were satisfied in most of the months involved in this study. When reported contacts fell short of the standard, it usually reflected a change in Phase assignment for one or more probationers during this month. In April 1998, for example, six probation violation hearings were held, resulting in the reassignment of some probationers back to Phase I levels of supervision. Phase III requires a minimum of four contacts between the probationer and the SOP officer each month. Again, in almost every month the average number of contacts for Phase III probationers reached or exceeded four.

Attempted contacts are not included in these counts, since intensive supervision programs emphasize more direct contact between the supervising officer and the probationer. In order to increase the impact of home visits and allow the officer to observe conditions as they normally exist, no advance notice of home visits is given. As a result, it may take several attempts to complete a home visit.

Home visits that do not result in contact with the probationer may be helpful in other ways. If the offender lives with others, it may still be possible to observe the home environment or to talk with someone else in the household. These are properly recorded as collateral contacts, but were not counted as

successful home visits in this analysis. Attempted home visits that are not completed are particularly useful if the probationer is required to keep an event log, allowing the officer to check the offender's self-report of where he was. Event logs are required by the Coles County ISSOS, but not by SOP. However, knowledge gathered during an unsuccessful home visit may still provide useful information that can be used in subsequent office visits.

One very positive part of the SOP program is the way in which the SOP officer conducts office visits with the program's offenders. Because of his relatively small caseload of SOP probationers requiring intensive supervision, the SOP officer is able to spend considerable time with these probationers when they come in for office visits. These visits often last 30 minutes or more. This opportunity for lengthy interviews, along with the knowledge the SOP officer possesses, have aided the officer in his decisions about supervision issues. The SOP officer also meets with the primary treatment provider several times a week to share information regarding the SOP offenders and current supervision issues, as well as treatment issues.

#### Communication and Cooperation

The SOP officer has developed a close working relationship with a licensed clinical psychologist who provides psychological testing and test interpretation for the SOP, consults with the SOP officer on at least a weekly basis, and supervises the delivery of sex offender treatment services by the program's treatment provider. In interviews with both the psychologist and the SOP officer, it was clear that these individuals rely on each other and respect one another's abilities.

The SOP appears to be relatively detached from other portions of the local criminal justice system. While individuals associated with the program report generally positive relationships with other members of the criminal justice system, they also disclose that there is only minimal exchange of information between the parties. However, those associated with the SOP did disclose increases in the quantity and quality of communication between the program and the judiciary near the end of this study period. The improvement is attributed to a change in judges. The new judge has expressed interest in receiving increased input from the SOP. This relationship was only in its early stages by the end of this report period.

### Treatment Services

#### **Overview of the Treatment Program**

### Staffing Resources

Group treatment services for adult sex offenders are provided through the Center for Children's Services (CCS). The treatment program is supervised by a licensed psychologist. Five additional clinicians serve as group therapists for the program; academic degrees range from bachelor- to doctoral levels in relevant concentrations (i.e., social work, counseling, or psychology).

### Treatment Structure

The provision of group treatment at CCS includes four groups for adult male sex offenders. One of the men's groups is specifically for sex offenders who are assessed at below average intelligence or who otherwise exhibit signs of significant cognitive limitation. Another has been structured to serve as an orientation-to-therapy group; offenders entering the treatment program are



initially assigned to this group for some period, before progressing to a regular group. At the time of preliminary interviewing, there were two women offenders in the SOP program; their treatment was handled separately by a female therapist. The men's groups range in size from 8 offenders to 13 offenders each.

Group sessions are held on a weekly basis and are 90 minutes in duration. The fees for group treatment are calculated on a sliding scale based on gross annual income, and ranged from a minimum of \$10.00 per session to a maximum of \$37.50 per session. An effort is made to have male and female co-facilitators assigned to each group of male offenders, as staffing allows, and to keep the same therapists working with their assigned group across sessions. The Vermilion County SOP officer does not attend group treatment sessions, but he does meet with the program's supervising psychologist on a weekly basis.

#### Program Philosophy and Therapeutic Orientation

Group therapy is described as being cognitive-behavioral in nature, and grounded in a relapse prevention model. Treatment includes the use of confrontation and homework assignments. According to the treatment provider, the following are prominent targets or components of treatment: denial of offense, other cognitive distortions, analyzing events in the offense cycle, arousal or deviant fantasy control, empathy for victims, relationship skills development, and stress and anger management. Offenders are allowed to continue group therapy after probation ends.

#### Treatment Progress Reviews and Records

The general criterion for negative discharge involves failure to adequately participate in treatment. A new written policy regarding unexcused absences and

nonpayment of fees was formally implemented this year. The policy states that any unexcused absence or failure to make weekly fee payments results in a 30-day suspension from group and that a second unexcused absence results in a negative discharge from group therapy. Each group member reads and signs a copy of the policy. There is no formal policy regarding lateness or non-compliance with homework assignments.

### Communication Between Probation Officers and Treatment Providers

The probation officer meets with the treatment supervisor two hours each week for case management and treatment coordination, and by phone or through face-to-face appointments for consultation as needed. Reciprocal releases of information are in effect for the duration of treatment, and consultation with individual group therapists also occurs as needed. Each week, the probation officer receives a fax regarding group attendance and fee payment status for each male offender. The probation officer indicated he was satisfied with the timeliness, extent, and form of treatment information routinely provided to him.

### **Review of Treatment Evaluations**

#### Background Information

Preliminary interview information indicated that sex offender-specific evaluations are jointly conducted by the treatment supervisor and the probation officer, using interviews and a battery of clinical measures, and culminate in a pre-treatment assessment report. The treatment supervisor indicated that evaluation included diagnostic interviewing and the administration of the

Minnesota Multiphasic Personality Inventory (MMPI) and the Hare Psychopathy Checklist-Revised (HARE). Sex offenders are excluded from the primary provider's group treatment if the supervising psychologist finds evidence of severe mental illness or disability that would interfere with effective participation in the treatment process. A formal treatment contract is signed by the offender and by the group therapists. The standard treatment contract includes six sex offender-specific treatment goals, which are broken down into more specific therapeutic objectives.

### Treatment File Review

The evaluation team reviewed the treatment files of 14 Vermilion County sex offenders (assigned to the SOP program at the time of program evaluation) for representative testing and/or psychiatric diagnostic information. Information regarding formal assessment was included in 21.4 percent (n=3) of the files reviewed. The measures given included the MMPI (n=3, 100%) and the HARE (n=2, 66.7%). One offender was also given the Millon Clinical Multiaxial Inventory III, the Wechsler Adult Intelligence Scale-Revised, the Stanford-Binet, and tests noted only as "VMI" and "TATI" on the reviewer coding form. See Figure 4.3 for a summary of the assessment instruments used.

Psychiatric diagnostic information was found in five files (35.7%). The following clinical disorders represent the nine DSM Axis I diagnostic codes<sup>7</sup> found in those files: Pedophilia (n=2, 40% of files with diagnostic information); Schizoaffective Disorder (n=1, 20%); Posttraumatic Stress Disorder (n=1, 20%);

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<sup>7</sup> Axis I pertains to major clinical syndromes or clinically recognizable mental conditions that are a focus of treatment. The elements required for these diagnoses are provided in the Diagnostic and Statistical Manual published by the American Psychiatric Association.

Adjustment Disorder with Anxiety (n=1, 20%); Alcohol Dependence (n=1, 20%); Cannabis Abuse (n=1, 20%); Cocaine Abuse (n=1, 20%); and Sexual Abuse of Child (n= 1, 20%). The six Axis II diagnostic codes<sup>8</sup> found included Learning Disorders (n= 2, 40% of files with diagnostic information); Adult Antisocial Behavior (n= 1, 20%); Paranoid Personality Disorder (n=1, 20%); Dependent Personality Disorder (n=1, 20%); and, as a “rule out,” Borderline Personality

**Figure 4.3: Pre-Treatment Assessment Measures:  
Vermilion County Treatment Program**

<p><u>Clinical Symptoms, Syndromes, an/or Personality Disorders</u></p> <p><i>Hare Psychopathy Checklist-Revised</i>  <i>Minnesota Multiphasic Personality Inventory*</i> (MMPI or MMP-I-II)  <i>Millon Clinical Multiaxial Inventory-III**</i> (MCMI-III)</p> <p><u>Intellectual Assessment or Screening</u></p> <p><i>Stanford-Binet Intelligence Scale</i>  <i>Verbal Memory Index or Visual Memory Index</i>  <i>Wechsler Adult Intelligence Scale-Revised (WAIS-R)</i></p> <p><u>Sex Offender-Specific</u></p> <p>(none noted in files)</p> <p><u>Other</u></p> <p>(none noted in files)</p> <p>* includes a scale which assesses hostility &amp; antisocial characteristics  ** includes scales which assess antisocial personality disorder &amp; substance dependence</p>
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Disorder (n=1, 20%). Axis V coding reflects the diagnostician’s judgment of the patient’s overall level of functioning at the time of evaluation (“Global Assessment

of Functioning,” or GAF), with numerical scores ranging from 1 (severely deficient functioning and/or threat to self or others) to 100 (superior functioning/no symptoms). Axis V GAF scores were found in four files and ranged from 35 (some impairment in reality testing or communication, or major impairment in several areas of functioning) to 55 (moderate symptoms or moderate difficulty in some areas of functioning), with a median score of 44 (serious symptoms or serious impairment in some area of functioning).

## **Observational Review of Treatment**

### Group Structure, Composition, and Policies

Group sessions were 90 minutes in length. The group selected for observation was led by male and female co-therapists; both therapists are Caucasian. A therapist was absent only once during the observation period. Among the eight male group members assigned to this group at the time observations began, the racial distribution consisted of six Caucasians, one African American, and one Hispanic American. According to therapist report, history of group membership varied from several years to approximately one year among offenders assigned to the group. The SOP probation officer routinely met with the group therapists for consultation before the group sessions, but did not actually attend the group sessions.

Blank copies of SOP treatment goals and objectives, a master plan, and two group-related homework assignments were given to the observer as material in support of the treatment structure.

### Attendance and Attrition

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<sup>8</sup> Axis II captures personality disorders or specific developmental disorders that significantly interfere with

Attendance varied from five to eight group members per session. Two instances of significant lateness were verbally noted and reprimanded by the therapist. During the observation period, three transfers occurred between groups (2 members in, 1 member out); one group member was positively discharged; two group members were suspended for non-payment of fees; and one group member was suspended for unexcused absence.

### Session Format and Content

The structure of treatment sessions varied somewhat across the observation period. The first 75 minutes of the initial observation session was devoted to a review of new written policies, calculation of fees, and the signing of several treatment contracts. For three out of the remaining five sessions observed, the first 20 to 25 minutes involved some form of record keeping or discussion related to attendance, fee payment, or individual treatment contracts. In three of the sessions, the male therapist began the group process by posing a question to the group or by reintroducing an individual focus from the previous week. Structured homework directly related to the therapy process was incorporated into the last two sessions, so group process in the last two sessions began with a review of structured homework assigned the previous week.

The issues voluntarily introduced by group members related to personal dynamics, changes in work status, basic living skill deficits, and stressful situations. Across the six-week observation period, therapeutic focus included compliance with treatment; work issues; analysis of personal dynamics related to risk of offending; problem-solving to avoid victim contact; a relaxation exercise;

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adaptive functioning or result in clinically significant levels of subjective distress for the patient.

and brief informal lectures concerning incarceration, nutrition, stress management, emotional intelligence, and impulse control in relation to cognitive patterns and brain physiology. Table 4.16 depicts significant treatment elements within sessions, as identified by the observer. It indicates that observed sessions were characterized by consistent attention to instances of denial, minimization, or lack of responsibility in relation to treatment. However, homework and other important sex offender-specific treatment elements were less consistently or clearly used to focus the group sessions. For example, situation-specific monitoring and problem solving, in the service of relapse anticipation and prevention, and attention to empathy for victims occurred in a direct and clearly identifiable form in only one session.

**Table 4.16: Components of Adult Sex Offender Group Treatment – Vermilion County Program**

	Observation Week					
	One	Two	Three	Four	Five	Six
<b>Use of Homework</b>						
<i>Homework collected or reviewed in session</i>					X	X
<b>Session Elements</b>						
<i>Appropriate disclosure</i>					X	X
<i>Overcoming denial</i>			X	X	X	X
<i>Accepting responsibility</i>		X		X	X	X
<i>Developing empathy for victims</i>						X
<i>Learning about basic offense cycle</i>						
<i>Learning risk factors</i>						
<i>Identifying personal risk factors</i>			X	X	X	
<i>Relapse anticipation</i>						
<i>Developing personal intervention plans or other relapse prevention work</i>						X

Use of Homework

Homework was assigned in each of the last three sessions. One homework assignment involved reading and exercises related to stress management. The other written assignments involved completing a therapy report and session-bridging questionnaire, which were designed to facilitate more effective group participation. At the beginning of the last two sessions, each group member was asked to verbally report some of his homework responses. Compliance and meaningful involvement with the homework varied. Although responses by most group members indicated some level of homework completion, some group members indicated they had not done the homework or were observed working on it during the session in which it was due. The therapist responded to apparent non-completion of homework with reminders about the need for treatment compliance, but did not directly impose negative consequences within the treatment setting during the observation period.

### Process Observations

The new rules regarding fee payment and unexcused absences were consistently followed throughout the observation period, and the therapists were attentive to indicators of general minimization, denial, or lack of responsibility. However, the group process largely reflected one-to-one interactions with, or psycho-educational lectures by, the male therapist. To what extent this resulted from the fact that the female therapist had only recently begun working with the observed group, and that several group members demonstrated limited interpersonal skills and social awareness, was unclear. In any event, participation by group members frequently depended on some form of prompting by the male therapist, and direct therapeutically relevant communication between



group members was relatively rare. At times of intensive work with an individual group member, two of the more long-standing group members did attempt to support a therapeutic direction through questions and comments, but these tended to be brief or vague. At such times, other group members generally remained silent and avoided direct eye contact.

Specificity and consistency of focus within sessions seemed less than optimal. Although the therapist connected explorations of personal dynamics to analyses of in-session thoughts and behaviors, such connections tended to remain at a relatively abstract level. Psychological observations and interpretations were not explicitly and concretely linked back to actual sexual offenses or to current situation-specific risks for re-offending. In several sessions, transitions from an individual psychological focus to informal psycho-educational lectures by the therapist occurred without some measure of clear closure regarding the earlier issue.

Overall, the quality of rapport between therapists and group members may be characterized as respectful but guarded. Most group members were generally attentive and overtly compliant. For example, all brought folders with notepads, and most spontaneously took notes during the sessions. However, compliance with homework varied, and depth of involvement seemed questionable for some. Instances of positive participation and role modeling were primarily limited to taking initiative in answering the therapist's questions or to providing brief affirmative comments or questions in support of an established therapeutic direction. Post-session discussion with the therapists indicated they were very aware of the individual character patterns of the group members, and

had consciously chosen not to make the more vulnerable group members the target of intensive focus during sessions. However, there was also little supportive encouragement for, or positive reinforcement of, voluntary participation by some of the less involved offenders.

It should be noted that, in the final session observed, the therapist assigned each group member a process-based observational task, which seemed to promote increased interpersonal awareness and to provide a structured opportunity for everyone to participate. It seems likely that the consistent use of such exercises, when coupled with ongoing use of the therapy report and session-bridging homework, would help to facilitate more productive participation by group members.

### **Compliments, Concerns, and Formative Recommendations**

The CCS sex offender treatment program can be complimented for a number of foundational strengths. The program supervisor has strong professional preparation, considerable prior experience conducting therapy, and a solid understanding of the cognitive distortions and other risk factors associated with sex offending. An attempt is also made to have male and female co-therapist teams facilitate the sex offender groups, and to maintain consistent therapist-to-group assignments. The primary therapist for the observation group consistently monitored session process for evidence of denial or minimization; exerted motivational pressure for treatment compliance and more responsible behavior; facilitated understanding of personal dynamics associated with sex offending; and provided psycho-educational support for healthy behavioral changes.

Based on treatment observations, however, there are three general areas of concern. These pertain to apparent needs for increased coordination of co-therapist efforts; for offenders to participate more productively in the therapeutic process; and for enhancing session structure and specificity of focus. The following formative recommendations are directed toward these concerns:

- (1) Increase consultation and planning efforts before sessions and conduct post-session reviews to speed the process of integrating the new therapist into an active position within the treatment process.

Although the female co-therapist was apparently relatively new to the group at the time of observation, it is important that she become actively involved in the group process as soon as possible. The coordinated efforts of both therapists are needed to help monitor and facilitate the therapeutic process, as well as to introduce perspectives that help offenders develop more realistic and healthy gender-related views.

- (2) Consider integrating a developmental sequence of sex offender-specific homework assignments into the therapeutic process.

More consistent use of homework that is directly tied to sex offender-specific treatment objectives seems likely to promote offender involvement and more productive participation in treatment.

- (3) Consider increasing the attention given to offenders' current living situations in relation to risk for relapse. The general therapy report and session-bridging questionnaire, currently in use, seem likely to facilitate needed self-reflection and process awareness among the

offenders and to enhance their involvement with treatment. However, focused interventions linking psychological insights, specific offense-related patterns, and current personally salient situations are needed to facilitate the relapse anticipation and prevention efforts.

(4) Encourage autonomous involvement in the therapeutic process.

Consider the feasibility of involving more responsible and group-seasoned offenders in attendance-taking or fee-recording, as well as in some form of peer-review of homework, in order to increase offenders' sense of involvement and promote positive peer role-modeling. Even small instances of positive participation by less psychologically capable or more passive group members can be encouraged and shaped through some form of clear reinforcement from therapists.

With regard to pre-treatment evaluation, the information collected to date, through interviews and actual file review, suggests that formal assessment is conducted only on a select basis. Evidence of formal assessment could be found in only about 21 percent of the treatment files of SOP program sex offenders. While the treatment provider can be commended on the use of standard objective measures when assessment does occur, pre-treatment evaluation with a core battery of such tests is recommended for all sex offenders. Thus, the treatment provider is encouraged to select a core battery of measures to use with all sex offenders, in order to provide a consistent basis for treatment planning and determining needs for follow-up testing or psychiatric referral. Ideally, pre-treatment assessment would also include use of the extensive

personal questionnaire ("Mental Health Evaluation Personal Survey") recommended in of the AOIC guidelines (or a comparable substitute) to consistently gather information regarding social and sexual history, current relationships, substance use, sexual activities and fantasies, child sexual abuse, and victim awareness.

### SHORT-TERM IMPACT

The Vermilion County SOP Program began to provide enhanced supervision of sex offenders late in 1997. At the time this study was completed, the program had been operating for less than two years. The evaluation team was asked to carry out a preliminary, short-term impact evaluation. There are two related questions that an impact evaluation should address: to what extent is the project achieving the goals and objectives it set for itself, and how is the project affecting its target population? Since these two questions involve different kinds of issues, they will be addressed separately.

#### Progress Toward Achieving Program Goals and Objectives

In its proposal to the ICJIA, the Vermilion County Probation Department listed six specific goals and objectives:

6. eliminate recidivism (defined as a subsequent sexually related arrest and conviction) during the period of probation through intensive supervision and mandatory sex offender group treatment;
7. increase judicial knowledge of sex offenders by submitting sex offender-specific presentence evaluations for review before sentencing in at least 20 cases;

8. place all mandated adult and juvenile offenders in sex offender treatment;
9. provide therapists with information about assigned offenders;
10. improve the working knowledge of the SOP officer by training and consultation with a clinical psychologist; and
11. increase the knowledge of non-specialized probation officers about sex offenders to provide improved supervision to offenders who are assigned away from the specialized SOP program.

The SOP program narrative provides a mix of program (institutional) and SOP (individual) objectives (RFP, 1998). While SOP has made progress on some of the stated objectives, some barriers to the full implementation of the program remain. The goal of “reduc[ing] recidivism to 0% while the offender is serving a period of probation” (RFP, Exhibit A, 1998) is unrealistic, primarily because the probation officer does not have control over all the risk factors that contribute to reoffending. In support of this goal, SOP established an objective of 150 face-to-face contacts with the probation office during the first year of probation. While this level of contact has not been sustained with any of the SOP probationers, the SOP officer has maintained an aggressive approach to intensive supervision.

The objective of increasing judicial knowledge of the sex offender prior to sentencing by submitting presentence evaluations appears to have been met in a technical sense, in that presentence evaluations have been submitted. However, the presentence evaluations are only one part of what is needed. The probation department recognized a lack of coordinated response toward sex offenders at

the time its proposal was submitted. Although communication and cooperation have been increasing over the existence of the SOP, the desired level of coordinated teamwork is not yet in place.

The SOP program has been more successful in achieving the objectives that are more fully under its control. All SOP adult and juvenile offenders have been placed in sex offender treatment, primarily through CCS treatment groups. The SOP officer has provided information about SOP to treatment providers, in large part as a result of his working relationship with a licensed clinical psychologist. The SOP officer has attended several sex offender-specific training sessions, and has also provided in-service training within the probation office for other probation officers.

#### Project Impact on its Target Population

Information on the extent to which the SOP contact and supervision standards have been met was presented in an earlier section of this chapter. Because only a small number of sex offenders has been supervised for any length of time by the SOP officer as part of his intensive caseload, no meaningful conclusions about trends can be drawn from these data. In part because of the presence on the SOP caseload of several offenders with prior convictions for drug offenses, drug testing is required more frequently than in some other programs. However, most of the offenders supervised by the SOP officer have been sentenced to regular probation, and therefore are not subject to some of the special conditions that are part of the intensive SOP program.

## **CHAPTER 5: MADISON COUNTY JUVENILE SEX OFFENDER PROGRAM**

### **DEVELOPMENT OF THE JUVENILE SEX OFFENDER PROGRAM**

The Madison County Juvenile Sex Offender Program (JSOP) grew out of the probation department's positive experience over the course of the last five years with their adult sex offender program. In addition, program documents submitted to the ICJIA indicate that, in the years immediately prior to instituting JSOP, Madison County experienced an increase in juvenile probation caseloads and institutional placements. The program design identified the target population for the JSOP as all juvenile male or female sex offenders sentenced to probation except those who were inappropriate for participation due to violent behavior, psychosis, neurological impairment, or contagious diseases that posed a threat to staff or peers. The JSOP began accepting offenders in March 1998.

Interviews with program staff and JSOP documents indicate that the primary goals of the JSOP were to increase community safety and rehabilitative opportunities for juvenile sex offenders sentenced to probation in Madison County. The JSOP design provided for community safety by creating a sex offender-specific caseload for an officer and keeping the caseload size at a level that would allow the officer to closely supervise the offenders.

The JSOP also proposed the creation of treatment opportunities for juvenile sex offenders. Treatment would be provided by local treatment entities and supervised by the JSOP officer. Additional goals were to provide sex offender-related training for JSOP staff and all probation staff in order to increase the knowledge base of the JSOP staff and increase understanding of sex



offenders across the probation department. The JSOP design also provided for a victims services component.

Program documents provided by the JSOP indicated all offenders in the program were required to attend weekly sex offender treatment groups. Based upon the offender's progress in treatment and with the other conditions of probation, treatment attendance can be reduced to a minimum of once a month. Professional Academy, the primary treatment provider for the JSOP, provides group sessions on Sunday mornings in the probation offices. The JSOP officer attends the Sunday morning sessions in order to monitor each offender's attendance and cooperation at group sessions. Some JSOP participants are unable to attend Sunday sessions, primarily due to lack of transportation. Public transportation does not operate in Madison County on Sundays, and most of the Madison County offenders are not old enough to have a driver's license. If an offender is not able to attend Sunday groups, he is required to participate in other treatment services that are available during the week.

The JSOP staff consists of the JSOP officer, who supervises the probation caseload, and a supervisor. In addition, the program established a contractual relationship with Professional Academy to operate the Sunday morning group sessions. Residential treatment and weekday groups are available through another treatment provider.

The JSOP officer is responsible for the day-to-day contacts with the probationer, the probationer's family, school, treatment provider, and other entities associated with the probationer. Policy calls for the JSOP officer to make at least three face-to-face contacts with the offender each month. At least one of

these contacts must be a home visit, while the other contacts may take place in the office, at school or elsewhere. In addition to these individual contacts, the officer sits in on the Sunday sex offender groups. She also acts as court liaison for JSOP cases, and conducts intake assessments in the absence of the supervisor.

The JSOP supervisor is responsible for conducting intake assessments for JSOP offenders. This involves an interview with the probationer and family, and completion of the supervision assessment process for juveniles developed by the Administrative Office of the Illinois Courts (AOIC). The supervisor is also responsible for the development of policy and procedures, and for monitoring the performance of the JSOP officer. In the absence of the JSOP officer, the supervisor assumes the probation officer's case supervision duties.

In addition to monitoring treatment progress, the JSOP officer maintains face-to-face contacts with the offenders as required by the supervision standards promulgated by the AOIC for all juvenile probationers. These contact standards vary according to the probationer's classification in one of three supervision categories. Maximum risk cases require three face-to-face contacts per month, medium cases require one contact per month, and minimum cases require at least one contact every two months. According to program personnel, all new cases in the JSOP are initially placed on maximum supervision for six months. Each offender's probation status is reviewed for possible re-classification every six months, with particular attention given to participation in the treatment program and other risk factors in the offender's life. Violations of conditions of probation are subject to administrative sanctions such as required attendance at

additional group sessions. New offenses, chronic attendance or behavior problems in group, drug use, or other serious violations can result in a petition to revoke probation and in discharge from the JSOP.

#### IMPLEMENTATION OF THE JUVENILE SEX OFFENDER PROGRAM

The activities and developments of the JSOP, from the time of program initiation to the end of this evaluation period, are considered elements of the implementation process for purposes of this evaluation. Changes instituted during this period have involved changes in individual staff members, in the duties of staff members, and the development of a victim policy.

The individuals and entities performing the supervisor and treatment functions have remained the same during the brief history of the JSOP. However, the original JSOP officer transferred to a different position within the Madison County probation department. The duties of the original JSOP officer were taken over by an officer who transferred from within the Madison County probation department in November 1998.

The role of the JSOP supervisor was expanded during the course of program operations. Initially, the supervisor concentrated on developing program policy, producing reports to the ICJIA, and supervising the JSOP officer. The supervisor now conducts intake interviews for all new juvenile sex offenders, and is also responsible for supervising several administrative cases. He also produces and processes court orders for DNA and HIV testing of juvenile sex offenders. The expansion of the supervisor's duties relieved the JSOP officer of many of the paperwork duties associated with the program, allowing her more time for direct contact with probationers, treatment providers, and others, and

also enabled the supervisor to become more involved in planning case supervision.

Training of JSOP staff proceeded consistent with the program design. Program staff interviewed as part of this evaluation indicated they each received a 40-hour sex offender training provided by the local sex offender treatment provider. In addition, staff reports they have received additional training from a variety of external sources. Those interviewed revealed they were generally satisfied with the quality and quantity of training provided.

The original program design included a victim component. The probation department has instituted an overall policy regarding victims. However, the department began implementing the policy with domestic violence victims. Staff interviewed indicate the department intends to expand the victims policy to sex offender victims in the future.

## PROGRAM OPERATION

### Intake and Caseload

Most juvenile sex offenders sentenced to probation or court supervision are court ordered to participate in and cooperate with the JSOP. If court ordered, the offender is required to enter and successfully complete sex offender treatment as directed by the probation department. A copy of an order for JSOP probation is included as Appendix G. The proposal for funding submitted for the JSOP indicated that each juvenile sex offender would be assessed by the treatment provider before participating in the treatment program, in order to determine appropriate treatment for the offender. However, Professional Academy advised the research team that assessments do not take place since

his program is psycho-educational in nature. As long as participants are capable of learning, they are not excluded from the groups.

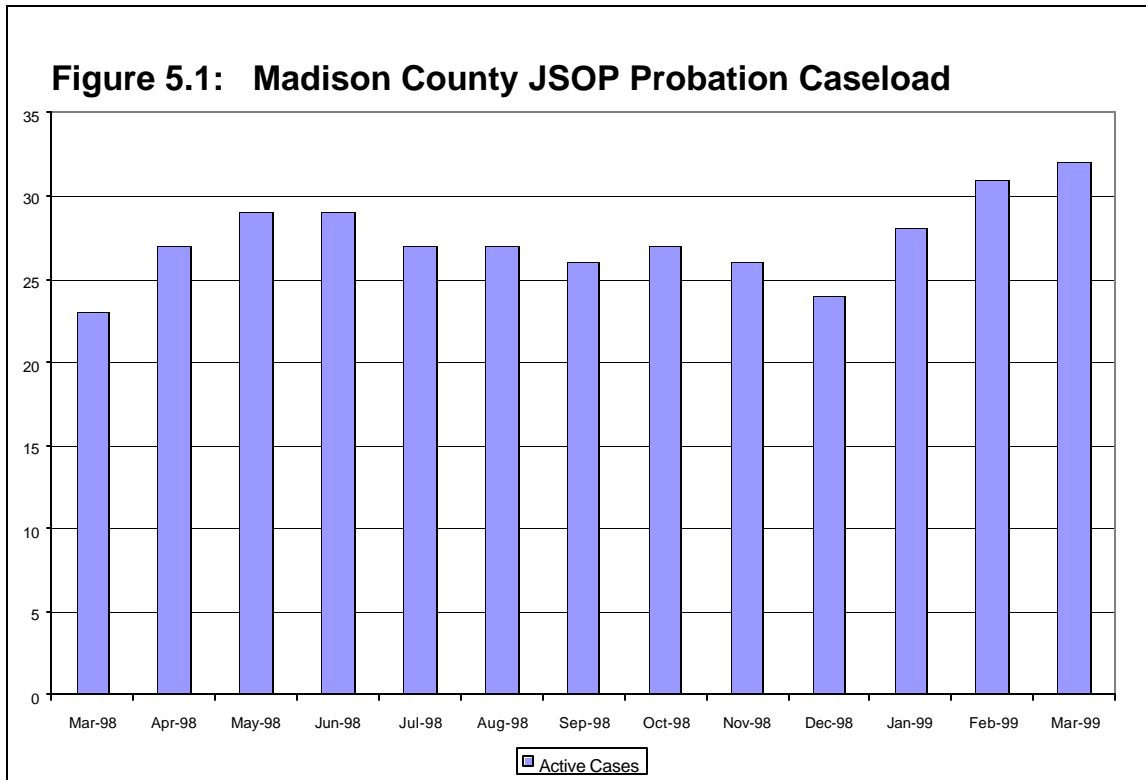
Most juvenile sex offenders are placed in the sex offender group program that meets in the offices of the probation department on Sunday mornings. The supervising probation officer attends these sessions in an effort to assist and give support. A small number of JSOP youth reside in a local facility that offers residential placement for youth, but will not transport youth to group on Sundays. Offenders from this residential facility attend group during the week with a separate treatment provider.

The treatment program offered by this second provider does not use the Professional Academy curriculum, and places JSOP offenders in groups with non-JSOP youth who are receiving sex offender-specific treatment. The programs vary in other ways as well. For example, the JSOP probation officer does not sit in on treatment sessions provided away from the probation offices. Because the Madison County proposal emphasized the development and implementation of an “in-house” treatment program, the research team concentrated its initial efforts on documenting the treatment provided by Professional Academy.

Those offenders who require residential treatment receive those services from the same provider that offers the weekday group sessions. Probation staff agreed that more JSOP participants are in need of residential treatment, but disagreed as to the number of such offenders. In interviews, probation staff estimated that from one to five additional juvenile sex offenders should be in

residential sex offender specific treatment, but were not receiving residential services because their families and the county lacked the funds to place them.

Figure 5.1 presents monthly caseload data for the JSOP Program from March 1998 through March 1999. The JSOP officer supervised more than 25 probationers in all but 2 of the 13 months for which data were collected.



Information was collected on the adjudicated offenses of 42 of the 49 offenders assigned to JSOP during this period. As Table 5.1 shows, 24 (57%) of these offenders were adjudicated delinquent for aggravated criminal sexual assault, a Class X felony. (In Illinois felonies are ranked in seriousness in descending order of homicide, Class X, Class 1, Class 2, Class 3, and Class 4.) Seven offenders (17%) were adjudicated delinquent for criminal sexual abuse. A first offense of criminal sexual abuse is a misdemeanor, while subsequent offenses are Class 2 felonies. The remaining offenders were divided between

criminal sexual assault, a Class 1 felony, and aggravated criminal sexual abuse, a Class 2 felony.

**Table 5.1: Current Adjudication Charges for JSOP Probationers**

<b>Adjudication Charge (Offense)</b>	<b>Frequency</b>	<b>Percent</b>
Aggravated Criminal Sexual Assault	24	57.1
Criminal Sexual Assault	6	14.3
Aggravated Criminal Sexual Abuse	5	11.9
Criminal Sexual Abuse	7	16.7
<b>TOTAL</b>	<b>42</b>	<b>100.0</b>
Missing data	7	

The length of probation terms given to JSOP participants ranged from 12 to 60 months and is presented in Table 5.2. The most frequently administered probation sentence was 60 months, given to 19 offenders (46%). All of these offenders were adjudicated delinquent for aggravated criminal sexual assault, a Class X felony that would result in a mandatory prison sentence for an adult conviction. Ten of these offenders (24%) were placed on probation for 24 months and another five (12%) for 12 months.

**Table 5.2: Length of JSOP Probation in Months by Adjudicated Offense**

Months	OFFENSE				Total
	Criminal Sexual Abuse	Aggravated Criminal Sexual Abuse	Criminal Sexual Assault	Aggravated Criminal Sexual Assault	
12.0	2	2	1		5
15.5		1			1
17.0			1		1
18.0	2				2
24.0	3	1	2	4	10
36.0		1		1	2
41.0			1		1
60.0				19	19
<b>Total</b>	<b>7 (16.7%)</b>	<b>5 (11.9%)</b>	<b>5 (11.9%)</b>	<b>24 (57.1%)</b>	<b>41 (100%)</b>
Missing			1		

Offender Profiles

The Madison County JSOP Program was designed to intensively supervise and manage juvenile sex offenders in the community. According to the grant application, JSOP would operate in accordance with the guidelines disseminated by AOIC. The target population was all juvenile sex offenders who were sentenced to probation, both male and female.

The evaluation team coded all JSOP cases from March 1998, when the first JSOP probationer was assigned to the program, through March 1999. During this 13-month period a total of 49 probationers were assigned to JSOP. The information reported in this section of the report was gathered through a review of Madison County probation files. Since not all files were complete, particularly those for juveniles who served relatively short terms of probation



under JSOP supervision, the totals in many of the tables do not contain data for all 49 cases.

### Offender Characteristics

The juvenile sex offenders were predominantly male (45 out of 47 files where gender was clearly identifiable, or 96 percent). Seventy percent of the JSOP offenders were Caucasian (n=32), and 24 percent were African-American (n=11). One youth was identified as Hispanic and two were classified as “Other.” This ethnic distribution differs from the picture presented in the 1990 census data for Madison County, which reported 92.4 percent of the population as White and 6.5 percent as Black. The age of the JSOP offenders at the time of their conviction ranged from 8 years to 17 years (see Table 5.3). Both the median age and the average age were 14 years; over half of the JSOP offenders were either 13 or 14 years of age.

**Table 5.3: Age at Time of Conviction**

Age	Frequency	Percent
8	1	2.2
11	1	2.2
12	1	2.2
13	10	22.2
14	16	35.6
15	9	20.0
16	6	13.3
17	1	2.2
<b>TOTAL</b>	<b>45</b>	<b>100.0</b>
<b>Missing</b>	4	

The JSOP files contained information on family income for approximately half the probationers (n=26). In eight additional cases family income was coded shown as zero; the coders treated that as a measure of the youth’s income,

although it may have been intended to refer to that of the youth's family. Family income data is reported in Table 5.4.

**Table 5.4: Family Income**

Income	Frequency	Percent
\$13,500 or under (below the poverty line)	14	41.2
\$13,501 to 15,000	2	5.9
\$15,501 to 20,000	3	8.8
\$20,001 to 25,000	1	2.9
\$25,001 to 30,000	2	5.9
\$30,001 to 40,000	3	8.8
\$40,001 to 45,000	0	
\$45,001 to 50,000	1	
<b>TOTAL</b>	<b>34</b>	<b>100.0</b>
Missing	15	

Recorded family incomes were below the poverty level in over 40 percent of the cases; only 20 percent of the families had annual incomes above \$20,000. In 1989, by comparison, the median family income for Madison County was \$29,861. JSOP probationers were generally at or slightly below their chronological grade level in school (see Table 5.5).

**Table 5.5: Highest Grade Completed in School**

Grade Level	Frequency	Percent
6 <sup>th</sup> Grade	5	13.9
7 <sup>th</sup> Grade	9	25.0
8 <sup>th</sup> Grade	11	30.6
9 <sup>th</sup> Grade	7	19.4
10 <sup>th</sup> Grade	2	5.6
11 <sup>th</sup> Grade	1	2.8
Completed high school or GED degree	1	2.8
<b>TOTAL</b>	<b>49</b>	<b>100.0</b>
Missing	13	

## **Alcohol and Substance Abuse**

Alcohol abuse and the use of illicit substances are now recognized as a serious problem among high school students, and even among junior high students. Although some would define any alcohol use by someone under 18 years as abuse, most screening tests make distinctions based on patterns of use and consumption and not just on the age of the user. Several research studies have noted high levels of reported alcohol and substance abuse among juvenile sex offenders (Nanjundappa, de Rios, Mio, & Verleur, 1987; Rasmussen, 1999). However, other studies suggest that juvenile sex offenders are no more likely to abuse drugs or alcohol than other types of juvenile offenders (Lightfoot & Barbaree, 1993; Milloy, 1994). Although only one of the JSOP probationers had previously been treated for substance abuse, a total of eight youths disclosed some form of past substance abuse; two disclosures involved alcohol only, while the other six acknowledged abuse of both alcohol and drugs. However, approximately 40 percent of the files that were reviewed included no specific assessment information. The JSOP probation files do not indicate any systematic pattern of substance abuse assessment. Probation staff stated that the standard intake assessment (the SJS assessment) addresses some substance abuse issues in general ways, and referrals for formal assessment by appropriate agencies were made where indicated.

## **Mental Health Characteristics**

Mental health problems were noted in the probation files of six JSOP probationers (one-third of the JSOP files that included relevant data), but almost two-thirds of the JSOP files did not include a mental health evaluation that could

address possible developmental or mental health problems. Seven offenders were identified as having received prior mental health treatment.

### Characteristics Potentially Related to Sexual Reoffending

To the extent that it was available in probation files, information on several variables, identified as potentially relevant in the literature or by other investigators associated with this evaluation, was gathered. Because of the limited availability of diagnostic or clinical records for the JSOP probationers, no unique data-collection categories relevant to juvenile sex offenders were established at this time. A feasibility study recently completed for the Office of Juvenile Justice and Delinquency Prevention (Smith, Hayler, Pardie, Craig, & Reino, 1999) identifies a set of 19 research domains, including offender-, offense-, and treatment-related variables, that researchers and clinicians have identified as potentially useful in understanding juvenile sex offenders. Many of these variables are commonly addressed in psychiatric evaluations, social histories, and pre-sentence reports.

### **Offense Characteristics**

Although the charge on which a juvenile offender is formally adjudicated is not always indicative of the seriousness of the underlying behavior, information was gathered on the offense for which probation had been imposed (the “current convicted offense”). Most of the probationers assigned to the JSOP program were adjudicated for felony sex offenses. The single most common offense was aggravated criminal sexual assault, a Class X felony that commonly involves the use or threat of physical force. Out of a total of 41 case files with complete information, 85 percent (n=35) documented felony charges. Because of the ages

of the youths, however, these charges did not necessarily reflect an underlying violent act.

Three different measures can be used to indicate the level of actual or implicit violence in these assaults. Table 5.6 summarizes the nature of the physical assault that was the basis for the charges of sexual assault and abuse. In most of the cases physical penetration was in fact part of the offense that was committed.

**Table 5.6: Penetration as an Element of Current Convicted Offense**

Penetration	Frequency	Percent
<b>YES (penetration occurred)</b>	<b>34</b>	<b>82.9</b>
Vaginal penetration only	15	36.6
Vaginal and other penetration	6	8.3
<b>Oral penetration only</b>	7	17.1
<b>Anal penetration only</b>	5	12.2
Oral and anal penetration	1	2.4
<b>No Penetration</b>	<b>7</b>	<b>17.1</b>
<b>TOTAL</b>	<b>41</b>	<b>100.0</b>
Missing data	8	

Probation files showed that use of physical force was reported in nine of the cases (26 percent of the 35 cases in which information on use of force was available). However, this does not mean that the sexual behavior was voluntary or desired in the remaining cases. According to victim statements, coercion rather than physical force was the most common element of most of the offenses (see Table 5.7).

**Table 5.7: Relationship Between Use of Force and Victim Statement that Sexual Behavior was Consensual**

How did Victim Describe Sexual Behavior?	Was Physical Force Used?	
	No	Yes

	<b>N</b>	<b>Percent</b>	<b>N</b>	<b>Percent</b>
Consensual	1	95.8	0	--
Not Consensual	23	4.2	9	100.0
<b>Total</b>	<b>24</b>	<b>100.0</b>	<b>9</b>	<b>100.0</b>

Identified victims were primarily female, but a significant proportion of the offenses involved male victims. JSOP offenders were much more likely to have offended against a same sex (male) victim than the adult sex offenders in either Coles or Vermilion County. Table 5.8 shows that only 58.1 percent of the offenders' files identified offenses against female victims exclusively.

**Table 5.8: Gender of Victim(s)**

<b>Gender of Victim(s)</b>	<b>Frequency</b>	<b>Percent</b>
Female only	25	58.1
Both Male and Female	6	14.0
Male only	12	27.9
<b>TOTAL</b>	<b>43</b>	<b>100.0</b>
Missing data	6	--

Most of the JSOP offenses involved only a single victim, but two of the offenders had three different identified victims (see Table 5.9).

**Table 5.9: Number of Victims**

<b>Number of Victims</b>	<b>Frequency</b>	<b>Percent</b>
1	36	83.7
2	5	11.6
3	2	4.7
<b>TOTAL</b>	<b>43</b>	<b>100.0</b>
Missing data	6	--

The age of the youngest identified victim, usually the only identified victim at the time of adjudication, ranged from 2 to 16 years of age (see Table 5.10). The median victim age was 7.5 years; the mean age was 8.4 years. Half of the victims were under the age of eight; 70 percent were age 9 or younger.

**Table 5.10: Age of Youngest Victim in Current Offense**

<b>Age of Youngest Victim</b>	<b>Frequency</b>	<b>Percent</b>
Age 2	1	2.9
Age 3	4	11.8
Age 4	2	5.9
Age 5	3	8.8
Age 6	4	11.8
Ages 7 and 8	5	14.7
Ages 9 through 12	6	17.6
Ages 13 and 14	4	11.7
Age 15	3	8.8
Age 16	2	5.9
<b>TOTAL</b>	<b>34</b>	<b>100.0</b>
Missing data	15	

JSOP offenders were less likely to be related to their victims than were the adult offenders in the other counties (see Table 5.11, which summarizes all

**Table 5.11: Relationship Between Offender and Victim**

<b>Offender's Relationship to Victim</b>	<b>Frequency</b>	<b>Percent</b>
<b>FAMILY RELATIONSHIP</b>	<b>12</b>	<b>31.6</b>
Cousin	5	13.2
Uncle	3	7.9
Brother	2	5.3
Unidentified Sibling	2	5.3
<b>ACQUAINTED, NO FAMILY RELATIONSHIP</b>	<b>12</b>	<b>31.6</b>
Lived in same house, not related	1	2.6
Offender baby-sat victim	1	2.6
Offender's mother baby-sat victim	1	2.6
Neighbor	4	10.5
Friend	4	10.5
Met at a party	1	2.6
<b>UNRELATED, NO ADDITIONAL INFORMATION</b>	<b>14</b>	<b>36.8</b>
<b>TOTAL</b>	<b>38</b>	<b>100.0</b>
Missing data	11	--

identified relationships). There was a documented family connection between the offender and the victim in only 32 percent (n=12) of the JSOP cases.

Information was available on the duration of abuse in 34 of the 49 Madison County cases. In most cases (27 of 34 cases in which this information

was available) the abuse was identified as a one-time event (see Table 5.12). Based on information provided by victims and by offenders, in the seven cases where multiple incidents of abuse were reported, the mean length of time over which abuse occurred was 2.7 months.

**Table 5.12: Duration of Abuse Associated with Current Sexual Offense**

<b>Number of Months</b>	<b>Frequency</b>	<b>Percent</b>
Single incident	27	79.4
One month	5	14.7
Two months	1	2.9
12 months	1	2.9
<b>TOTAL</b>	<b>34</b>	<b>100.0</b>
Missing data	15	--

### **Offender Characteristics**

Most adults who are convicted of criminal sexual assault, rape, or comparable sexual crimes involving the use of force are sentenced to prison. As a result, the population of adult sex offenders sentenced to probation is not representative of the total adult sex offender population. This is less true for juveniles, who are more likely to be sentenced to a term of probation under some of the circumstances that would result in a prison sentence for an adult. The current trend toward transferring juvenile offenders to adult court when they are charged with serious crimes is beginning to change this, but the data indicate that juveniles are still more likely to be sentenced to probation than are adults. In Coles and Vermilion Counties, probationers are most likely to have been convicted of criminal sexual abuse. In the JSOP program, almost 60 percent of the charges for which a probation disposition was made were aggravated criminal sexual assault charges, a Class X felony.



An analysis of current adjudications of JSOP probationers by age of offender is presented in Table 5.13. This table confirms that the juvenile sex offenders who were still in their early teens were more likely to be sentenced to probation than were older offenders, who were more likely to be tried in adult court for these charges.

**Table 5.13: Current Adjudications of JSOP Probationers by Age of Offender**

Offense	Age of Offender						
	8	12	13	14	15	16	17
Aggravated Criminal Sexual Assault	1		7	10	3	1	1
Criminal Sexual Assault		1		2		2	
Aggravated Criminal Sexual Abuse			2	1	2		
Criminal Sexual Abuse			1	1	3	2	
<b>TOTAL</b>	<b>1</b>	<b>1</b>	<b>10</b>	<b>14</b>	<b>8</b>	<b>5</b>	<b>1</b>

It is often argued that the best predictor of most recidivism is a record of past criminal behavior. However, criminal behavior by teens and pre-teens is often handled informally in a way that does not make it part of the formal record. Relying solely on criminal records and formal juvenile court petitions is less likely to provide an accurate record for a juvenile than for an adult. Even so, the evaluation team collected criminal history information on the same categories of offenses that were used for adult offenders. None of the JSOP youths had previously been arrested or adjudicated as a delinquent for a sexual offense. Three of the probationers had been adjudicated for felony property offenses, but most of their contact with the juvenile justice system involved arrests on misdemeanor charges.

Probation file data also indicated that most of the JSOP offenders had not previously been placed on probation or incarcerated (see Table 5.14), although

the proportion who had been on probation before was higher than in either of the two adult programs. None of the JSOP youths had received a correctional disposition.

**Table 5.14: Number of Prior Sentences of Probation or Incarceration**

Prior Sentences of Probation or Incarceration	None		One		Two or more		Missing data
	N	%	N	%	N	%	
Prior Probation Sentences	20	69.0	8	27.6	1	3.4	20
Prior Periods of Incarceration	27	100.0	0	--	0	--	22

As discussed earlier, many researchers believe that there is a strong connection between childhood abuse and the commission of sex offenses as an adolescent or adult. However, most clinicians and therapists believe that it is not possible to get an accurate indicator of abuse history, particularly sexual abuse, based solely on self-disclosure. The probation file records include some information on past abuse, usually because it was the subject of an earlier juvenile or family court proceeding. Almost 40 percent of the JSOP offenders who had information relating to this item in their file had disclosed that they had been sexually abused as children (see Table 5.15). No disclosures of physical abuse were documented. However, only one-fourth of the files reviewed included any information on this topic.

**Table 5.15: Disclosures of Childhood Abuse by JSOP Offenders**

Did Offender Disclose Abuse?	Frequency	Percent
NO	8	61.5
YES, sexual abuse only	5	38.5
Missing data	36	--

Most sex offenders deny or minimize the offenses with which they are charged, at least initially, or seek to place responsibility for the offense on the victim. Probation files and progress reports from treatment providers were reviewed to determine the extent to which the offender appeared to acknowledge or deny the offense for which they had been convicted. Very few of the JSOP offenders completely denied the truth of the charges against them, but the majority denied or minimized at least part of the sexual offense (see Table 5.16).

**Table 5.16: Offender Denial**

<b>Offender Denial</b>	<b>Frequency</b>	<b>Percent</b>
Offender denies completely	2	11.1
Offender denies part of the offense	10	55.6
Offender admits all aspects of the offense (close agreement with police or victim version)	6	33.3
<b>TOTAL</b>	<b>18</b>	<b>100.0</b>
Missing data	31	

Another factor that may be important in an offender's ability to complete a treatment program successfully is the offender's attitude toward treatment. One potential indicator of a positive attitude toward treatment that was commonly documented in probation files was whether the offender expressed remorse for the crime or for its impact on the victim. Very few of the JSOP offenders whose files contained information on this variable expressed remorse. Two files indicated that the juvenile offender had expressed remorse, while twelve files specifically documented a lack of remorse. However, no documented information on this element was found in 35 of the 49 files reviewed.

Supervision and Surveillance

As stated earlier in this report, the Madison County Juvenile Sex Offender Program (JSOP) began in March 1998 as a result of increasing numbers of juvenile probation cases and the positive results of the adult sex offender program which was already in place. The primary goals of the JSOP were to increase community safety and reduce sexual reoffending by supervising juvenile sex offenders more intensively and establishing a self-contained “in-house” juvenile sex offender treatment program.

For purposes of this study, data on JSOP supervision activities were collected on a quarterly basis for one year, in June, September, and December 1998 and in March 1999. In some cases a JSOP probationer was in the county detention center for some or all of the month. Youths in detention are automatically classified at the maximum supervision level, regardless of their pre-detention supervision level. Contacts with youths at the detention home were coded as face-to-face contacts, but not as home visits. Some youths identified as part of the JSOP caseload were in residential treatment placements located too far from Madison County to make face-to-face contact practical.

The data initially collected for this report coded each youth’s location on a monthly basis; thus, placements in detention or residential treatment sometimes existed for several weeks before they were noted by the researchers. Because the data were collected in this manner, the research team was not able to calculate accurately the appropriate number of anticipated contacts each month. However, it was possible to document the overall level of contacts and the kinds of contacts that were made. The probation department’s computerized records system will allow the research team to collect and correlate more complete

information on the location and supervision levels of all JSOP participants as this project continues.

Supervision was carried out primarily through home visits and through the JSOP officer's participation in the on-site sex offender treatment sessions. Home visits were more practical than office visits, because many of the juveniles did not have access to convenient transportation. The probation officer also wanted to check on the home environment, to make sure that the offender's caretakers were aware of the probationer's activities and were providing proper home supervision. Specific kinds of supervision and restrictions are particularly important if there are other children who may be victimized in the home. Home visits accounted for 54 percent of the total contacts (104 out of 191 contacts) during the four months for which data were collected.

Although not formally recorded as a face-to-face contact, the JSOP officer was able to observe and interact on a weekly basis with each youth who participated in the on-site sex offender treatment program. The officer routinely used the probation department's computerized records system to document each youth's participation in the group sessions and attitude during the session.

Counting both home visits and the contacts made in connection with treatment sessions, the probation officer usually has seven face-to-face contacts each month with each juvenile in the program. Those juveniles involved in other treatment programs, including outpatient treatment programs in the community, are not supervised at this level of intensity. Juvenile sex offenders in residential treatment programs generally do not receive face-to-face visits from the probation officer, but do continue to be listed as part of the officer's caseload.

Visits to the probationers' schools are also part to the supervision process. The JSOP probation officer makes contact with school administrators through personal visits and by telephone. Probation interviews indicate that school personnel often initiated telephone contact in order to express their concern about a JSOP offender or to gain information about how they could be more involved in the probation process. The schools send individual discipline reports to the probation officer on a regular basis.

Probation officer contact activities are summarized in Table 5.17. The table distinguishes between successful home visits, in which the JSOP officer was able to talk with the youth at home, and visits that were made but did not

**Table 5.17: Monthly Probation Contacts**

<b>Total Number of Probation Contacts Per Month</b>				
	<b>June 1998</b>	<b>Sept. 1998</b>	<b>Dec. 1998</b>	<b>March 1999</b>
<b>Contacts with Probationers</b>	<b>36</b>	<b>31</b>	<b>51</b>	<b>64</b>
Home Visits	26	14	29	35
Home Visit Attempts	4	4	5	3
Detention Visits	3	5	0	4
Phone Contacts	3	8	17	22
<b>Collateral Contacts</b>	<b>49</b>	<b>35</b>	<b>35</b>	<b>58</b>
Treatment Contacts	5	5	4	7
Mail Received	15	4	7	19
<b>Total Number in JSOP Officer's Caseload</b>	<b>29</b>	<b>26</b>	<b>24</b>	<b>32</b>

result in contact with the probationer (home visit attempts). Attempted home visits sometimes resulted in a collateral contact with a family member or caregiver, but did not satisfy the face-to-face probationer contact requirement. Detention visits represent contacts with youths on the JSOP probation caseload but are temporarily in detention. Phone contacts allow the JSOP officer to remain in contact with a youth in the program and to provide support or guidance,

but they do not substitute for the required face-to-face visits. “Treatment contacts” refer to contacts with sex offender treatment providers other than the “in-house” treatment program. The “mail received” category documents receipt of reports and other written documents from residential treatment programs and from personnel in other agencies involved with the probation process, such as the probationer’s school.

All JSOP offenders are put supervised at the Maximum level when they first enter JSOP probation. According to standards set by the AOIC, maximum supervision requires a minimum of three face-to-face meetings between the probationer and the probation officer each month. The data collected by the research team noted the total number of youths in the JSOP officer’s caseload each month, but did not include the specific dates each probationer joined or left the caseload. As a result, it is not possible at this time for the research team to determine the extent to which conditions of maximum supervision were met each month. However, the probation department’s computerized records system will allow these data to be supplemented by more accurate weekly reports as this project continues.

The figures presented in Table 5.17 certainly under-represent the actual number of contacts between most of the youths in the program and the JSOP officer. In each month that data was collected some of the probationers were in residential treatment centers outside the Madison County area and others were in detention. Probationers placed in residential programs outside the immediate area and those in detention would not be seen or contacted as frequently as the probationers living within the probation area, nor would they need to be.

Since the beginning of the Madison County JSOP, a total of 16 juveniles have participated in the sex offender treatment program that meets at the probation office on Sunday mornings. The JSOP officer also attends these meetings, carrying out a face-to-face contact and a collateral contact for each youth in attendance. By attending all treatment sessions, the JSOP officer is able to observe each offender's participation in treatment and maintain awareness of changes or developments in a youth's circumstances. Using her knowledge about the youths' offenses, their home and school situations, and their behavior while on probation, the JSOP officer is also able to support the treatment provider in challenging offender denial or minimization and in keeping the participants honest in their presentation of their own circumstances and behavior.

The contacts that occur as a result of the JSOP officer's presence at the on-site treatment sessions are not recorded in the officer's contact data because of the limited nature of the interaction with the youth. Although the JSOP officer documents these contacts in the probation department's computerized records system, the primary purpose for being at the treatment session is to help keep the juvenile offender accountable by challenging untrue or misleading statements made to the treatment provider. The schedule for these sessions does not provide the opportunity for extended one-to-one contacts, such as might occur during a home visit or an office visit.

If an offender is open and honest in a group treatment session the officer may observe the treatment process without engaging in one-on-one conversation. Although these treatment contacts are not recorded as face-to-



face contacts, they have considerable value. They add to the JSOP officer's knowledge of the offenders, and as such aid in the development of an appropriate supervision plan for each probationer participating in the on-site treatment program. These "informal" contacts during treatment can be determined from the attendance records maintained on the Juvenile Sex Offender Treatment Attendance Sheet.

Table 5.18 summarizes the data provided through these attendance sheets. Mean hours of sex offender treatment per participant were calculated for each of the months during which this data was gathered.

**Table 5.18: Average Number of Treatment Hours per JSOP Probationer**

<b>Month</b>	<b>Number of JSOP Probationers in Treatment</b>	<b>Number of Treatment Hours</b>	<b>Mean On-Site Treatment Hours Per Probationer</b>
June 1998	8	64	8.0
September 1998	7	24	3.4
December 1998	6	35	5.8
March 1999	12	59	4.9

Two of the JSOP offenders were negatively discharged during September 1998 for lack of active participation in the group, accounting in part for the low mean for hours of treatment recorded that month.

In order to obtain preliminary information regarding program violations, the evaluation team collected data regarding violations occurring from August through December 1998. The data collected included the date and nature of the violation, the response from the JSOP, and the ultimate sanction administered. During this time four individuals committed a total of five violations. All of the violations were technical violations of the conditions of probation. In three instances the probationer was not in compliance with treatment obligations, in

one case the probationer was truant, and one probationer failed to keep an appointment with the probation officer. There were no new offenses. In the cases involving truancy and failure to keep a probation appointment, no action was taken by the prosecutor's office. One instance of non-compliance with treatment resulted in incarceration in the Illinois Department of Corrections, one in a sanction of 30 days in the county juvenile detention center, and the third was still pending at the end of the research period.

### Communication and Cooperation

The focus of cooperation in Madison County is between the JSOP and the treatment provider. While relationships between the JSOP, the prosecutors, and the rest of the local juvenile justice system are reported by interviewees as positive, these entities are not integrated into each others operations beyond the level normally existing between probation and the justice system.

In Madison County, the JSOP officer attends the regular Sunday group sessions. In addition, the group sessions take place in the probation office. This relationship reinforces the bond between probation and treatment in the eyes of the offenders. It also provides a mechanism for the treatment provider and the JSOP to exchange information and reduces the ability of offenders to misrepresent one member of the team to the other.

### Treatment Services

#### **Overview of the Treatment Program**

##### Staffing Resources

The director of group treatment at Professional Academy is licensed as a chiropractor and a clinical professional counselor, and has also completed

advanced coursework in educational psychology and law. Additional therapists serve as group facilitators for the Professional Academy; all have master's-level degrees in relevant concentrations (i.e., social work, counseling, or psychology) and are licensed in their respective professions. A licensed clinical social worker serves as facilitator for the juvenile sex offender group.

### Treatment Structure

The provision of group treatment through Professional Academy in 1998 included two groups for adult sex offenders and one for adolescent sex offenders; the juveniles were divided into two treatment groups in 1999. Only the adolescent treatment groups are linked to the ICJIA grant program, and they are the focus of this report. At the time initial interviews were conducted, six juvenile sex offenders were receiving group treatment through the on-site program; at the time treatment observations began, in 1999, the number of juvenile sex offenders receiving group treatment had increased to 15. One-hour group sessions are held on a weekly basis on Sunday mornings, but adolescent offenders may choose, or be required, to attend additional sessions. Added juvenile group sessions are scheduled to coincide with regularly scheduled adult group sessions.

Some JSOP participants are unable to attend Sunday sessions because of transportation difficulties or other problems. Many of the youth who are unable to access transportation on Sundays reside in group homes or other out-of-family placements. If an offender does not have transportation available, or cannot attend the Sunday morning sessions for other legitimate reasons, the youth is referred to a treatment provider whose treatment groups meet during the week.

The treatment fee for the Professional Academy is \$50 per month. For those offenders who are compliant with treatment but unable to pay the full \$50, a \$15 reduction may be awarded if the offender completes three hours of community service each month. The clinical director indicated that other installment-based arrangements for fee payment over time are possible and that no one is dismissed from group solely for non-payment of fees.

All group sessions are held at the Madison County probation offices, and the JSOP officer attends the juvenile sex offender group. Parents may become involved in treatment or post-treatment relapse prevention plans to some extent by attending a special Parents' Day, which is held once every 6 or 8 weeks, and/or a four-hour Saturday school session, held monthly.

#### Program Philosophy and Therapeutic Orientation

Group therapy is described as being cognitive-behavioral in nature, and grounded in a model combining relapse prevention with a psycho-educational approach. Treatment program objectives are described as being linked to the objective and subjective components of the sexual assault cycle, with particular emphasis on self-assessment and control of risk factors for offending. Homework is extensively incorporated into treatment. According to the treatment provider, therapy is roughly divided into four phases: (1) identification of risk factors; (2) understanding risk and intervention to develop control; (3) demonstration of learning; and (4) facilitation/integration of treatment gains. New juvenile offenders are admitted into existing groups, and the use of graduated and offender-specific homework assignments is thought to allow for phase-specific work. The following were identified as being prominent targets or components of treatment: denial of

offense, other cognitive distortions, analyzing events in the offense cycle, arousal or deviant fantasy control, and sex education. According to the treatment provider, some elements of stress management and relationship skills are also addressed.

#### Treatment Progress Reviews and Records

Treatment progress is documented on a weekly basis. General criteria for a positive discharge are described as meeting documented program expectations, including consistent group attendance, completing assigned treatment tasks, and progressing successfully through all four phases of the treatment program. Therapeutic programming includes in-session testing of learning linked to specific psycho-educational objectives. At the time of preliminary interviewing, the therapist was using an escalating sanctions approach, based on clinical judgment, when responding to instances of treatment non-compliance. Lower-level sanctions typically involved increasing the number of weekly group sessions to be attended for some period of time, and letters regarding problems in treatment were sent to parents. The general criterion for negative discharge was failure to meet treatment program expectations, and negative discharge occurred at the point requiring a fourth sanction.

However, at the time of treatment observations, the clinical director had implemented a revised policy regarding treatment violations. The revised policy is explained to adolescents using a baseball analogy. Treatment violations are regarded as being analogous to “strikes” in a baseball game. An offender who obtains a strike must attend a designated four-hour Saturday session, which is held once each month as needed. The director indicated there was no additional charge for the extra Saturday session. If the adolescent complies, the first strike

is “erased.” However, failing to attend a required Saturday session results in a second and non-erasable strike. An adolescent offender who receives three strikes is negatively discharged from the treatment group. Juvenile offenders who have been negatively discharged may be re-admitted to treatment after punitive detention/jail time.

Treatment records include a rating form on which variables such as attendance, participation in sessions, homework completion, and homework correctness are coded for each week. The clinical director estimated that four juveniles had dropped out or been expelled since the program began in March 1998, but it is not clear what proportion of juveniles in the program this represents.

#### Communication Between Probation Officers and Treatment Providers

The exchange of information is facilitated by (a) the probation officer’s participation in the group treatment sessions, and (b) the fact that the treatment program is actually held at the probation offices. Reciprocal releases of information are in effect for the duration of treatment. Information regarding attendance, payment of treatment fees, and standardized treatment participation evaluations are available to the probation officer. The supervising probation officer indicated he was satisfied with the timeliness, extent, and form of treatment information routinely provided to him.

#### **Review of Treatment Evaluations**

The treatment provider indicated that sex offenders are excluded from treatment if they have an infectious disease or there is evidence of active homicidal or suicidal behavior, psychosis, or other significant neurological

impairment that would interfere with treatment. However, a pre-treatment clinical assessment would be conducted only if it was specifically court-ordered. The treatment provider's records indicated that no formal pre-treatment assessment had been conducted on juvenile sex offenders.

The evaluation team reviewed the probation files maintained by Madison County on a quarterly basis to gather information on program attendance and treatment progress. Attendance was clearly documented for each juvenile assigned to the Professional Academy program, as were any negative discharges. Completed group progress report forms, as discussed by the director at the time of preliminary interviewing, were not included in individual probation files. The form was revised early in 1999; it has been used primarily for internal Professional Academy purposes and as a means of communication between the therapist and the director.

## **Observational Review of Treatment Services**

### Group Structure, Composition, and Policies

Group sessions for adolescents were 60 minutes in length. For five of the six observation sessions, the group was led by a female Caucasian therapist. On one occasion, due to the primary therapist's illness, the Professional Academy director served as the group therapist. Among the five adolescent male offenders assigned to this group, the racial distribution consisted of three African Americans and two Caucasians. History of group membership varied from six months to one month among offenders assigned to the observation group. The JSOP probation officer routinely attends the group; she was present

for five of the six observed sessions. Her supervisor also attended the first observation session.

Any unexcused absence or instance of noncompliance with assigned homework was treated as a violation of the treatment contract and counted as one of the three “strikes” which ultimately result in a negative discharge from treatment. However, at the time of observation, this policy was not yet formally articulated with the probation supervisor’s administrative hearing process; the probation officer and some of the group members were apparently confused about the “three strikes” policy for negative discharge and the consequences of treatment contract violations. The therapist reiterated the policy and answered questions about it in the sixth observation session. Only one formal instance of noncompliance with homework occurred during the observation period, and it occurred in the sixth session. The instance was clearly noted during the group session and processed among the therapist, the probation officer, and the adolescent offender. As a result, the adolescent was required, and agreed, to attend the next Saturday session in order to “erase the strike.”

Copies of the session compliance scoring system, several homework assignments, and a newly revised *Phase One: Identification* workbook were provided to the observer, for on-site review as materials in support of treatment structure.

#### Attendance and Attrition

Initial discussion with the therapist indicated that the original adolescent group had only recently been split into two smaller groups in order to make the group process more manageable. Juveniles were shifted to the observation



group naturalistically, based on the return of consent forms for observation, and the split formally coincided with the time observations began. Although the observed group was originally supposed to have seven members, two adolescents whose parents or guardians gave consent chose to continue attending the original group, which was scheduled for a later time. As a result, after the first observed session, the group was formally reduced to five members.

During the observation period, attendance varied from three to five adolescents per session. Based on a probation violation, unrelated to the treatment process itself, one group member was sent to detention for two weeks, but returned to group thereafter. Another offender's absences and lateness were excused, based on the probation officer's verification of transportation problems outside the adolescent's control. A third group member's unexcused absence was recorded as a strike (i.e., as a treatment contract violation).

### Session Format and Content

Treatment sessions followed a fairly consistent format and rapid pace. Homework assignments, attendance, and fee payments were typically logged in, in the first few minutes of each session, and the probation officer also reported any significant events occurring within the past week for each offender. Group members were then asked to complete a brief written quiz on particular risk factors or to participate in a competitive verbal exercise called the Risk Factor Game. The quizzes and exercise were designed to provide an assessment of group members' abilities to recall or define risk factors for sex offending. The remainder of the session predominantly involved guided group exercises designed to increase knowledge of a standardized list of approximately 27 risk

factors. The Risk Factor Game was also sometimes used at the end of sessions to assess recall of or ability to define standard risk factors.

Discussion with the treatment director indicated that adolescents were currently working on Phase One of his program, which involves learning the risk factor terms and basic definitions. More in-depth application and an offender-specific narrowing of focus were planned for a later phase of the psycho-educational program. Across the six-week observation period, the group activities primarily focused on (a) memorization of risk factor terms; (b) understanding the basic *before*, *during*, and *after* phases of an offense cycle; and/or (c) linking personal behavioral examples to formal risk factor terms. An updated list of risk factors was introduced to group members in the third observation session, and a newly revised workbook was given to group members in the fourth session. In three of the six sessions, there was some group work focusing on the sexual offenses of two group members, relative to specific risk factors and basic elements of the offense cycle. However, most group exercises involved behavioral examples that were unrelated to group members' sexual offenses; this seemed consistent with the program's emphasis on teaching the comprehensive standardized list of risk factors as a foundation for subsequent work.

Table 5.19 depicts significant treatment elements within sessions, as identified by the observer. It indicates that observed sessions were characterized by consistent attention to instances of denial or minimization, by a direct focus on learning risk factors, and by some work to identify personal examples of the risk factors. Offense-specific cognitive-behavioral analysis, in

direct support of personal relapse anticipation and prevention, occurred in two sessions. Work on developing empathy for victims did not occur.

**Table 5.19: Components of Juvenile Sex Offender Group Treatment – Madison County Program**

	Observation Week					
	One	Two	Three	Four	Five	Six
<b>Use of Homework</b>						
<i>Homework collected or reviewed in session</i>	X	X	X			
<b>Session Elements</b>						
<i>Appropriate disclosure</i>	X	X	X			
<i>Overcoming denial</i>	X	X	X	X	X	X
<i>Accepting responsibility</i>	X					
<i>Developing empathy for victims</i>						
<i>Learning about basic offense cycle</i>			X			
<i>Learning risk factors</i>	X	X	X	X	X	X
<i>Identifying personal risk factors</i>	X	X	X		X	
<i>Relapse anticipation</i>	X					
<i>Developing personal intervention plans or other relapse prevention work</i>	X		X			

Use of Homework

The adolescent treatment program was strongly grounded in structured written homework assignments and group exercises focusing on the standardized list of risk factors. The therapist assessed each adolescent’s recall and definitional knowledge of the comprehensive list through in-session quizzes and exercises, as well as through periodic reviews of completed homework assignments. The therapist also had the discretion to assign additional individualized homework; this occurred only once during the observation period. At the end of the first observed session, the primary therapist gave structured

individualized assignments to particular group members, which required them to write essays describing their families and future goals in life.

Standard homework was assigned during each of the six observation sessions, and was checked for basic completion in four of sessions. Sessions in which previously assigned homework was not checked were linked to the primary therapist's one-session absence. On her return, she asked group members whether homework had been assigned the previous week. They indicated there was no homework due, although an assignment had, in fact, been given. There was only one additional instance in which a group member failed to bring his homework; as a consequence, he was required to attend a four-hour Saturday session.

### Process Observations

The group process was grounded in clear expectations for active participation, and sessions were conducted at a noticeably fast pace. The therapist directed the process through question-and-answer interactions and maintained a primary psycho-educational focus on teaching and learning the formal risk factors. The probation officer served as an adjunctive source of motivational pressure and of current information about each adolescent. Instances of minimization, denial, inadequate participation, and general lack of responsibility were clearly identified and confronted. Although some instances of positive participation were verbally reinforced, motivational interventions were more often negative in nature. The therapist and probation officer frequently reminded group members who performed poorly or were viewed as resistant that their parents could be contacted, they could be required to attend Saturday

sessions, and/or that continued negative behavior outside the group might result in detention.

Most group members seemed to have learned quite a few of the formal risk factor terms and their general meanings. However, there was apparent confusion of some terms and considerable difficulty in linking some formal descriptors with personal behavioral examples. The extensive number of terms and recent revisions of the standard list of terms seemed to make in-session recall and vocalization a formidable cognitive challenge. This was particularly evident under the Risk Factor Game's competitive delivery conditions, when group members were required to keep track of the risk factors stated by others, as well as to produce another as-yet unstated risk factor from the most recent comprehensive list. Occasionally, in the course of the exercise, even the therapist had to refer to the printed list. Moreover, the complexity of certain more clinically oriented or research-based risk factor terms seemed beyond the comprehension level of some group members.

Overall, the quality of rapport between the female therapist and the group members could be characterized as positive and respectful, but somewhat distant. The adolescents were generally very attentive and responsive, in the sense that they tried to answer questions and seemed uncomfortable when chastised or confronted. Although direct therapeutically oriented interactions among group members were rare, this seemed reasonably attributable to the psycho-educational nature of the group. Occasionally, and usually in response to an indirect prompt from the therapist, individual group members were able to

provide a brief but quietly stated comment in support of the therapist's confrontation of another group member.

The therapist demonstrated sensitivity to the adolescents' potentially increased feelings of vulnerability under the observation conditions, and kept the few instances of offense-specific work within appropriate limits for this age group. However, the almost exclusive emphasis on learning formal risk factor terms resulted in very little time for or attention to the adolescents' personal needs for emotional support. There was little in-session evidence of the psychotherapeutically oriented relational foundations needed to promote positive motivation for adaptive behavior change and to build empathy for victims. Several instances were noted in which group members demonstrated an inadequate understanding of or unrealistic beliefs about others' feelings, and some group members showed evidence of ongoing maladaptive behavior or interpersonal problems that were not likely to be adequately addressed within the fast-paced, psycho-educational structure of the group. Although the therapist has the prerogative to refer group members for individual therapy, an important opportunity for using cost-effective group process to model, promote, and reinforce prosocial behavior and adaptive change, in support of relapse prevention, is lost under individual referral conditions.

### **Compliments, Concerns, and Formative Recommendations**

Professional Academy can be complimented for strengths in a number of areas. The treatment director has developed an extensive psycho-educational program for adolescent sex offenders, which includes specificity of focus, a cognitive-behavioral emphasis, and an ambitious phase-specific plan for

facilitating progressive learning over time. He has also worked to develop a clear policy that encourages treatment compliance, and both he and the group therapist work closely with the JSOP probation officer. The adolescent group therapist is a licensed clinical social worker and has previous experience conducting therapy with adolescents. She demonstrated considerable patience and skill in the observed sessions, and maintained a sharp focus on the designated objectives of the program.

Despite these strengths, there are five significant areas of concern. The first and foremost area of concern is the need for pre-treatment evaluation. Sex offender-specific treatment planning must be grounded in a comprehensive understanding of individual offenders, and current treatment guidelines indicate this is especially important when treating juveniles (e.g., Dougher, 1997; Lane, 1997). The presence of concurrent but undetected psychological and psychiatric disorders may seriously interfere with effective participation in treatment, even though symptoms may not be readily apparent within the time and structural limits of a psycho-educational session. At the very least, significant but undiagnosed learning or emotional problems could compromise offenders' ability to benefit from the program.

A second but somewhat related concern pertains to the possibility that some of the formal risk factor terms may be too complex for some adolescents to comprehend or to accurately differentiate and apply. To the extent that adolescents cannot easily apply formal risk factor terms to their own emotionally salient risk-related patterns and have not developed specific plans for self-management, memorization cannot support subsequent relapse anticipation and

prevention efforts. Third, it also seems possible that the early emphasis on memorizing a list of almost 30 formal risk factor terms and definitions, relatively detached from a personally meaningful offense-specific context, may unnecessarily delay the understanding of personally relevant, offender-specific risk patterns. At a minimum, it seems to pose a significant cognitive challenge.

The second and third concerns are part of a broader set of issues related to the use of materials appropriate for the ages and developmental stages of the adolescent group members. The director of the Professional Academy has indicated that the overall psychoeducational program has been structured according to Bloom's classic Taxonomy of Educational Objectives (see Hopkins, Stanley, & Hopkins, 1990, for a succinct overview of the taxonomy), and that the first phase of the adolescent program is focused on learning risk factor terms. Briefly stated, Bloom's taxonomy classifies behaviorally based learning goals into sequential levels or stages using a hierarchical system of six categories. The basic knowledge level is considered a foundational prerequisite for subsequent levels of learning. However, while Bloom's taxonomy can serve as a useful tool for curricular planning at various levels of education, the educational process and specific content must still be constructed in keeping with the students' developmental stages. Obviously, the specific form and scope of material presented to college students differs from that designed for adolescents or even non-collegiate adults, even though Bloom's taxonomy may be used to organize the curriculum at any of these levels. The research team has questions about whether some of the content and process elements are adequately geared toward the developmental levels of the adolescents within the program.



Professional Academy uses the same basic materials, including workbooks and homework assignments, for both the adult and adolescent sex offender treatment groups. As a result, some examples and writing prompts used to structure treatment interaction or writing assignments are not specifically designed to address adolescent situations and treatment issues. It seems likely that the learning process would also be facilitated by reducing the number of risk factors to be learned to a smaller number of personally meaningful terms, for which each learner has more salient concrete referents to support abstract conceptual learning. This suggestion does not involve a “mixing” of learning levels nor does it violate the principles of Bloom’s taxonomy. Simple knowledge can also be personally relevant knowledge; risk factor identification can be grounded in recall of a personally meaningful behavior, pattern, or situation. Because the knowledge level serves as the foundation for the subsequent levels of learning (i.e., comprehension in the form of translation and generalization to other situations and then application to more abstract or novel situations), it seems important to consider possible impediments to Phase One learning as they appeared during the observation period. Optimizing Phase One learning conditions may also facilitate learning level (phase) transitions. To support this goal, the research team recommends that the treatment provider consider consulting with an educational specialist who focuses specifically on adolescent development and learning.

A fourth area of concern involves the fast-paced, phase-specific, and sometimes competitive focus of the group, which does not provide much psychotherapeutic support for adolescents’ emotional or relational needs;

consequently, it may not adequately encourage the development of sensitivity to and empathy for others. It may also undermine attempts to create an optimal learning environment. Performance anxiety, frustration, or confusion interferes with learning, and we presume that troubled adolescents, for whom negative associations to school-like situations are particularly likely, may be at higher risk for experiencing such feelings under fast-paced, competitive, and evaluative conditions.

Finally, it seems likely that the potential benefits of treatment would be enhanced through deeper and more consistent parental involvement. Parental involvement with treatment is increasingly viewed as an important component of therapy for juvenile sex offenders (e.g., Barbaree & Cortoni, 1993; Ryan, 1997; Sefarbi, 1990; Smith & Bischof, 1996; Thomas, 1997).

The following specific recommendations are offered:

- (1) Develop a protocol for consistent pre-treatment evaluation to screen for significant psychological and psychiatric problems and to provide a more comprehensive foundation for treatment planning. Ideally, the protocol would include the adolescent version of a standardized psychological measure such as the MMPI, as well as appropriate screening measures of intellectual functioning and reading comprehension. Professional Academy plans to introduce pre- and post-test assessment of treatment content in each phase during the next year. This would provide a measure of each youth's knowledge of the psycho-education curricular content, but would not satisfy the need for pre-treatment evaluation identified in this recommendation.

- (2) Check the reading comprehension level of the formal risk factor terms and the printed adolescent program materials, to make sure they are within the comprehension limits of all group members. Before introducing program revisions related to risk factor terminology, carefully consider whether the potential benefits of revision outweigh the predictable confusion that adolescents will experience when terms they have already memorized are changed.
- (3) Consider re-orienting Phase One of the adolescent psycho-educational program to focus specifically on identifying and understanding the most prominent constellation of risk factors for each juvenile offender. It seems likely that a single, but personally significant risk pattern can be more easily remembered and applied to new situations than an extensive list of formal risk factors, and may allow for the development of specific self-management plans earlier in the psycho-educational process.
- (4) Find ways to augment the psycho-educational program with a supportive group therapy process that allows for deeper processing of current interpersonal issues in the juvenile offenders' lives, and for developmental work on empathy and relational skills. If possible, a male and female co-therapy team should be employed to maximize opportunities for healthy gender-related identifications and relational role modeling.
- (5) Facilitate deeper parental involvement in the treatment process. At a minimum, consider developing a parents group, which meets on a

regular basis, to address parental denial or minimization as well as to provide ongoing education and support for adaptive behavior changes. Explore possibilities for scheduling treatment sessions on days other than Sunday, to avoid transportation problems and conflicts with family plans for attending religious services or other activities.

### SHORT-TERM IMPACT

The Juvenile Sex Offender Program of the Madison County probation and court services department formally began operation in March 1998. Since the program has been operating for only one year, the evaluation team was asked to carry out a preliminary, short-term impact evaluation. The purpose of this evaluation is to consider the extent to which the JSOP program is achieving the goals and objectives it set for itself, and the ways in which project is affecting its target population. Since these two questions involve different kinds of issues, they will be addressed separately.

#### Progress Toward Achieving Program Goals and Objectives

In its proposal to the ICJIA, the Madison County probation department identified the following five goals:

12. establish an "in-house," self-contained juvenile sex offender treatment program;
13. utilize an appropriate assessment tool for sex offenders prior to their initial participation in the treatment program;
14. establish an "on-site" training program for probation personnel and others to build a team approach to sex offenders;

15. establish a “state of the art” individualized case management system that is sex offender-specific and includes increased surveillance time; and
16. establish a victims’ services component as part of the JSOP.

Madison County has pursued most of these goals through a cooperative arrangement with Professional Academy, which was already providing an on-site sex offender treatment program for adult offenders. The original proposal for the JSOP program included specific information on the proposed treatment program, including the number of risk factors that each participating youth would be expected to identify and understand (RFP, 1997).

The first goal, to establish an “in-house” treatment program, has been achieved. The treatment provider has also cooperated with the probation department to provide several on-site training programs. However, other proposed elements of the program are less well established. Neither the probation department nor the treatment provider appear to be using an appropriate, age-specific assessment tool to evaluate the treatment and supervision needs of the juveniles in the program before they begin their participation. It is also unclear to what extent the JSOP has been able to make progress toward the development of a victims’ services component for victims of sexual offenses.

The program proposal identifies as a goal the establishment of a sex offender-specific, “state of the art” individualized case management system for specialized officers. The proposal also indicates a specific objective within that goal of increasing the amount of surveillance activities by probation officers with

sex offender caseloads. Based on the activities documented in probation files, it does not appear that the JSOP program has been able to meet this objective. The probation officer sits in on the on-site treatment sessions, which provides her with an unusual opportunity to be more informed about the juvenile sex offenders on her caseload, but her presence is more observational than participatory.

#### Project Impact on its Target Population

Information on the extent to which the JSOP contact and supervision standards have been met by the JSOP officer was presented in an earlier section of this chapter. Because the program has been in operation for only a year, relatively few juvenile sex offenders have completed their period of probation. In addition, the lack of assessment data makes it difficult to determine what the needs of this population are. One potential measure of project impact is the progress that participants are making in moving through established treatment phases and levels of probation supervision. A reassessment is completed on each JSOP probationer every six months to determine the appropriate level of probation supervision. However, the research team limited its data collection to the first year of the JSOP program operation. Because youth entered the program throughout this first year, relatively few were in the program long enough for a reassessment to be completed. The reassessment forms and the reasons provided in support of changes in supervision levels will be reviewed as the program evaluation continues.

All juvenile offenders in the treatment program appear to be working in the early stages of the psychoeducational curriculum that is central to the treatment program, even though some have been in treatment for more than a year.

However, because of the small number of juvenile sex offenders participating in the on-site treatment program, no meaningful conclusions about trends can be drawn from the available data.





## CHAPTER 6: CROSS-PROGRAM COMPARISONS

In comparing the structural components of the three sex offender probation programs that are the subject of this evaluation, more similarities appear than differences. The staffing levels, the means for delivering treatment services, and the control over program admission are similar in many respects. However, significant differences do exist. The programs differ in caseload size, some staffing distinctions exist, and there are differences in the degree to which the programs are integrated into their local justice systems.

All three programs employ a single officer who is responsible for routine contacts with offenders and treatment providers. In each county the development of the program arose from the department's prior experience supervising sex offenders. In Coles and Vermilion Counties, the specialized officers were concentrating on sex offenders prior to ICJIA funding. In these two counties, the probation departments sought to relieve their specialized officers of all duties not related to the supervision of sex offenders. In Madison County, the probation department wished to expand its prior positive experience supervising adult sex offenders into the juvenile division. In that county a new officer was hired to supervise a caseload made up entirely of juvenile sex offenders. Although the JSOP officer had no prior probation experience supervising sex offenders, she attended a number of specialized training sessions after being hired.

In each county the specialized officer is provided some assistance in supervising the caseload. However, the nature and focus of this assistance

varies from program to program. In Coles County the specialized officer works in conjunction with a surveillance officer who provides evening supervision of the caseload through home visits and other field contacts. In Madison County the specialized officer is allowed to concentrate more on field contacts because her supervisor maintains many of the record keeping functions for the program, as well as the initial intakes. Vermilion County entered into a contractual relationship with a licensed clinical psychologist to assist the specialized officer in making pre-sentence assessment decisions and to act as a liaison between probation and treatment.

In all three counties, sex offender treatment services are provided by non-probation entities that entered into an agreement with the probation department to provide services. In each county the probation department had established a relationship with the treatment provider prior to the receipt of funding from ICJIA. That relationship was then extended after ICJIA funding.

In each of the three counties that are the subject of this evaluation, intake decision making power resides with the judiciary and the prosecutor. However, the extent of teamwork that exists between the sex offender probation programs, the treatment professionals, and the key members of the county justice systems varies from county to county and appears to be in a state of evolution in some instances. Coles County appears to have the most closely integrated team approach of the three counties. In addition to the contractual relationship between probation and the treatment provider, the specialized probation officer co-facilitates sex offender treatment groups. Also, the monthly judicial proof-of-progress hearings incorporate the judiciary in monitoring probationer compliance

with the terms of probation. Both the specialized officer and the treatment provider participate in the proof-of-progress hearings by offering information to the court. The court, in turn, reinforces the status of the probation officer and the treatment provider by giving judicial credence to the recommendations of these individuals.

In addition to the Coles County program's relationship with the judiciary, the relationship between the program and the prosecutor's office has been very positive. The program staff reports that their requests and recommendations have nearly always been received favorably by the prosecutor who has handled sex offender prosecutions in the county for many years. This portion of the team approach in Coles County was in a state of uncertainty at the time of this report due to staff turnover in the prosecutor's office. It remains to be seen if the prior level of cooperation will survive the staff changes.

While officials associated with the sex offender probation programs in Vermilion and Madison Counties report generally positive relationships with other members of the local justice system and their treatment providers, the degree of integration of the several entities does not approach the level existing in Coles County. Recent changes in judicial assignments in Vermilion County appear to have placed a judge in the felony court who is interested in increasing the attention given to input from the sex offender probation program. Possible changes in the delivery of sex offender treatment in Vermilion County also may alter the relationship between the program and the treatment provider.

Differences in caseload sizes between the three counties vary depending upon what cases are counted. While Coles County has consistently supervised

the largest caseload, the caseloads in Madison and Coles Counties for the sex offender probation programs are similar. During the course of this evaluation, caseloads in Madison County have ranged between 23 to 32, while those in Coles County have ranged from 29 to 40. If the Intensive Sex Offender Probation Program in Vermilion County is considered by itself, the Vermilion caseloads were much smaller, ranging from one to twelve. However, when the additional sex offenders supervised by the SOP officer under standard probation orders are counted as a part of the officer's caseload, the SOP officer consistently supervises a caseload of nearly 40 sex offenders. Given the apparent trend in Vermilion County toward increasing the percentage of sex offenders on probation who are placed in the intensive program and decreasing the percentage under standard probation, this caseload distinction between the counties may disappear over time.

In comparing the structural components of the three programs, the degree to which all entities in the local justice systems are integrated into the supervision and treatment efforts of the probation office and the treatment providers is the most striking difference. The greater the degree of communication that exists between these various entities, the less opportunity there is for the sex offender to manipulate the individual actors in the process. It is recommended that each program seek to enhance relationships with all parties who have a stake in sex offender supervision. Even where teamwork is very evident, it also is apparent that much of the quality of the cooperative relationship depends upon individual dynamics. While recognizing that individual personality and relationships can never be eliminated from any collaborative process, to the extent possible the

programs are encouraged to institutionalize regular communication between all participants in the process. In this way, cooperative relationships may better be able to survive changes in individual personnel.

Comparison of the non-structural components of the three programs is complicated by the differences in caseload focus that exist between Madison County and the other two counties. While Coles and Vermilion Counties both supervise a small number of juveniles in their sex offender probation programs, adults predominate in both programs. On the other hand, juveniles solely populate the Madison County program. A separate probation unit, which is not the subject of this evaluation, supervises adult sex offenders in Madison County and pre-dates the juvenile unit. Comparisons of offender characteristics are always difficult across programs in different jurisdictions, but they become particularly troublesome when comparing a population of mostly adult offenders with a population of juvenile offenders. Characteristics such as employment status, educational level, family relationships, and even offense history become meaningless and misleading when attempting to compare adults to juveniles. For this reason, comparisons related to these characteristics are confined to the adult populations in Coles and Vermilion Counties.

In Coles County approximately two-thirds of the adult offenders have been convicted of some form of criminal sexual abuse, in most cases a crime of coercion rather than one involving direct physical force. About half the reported victims are related to the perpetrator; another 35 percent are acquainted with the offender, although there is no direct family relationship. Although many of the victims are young (over 40 percent are under 13 years of age), approximately 15

percent are young adults. The offenders themselves ranged in age from 17 to 71 years, were predominantly employed, and had at least completed high school. Very few of the ISSOS probationers had been previously convicted, or even arrested, for a serious criminal offense. None of them had been convicted of domestic violence, although a small number had been convicted of some other violent crime. None had been convicted of any drug offense, although almost half had a prior history of substance abuse. The ISSOS caseload consists of a heterogeneous mix of offenders, reflecting the policy of assigning all sex offenders sentenced to probation to the intensive program. The larger number of treatment groups at CCMHS provides an opportunity to individualize the treatment process somewhat to meet the different needs of this offender population.

All of the Vermilion County SOP adult offenders have been convicted of criminal sexual assault or aggravated criminal sexual abuse. They are a somewhat older group, with an average age of just under 34 years. Over 80 percent of the identified victims are under 13 years of age. In half the cases there was a direct family relationship; if “mother’s boyfriend” is considered a near-familial relationship, that proportion increases to over 80 percent. The Vermilion County SOP population consists primarily of adult offenders with child victims. Although the actual numbers involved are small, a higher proportion of the Vermilion County offenders have been previously arrested and convicted. Almost 30 percent had been convicted on one or more drug charges. However, none of the Vermilion County probationers had previously been convicted on a

sex offense charge, while almost 20 percent of the Coles County offenders had a previous sex offense conviction.

It appears that a limited number of more serious criminal offenders are being sentenced to the SOP program in Vermilion County, with its enhanced levels of supervision and the additional special conditions of probation that attach to it. It is possible that the sentencing decisions are being shaped more by the offender's overall criminal history, including prior drug offenses, than by the current sexual offense. Judges may be assigning some criminal offenders to SOP based in part on their general need for close supervision during probation, rather than on identified, sex offender-specific treatment and supervision needs. In order for this program to maintain its specialized focus of this program on sex offenders, it is important that assessments or psychiatric evaluations be completed on all potential SOP probationers before they are sentenced. This will allow probation the opportunity to provide an informed recommendation to the prosecuting attorney and the judge, so that the sentence can be shaped to the supervision and treatment needs of offenders and to the specific risks they pose while on probation.





## **CHAPTER 7: PROPOSED IMPACT EVALUATION**

The ICJIA Request for Proposals for this evaluation directed researchers to conduct a short-term impact assessment and to prepare a long-term impact evaluation design for future research. Each of the county probation programs is described in a separate chapter of this evaluation. These chapters provide information on the development of the program and the progress that has been made in implementing the goals and objectives of the original project proposal. The ability of the evaluation team to assess the short-term impact of these programs has been limited by the limited number of probationers who have completed each of the programs and the limited amount of comparable information on those participants. These problems can be addressed as part of a full impact evaluation study.

The purpose of an impact evaluation is to determine the extent to which a project is achieving its stated goals and objectives, and to identify and evaluate the ways in which the project is affecting its target population. In order to answer these questions, information must be gathered on the institutions and individuals who are providing the program services and on the individuals who are the focus of the project. As part of the implementation and short-term impact evaluation, the research team analyzed aggregate monthly data provided by the probation projects and also collected data from individual files related to supervision and surveillance practices. Through this process the team was able to evaluate significant aspects of the supervision component of probation, and also refine the

data collection process. The research team will continue to collect information on these same aspects of supervision and surveillance during the impact evaluation, with special attention to those aspects of supervision, such as drug tests and curfew checks, that are more closely related to the impact of probation supervision on the individual offender. Data from the probation files will be collected on a monthly basis to increase the accuracy of date-sensitive information, and to facilitate crosschecking of aggregate monthly report data with data collected from individual probation files. The research team will also observe regularly scheduled court appearance dates such as proof-of-progress hearings in order to better document these cooperative aspects of the supervision process.

### Data and Measurement Issues

The data collection form used jointly with the Loyola University (Chicago) research team was designed to collect baseline information on offenses and offenders, not outcome data. For example, there were no pre- and post-test measures included in the form. Instead, the research design anticipated that outcome data could be extracted from the monthly treatment and probation progress reports. However, as discussed in the treatment section of the Methodology chapter (Chapter 2) of this report, the downstate treatment providers were not comfortable supplying the research team with monthly progress reports. It was agreed that the researchers would collect data on treatment participation and progress from the standard reports that were routinely submitted to probation. Because each of the downstate programs had developed a different system of close cooperation with the treatment provider

they worked with, much of the necessary information was conveyed through observation, participation, and informal conversation. The reports that were submitted documented program attendance, but did not provide a level of information that would allow an evaluation of each participant's level and quality of participation in the treatment process.

Because it is difficult to obtain objectively comparable information on treatment progress through inherently subjective clinical judgements, the research team had decided to use "n-of-1" statistical methods to assess probationer progress in treatment. Researchers frequently use n-of-1 designs to analyze individual level data in order to determine the amount of change an individual experiences during some treatment process. This analytical process allows the offender to be his or her own control "group," alleviating the problems of matched samples. According to Pietrzak and her associates (1990), n-of-1 designs involve a three-step process. First, a "target event" or goal must be identified. Second, a baseline measure of the individual's condition or starting state is taken before any services are rendered. Third, a follow-up measure is administered after services are rendered. The difference between the two measures indicates the amount of change in the individual case.

This research design depends on a measure of the initial condition, as well as at least one subsequent measure. When, as here, subjects are involved in an on-going treatment process, evaluations or measurements taken at multiple points in the process are particularly helpful. Therefore, as part of the proposed impact evaluation this research team will work with the probation programs and their treatment providers to obtain such an assessment in addition to the regular

attendance reports that are currently provided. The form developed by the research team at Loyola University (Chicago) provides an excellent starting point; any modifications that have been made as a result of its use during the implementation evaluation will be incorporated into our research design.

The shared data collection form, developed for the implementation evaluation, does provide some useful baseline information. Most of this information is collected by criminal justice agencies at arrest and by probation at intake. Information that has been collected during the implementation evaluation can be compared to exit measures (or interim measures) during the full-scale impact evaluation. The data collection form should be revised to include more detailed data that is often available in social histories and pre-sentence investigations.

There are minimal intermediate measures available at this time. The balanced and restorative model of justice suggests there are three essential components to justice (Bazemore & Umbreit, 1995, 1997). First, society should be protected from the offender through appropriate measures; intensive probation supervision is an important part of this element. Second, the offender should be held accountable to the victim and assist in making the victim whole again; this is often associated with an obligation to provide restitution to the victim, but other measures, such as voluntary and consistent compliance with a no-contact order, may be appropriate measures of this variable (Bazemore & Maloney, 1994). Finally, the balanced and restorative view of justice supports efforts to restore the offender through treatment interventions to prevent future

recidivism; in the specialized programs being evaluated, mandated treatment requirements are a significant part of this effort.

### Outcome Measures

The researchers collected baseline data as part of the implementation evaluation and preliminary impact study. During the impact evaluation, outcome measures will be the focus of the research process. The research team will collect data in four general categories:

- 1) Recidivism (i.e., probation violations, with special attention to sex offender-specific conditions, and new offenses);
- 2) Victim restoration (i.e., restitution paid, compliance with no-contact requirements);
- 3) Accountability to the community (i.e., community service hours completed); and
- 4) Treatment measures (i.e., attendance, phase progress, changes in attitude and behavior measured by pre- and post-treatment assessments).

Baseline data will continue to be collected from psychological and personality assessment instruments where available, as well as from the sex-offender specific assessment tools included in the original data collection form. The need for data from such tests is discussed in the treatment sections of the chapters on specific county programs. The research team will work with the probation programs and the treatment providers in each county to develop a method for collecting these data that respects the privacy of individual

probationers, and will also encourage the programs to use these assessment measures more consistently.

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## **APPENDIX A**

### **Initial Interview Protocol Regarding Treatment**



## Initial Interview Protocol Regarding Treatment

**Site:** \_\_\_\_\_ **Interview Date:** \_\_\_\_\_

**Contact Persons/Titles:**

**Main Treatment Provider:**

**Credentials:**

**Offenders Treated:**     Adults                     Adolescents

### Pre-treatment Assessment

*What is the nature of the assessment conducted on each offender?*

(Indicate which, if any, of the following formal measures are used)

*MMPI / MMPI-2             MCMI             Hare Psychopathy Checklist-Revised*  
*Abel & Becker Cognition Scale             Social History             Psychiatric diagnosis*  
*Substance Abuse                             Fantasy Assessment*  
*Carich-Adkerson Victim Empathy & Remorse Inventory             Social Skills Assmt*  
**Other:**

*When does this assessment typically occur?*

*Who conducts the assessment?*

*How is assessment tied to treatment goals and techniques?*

*Is there a therapeutic contract?    Yes    No             If yes, signed by client?    Yes    No*

*How satisfied are you with the current assessment?    Any suggestions for improvements?*

*How many of the offenders concurrently receive psychotropic medication?*

*How is this handled/by whom?*

## **Group Therapy**

***How many groups are there?***

( i.e., Adult and/or Juvenile )

***How often are group sessions held?***

***How long do the group sessions last?***

***How many therapists are present at each group session?***

For Adults groups:

For Adolescent groups:

***Do the same therapists conduct all group sessions?    Yes    No***

***What education and/or experience do the therapists have?***

***How many offenders are assigned to each group?***

For Adult groups:

For Adolescent groups:

Staff-to-Client ratios:    \_\_\_\_\_ therapists                    \_\_\_\_\_ clients

***Do all the groups consist only of mandated (ASOP) sex offenders?    Yes    No***

***Group therapy is based on what theoretical model?***

(treatment philosophy/stated approach)

***Is there a treatment manual?    Yes    No                    If YES, may I have a copy?***

***What are the most prominent targets of treatment?***

*Using a scale of 1 to 7, with 1 being "not included in treatment" and 7 being "an intense focus of treatment", how much emphasis is placed on the following?*

Denial of Offense _____	Stress Management _____
Other Cognitive Distortions _____	Relationship Skills _____
Analyzing Events in Offense Cycle _____	Depression _____
Arousal Control or Fantasy Control _____	Substance Use/Abuse _____
Sex Education _____	Social Skills Development _____
Developing Empathy for Victim _____	Anger Management _____

*To what extent is homework or role-playing incorporated into treatment?*

*Is therapy phase-specific or perpetually open to new offenders?*

*In what ways does treatment for juvenile sex offenders differ from the treatment of adult sex offenders?*

*To what extent is relapse prevention included in treatment?*

*How is it addressed?*

*To what extent are victims included/involved in treatment?*

*Are families involved in treatment or post-treatment relapse prevention plans? How?*

*Typically, what are the Criteria for a positive discharge?*

*Typically, what are the Criteria for a negative discharge?*

*Group Treatment Drop-Out Rates:*

*Group Treatment Expulsion Rates:*

*What information is recorded for group treatment ?*

Records of attendance    Yes    No

Records incl specific trmt objectives    Yes    No

Progress toward trmt objectives – How is it assessed?

Is it documented in records?

*If there are specific forms used for any of this information, may I have a copy?*

*Can I attend group therapy sessions? Is that feasible?*

What would be a reasonable sequential number ?

What special permission, if any, would be necessary?  
(possible therapist consent form/parental consent form)

## **Individual Therapy**

*How often are individual sessions held?*

*How long do the sessions last?*

*Which therapists conduct individual therapy?*

For Adults:

For Adolescents:

*What education and/or experience do the therapists have?*

*How many offenders receive individual therapy?*

*How many offenders receive individual AND group therapy?*

*How are offenders differentially assigned to group and/or individual therapy?*

*To what extent are individual therapy sessions explicitly linked to group sessions?*

*Individual therapy is based on what theoretical model?*

(treatment philosophy/stated approach)

*How and to what extent are family members included in treatment?*

Contact occurs how often?

Contact with whom?

Consistently or not?

Family members attend individual sessions?

*Are families involved in treatment or post-treatment relapse prevention plans?*

*What information is recorded regarding individual therapy ?*

Records of attendance    Yes    No

Records include specific treatment objectives    Yes    No

Progress toward treatment objectives – How is it assessed?

Is it documented in records?

Records include specific discharge criteria    Yes    No

*If there are specific forms used for any of this information, may I have a copy?*

## **Family Therapy**

*How often are family sessions held?*

*How long do the family sessions last?*

*How many therapists are present at each session?*

For Adults:

For Adolescents:

*Do the same therapists conduct all family sessions?    Yes    No*

*What education and/or experience do the therapists have?*

*To what extent is family therapy directly linked to individual or group therapy?*

## **General Information**

*What program retention or success rate data are available?*

*Is there anything else you'd like to tell me about the treatment program?*

## Contact Between Therapists and Probation Officers

*How frequently does contact between the therapists and probation officers occur?*

Attends group therapy sessions \_\_\_\_\_ By Phone \_\_\_\_\_  
Other Face-to-face \_\_\_\_\_ Written correspondence (*list forms*) \_\_\_\_\_  
Joint staff meetings \_\_\_\_\_

*Under what circumstances do therapists and probation officers contact each other?*  
(i.e., for what purposes? Is probation notified if someone misses a group or individual therapy session?)

If so, how is probation officer notified? (phone, letter, etc.)

*What treatment information is routinely shared with the probation officer? (get copies of std forms)*

*How satisfied are you with the timeliness of information provided?*

*How satisfied are you with treatment as it's now being delivered?*

*Is the information provided adequate?*

*How are disagreements/problems handled?*

Any problems?

Any recommendations?

*Can I attend joint staff/treatment provider meetings?*

Held where?

When?

For how long?



## **APPENDIX B**

### **Observation Note Form Used During Observation of Treatment Sessions**

Observation Note Form

**Site:**

**Date:**

**Observation Week:**

**Therapists' Names:**

**During Observation**

**Start time/End time:**

**Length of group sessions:**

**How many therapists were present?**

**Ethnic mix and fit with therapists:**

**How many participants were late?**

**Was anyone missing?**

**How were lateness, no-shows, and other indicators of noncompliance handled?**

**How was the session structured?**

**Was a probation officer present?**

**If so, how was PO involved in session?**

**What was the focus of this session?**

**Did participants appear to be engaged in the session?**

**What was the quality of rapport between therapists and participants?**

**What was the quality of rapport among the participants?**

**How did the therapist handle participant denial or minimization?**

**Were therapeutic exercises used? If so, how?**

**Did the exercises seem to have a clear purpose?**

**Did the exercises seem appropriate in the context of the group process?**

**If homework had been assigned, were the assignments reviewed?**

**How was noncompliance/noncompletion of homework dealt with?**

**Was new homework assigned? If so, what?**

**Which of the following components characterized the session?**

<b>Social skills</b>	<b>Anger management</b>	<b>Victim empathy</b>
<b>Substance use/abuse issues</b>	<b>Work on personal issues not directly related</b>	<b>Sex education</b>
<b>Cognitive restructuring</b>	<b>Relapse anticipation</b>	<b>Relapse prevention</b>
<b>Basic living skills</b>	<b>Personal relationship issues</b>	<b>Appropriate disclosure</b>
<b>Overcoming denial/Minimization</b>	<b>Accepting responsibility</b>	

**Demonstrations of group leadership**

**Other:**

***Psychoeducational elements:*** **Learning terminology**  
**Learning about offense cycle generally**  
**Learning personal risk factors**  
**Identifying personal examples**  
**Developing personal intervention plan**  
**Anticipating relapses or failures related to personal cycle of dysfunction**

**Other:**

**Other process observations:**

**Post-Group Discussion with Therapists**

**How many participants were not present during this session?**

**How will no-shows be handled?**

**How will the lateness be handled?**

**If lateness or absence is reported to the PO or other sanctions occur, what are the rules? (i.e., how many sessions before notification or before what other sanctions are implemented? How many absences result in violation of probation?)**

**If written exercises were used, can we have a copy?**

**What were therapists' thoughts about this group's process today?**

## **APPENDIX C**

### **Model Informed Consent Language**

## Model Informed Consent Language

The Center for Legal Studies of the University of Illinois at Springfield is conducting a study sponsored by the Illinois Criminal Justice Information Authority. The purpose of this study is to document the operation of sex offender probation and treatment regarding the design, implementation, and operation of various probation programs for sex offenders.

Documenting the type of treatment services provided at different agencies is a very important part of the study. In order to understand the type of group treatment provided here, at this agency, two program evaluators would like to attend a few sessions and observe the work we do. It is important for you to understand that the evaluators are *only* interested in learning about our agency's treatment services. They are *not* interested in information about specific group members. They will be here to observe the therapists' work and the overall treatment process itself. You are assured that *no* personal or identifying information will be collected about you or other group members. The evaluators will not speak or take any written notes during the group sessions. Their observations will only be used to describe the work of the therapists and the kind of group therapy we offer.

In order for our agency's treatment services to be documented in the study, we are asking your permission to allow the evaluators to observe a few sessions of group therapy. Is that okay with you?

## **APPENDIX D**

### **Consent Forms Used by CCMHC in Coles County and Professional Academy in Madison County**

## COLES COUNTY MENTAL HEALTH CENTER CONSENT FORM

### **An Evaluation of Illinois Sex Offender Probation Programs**

The Center for Legal Studies of the University of Illinois at Springfield is conducting a study sponsored by the Illinois Criminal Justice Information Authority. The purpose of this study is to document the operation of sex offender probation and treatment programs, including ours. It is hoped that this study will provide useful information regarding the design, implementation, and operation of various probation programs for sex offenders.

Documenting the type of treatment services provided at different agencies is a very important part of the study. In order to understand the type of group treatment provided here at this agency, two program evaluators would like to attend 7-10 sessions and observe the work we do. It is important for you to understand that the evaluators are *only* interested in learning about our agency's treatment services. They are *not* interested in information about specific group members. They will be here to observe the therapists' work and the overall treatment process itself. You are assured that *no* personal or identifying information will be collected about you or other group members. The evaluators will not speak or take any written notes during the group sessions. Their observations will only be used to describe the work of the therapists and the kind of group therapy we offer.

In order for our agency's treatment services to be documented in this study, we are asking your permission to allow the evaluators to observe a few sessions of group therapy.

Please sign here if you give your permission:

\_\_\_\_\_  
NAME

\_\_\_\_\_  
DATE



Professional Academy  
for the  
Supervision and Management of Sex Offenders and Violent Perpetrators, Inc.  
P.O. Box 23497  
Belleville, IL 62223  
618-398-9456

RELEASE AUTHORIZATION

TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FROM: Professional Academy for the Supervision and Management of Sex Offenders  
And Violent Perpetrators Inc.  
P.O. Box 23497  
Belleville, IL 62223  
618-398-9456  
Fax 618-239-6035

DATE: \_\_\_\_\_

RE: Group Observation DOB: \_\_\_\_\_

I hereby authorize the above-named addressee to release, exchange and forward any and all information, as checked below, on the above named individual with Professional Academy for the Supervision and Management of Sex Offenders and Violent Perpetrators Inc.

Grade Transcript       Psychological Reports       Medical Reports  
 Attendance Record       Diagnosis and Prognosis       Hospital Records  
 Summary of Disciplinary Problems       Social History

Other: Observation of group treatment process by professionals who are not  
employed by Professional Academy. All issues related to confidentiality  
will be observed and respected.

This release also authorizes the Professional Academy for the Supervision and Management of Sex Offenders and Violent Perpetrators Inc. to share information with the following:

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\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Minor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

=

## **APPENDIX E**

### **Model Probation Order and Conditions of Probation, Coles County**



PROBATION ORDER  
Page 2

9. That the Defendant shall be employed full time attend school or vocational training or the Defendant shall perform up to forty (40) hours of Public Service Employment per week.
10. That the Defendant shall appear in Court at 9:00 a.m. on May 5, 1999, and thereafter as ordered by the Court or his/her Probation Officer, for a Proof of Progress hearing.
11. That the Defendant shall submit to a search of his/her person, residence, or automobile at any time as directed by his/her Probation Officer to verify compliance with the conditions of this Probation Order.
12. That the Defendant shall perform two hundred (200) hours of Public Service Employment during his/her term of Probation as designated by his/her Probation Officer.
13. That the Defendant shall provide evidence of income, assets, and liabilities upon request from his/her Probation Officer.
14. That the Defendant shall pay a monthly fee of \$25.00 for each month of Probation Supervision ordered by the Court. Said fee shall be paid on or before the last day of each month. The Defendant shall immediately notify his/her Probation Officer of any change in marital status, or number of legal dependents.
15. That the Defendant shall not have in his/her body the presence of any illicit drug prohibited by the Cannabis Control Act or the Illinois Controlled Substances Act, unless prescribed by a physician, and shall submit samples of his/her blood or urine or both for tests to determine the presence of any illicit drug, and the Defendant shall pay all costs for said testing.
16. That the Defendant shall be eligible for participation in the Administrative Sanctions Program as adopted by the Chief Judge of the Fifth Judicial Circuit for any technical violation of the terms and conditions of this Order.
17. That the Defendant shall pay Fine and Court Costs in the amount of \$500.00 in Equal Monthly Installments during his/her term of Probation.
18. That the Defendant shall pay Sexual Assault Fine in the amount of \$110.00 in Equal Monthly Installments during his/her term of Probation.
19. That the Defendant is sentenced to serve one hundred eighty (180) days in the Coles County Safety and Detention Center. Mittimus to issue on the first ninety (90) days with no good time credit on instanter, Mittimus on the remaining ninety (90) days

PROBATION ORDER  
Page 3

**with no good time credit** is stayed until **June 19, 1998 at 9:00 a.m.**, at which time the Defendant must appear in Court for a Proof of Progress hearing.

20. That the Defendant shall serve **one (1) year** of Home Confinement, beginning **immediately upon release from jail**, as per Home Confinement Order to be entered. Further, as per 730 ILCS 5/5-6-3(g), the Defendant shall pay a fee of \$8.00 per day for each day of Home Confinement actually served.
21. That the Defendant shall submit himself/herself to and successfully complete Alcohol and/or Drug evaluation and treatment as deemed reasonably necessary by his/her Probation Officer.
22. That the Defendant shall submit himself/herself to and successfully complete Mental Health evaluation and treatment as deemed reasonably necessary by his/her Probation Officer.
23. That the Defendant shall, at the direction and discretion of the Coles County Mental Health Clinic, submit himself/herself for and successfully complete evaluation and treatment as recommended by the Coles County Mental Health Clinic to include the completion of all requirements of the Coles County Mental Health Clinic Sexual Abuse Treatment Program.
24. That the Defendant shall not enter any establishment that sells or dispenses alcoholic liquor at retail for consumption on the premises, except a restaurant. A "restaurant" means any public place kept, used, maintained, advertised, and held out to the public as a place where meals are actually and regularly served.
25. That the Defendant shall not consume alcoholic liquor or have alcoholic liquor present in his/her residence, on his/her person, or in his/her vehicle during his/her term of Probation.
26. That the Defendant shall have no contact with **Victim**, either in person, by mail, or by phone. In addition, said Defendant shall not be present within **one hundred (100) feet** of said person(s), his/her residence, or place of employment.
27. That the Defendant shall not be present within **one hundred (100) feet** of any school, church, YMCA, park, playground, or any other location where children are known to congregate.
28. That the Defendant shall not have contact with any person 17 or younger without supervision as approved by his/her probation officer or Coles County Mental Health Center.
29. That the Defendant shall sign and follow any terms and conditions of the Sex Offender Specific Treatment Contract of Coles County Mental Health.

Joe Sex Offender  
No. 98-CF-XXXX

PROBATION ORDER  
Page 4

This is to certify that I have read the above Probation Order, and understand same and agree to follow and comply with each and every condition thereof.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Defendant

Reviewed with Defendant and approved:

\_\_\_\_\_  
Officer

\_\_\_\_\_  
Judge

Joe Sex Offender  
No. 98-CF-XXXX

PROBATION ORDER  
Page 5

**COURT SERVICES DEPARTMENT  
COLES AND CUMBERLAND COUNTIES**

Name Joe Sex Offender

Case No. 98-CF-XXXX

As per the Illinois Compiled Statutes, Chapter 705, 5/5-6-3, I, the Court shall impose upon an offender sentenced to Probation as a condition of such Probation, a fee of \$25.00 for each month of Probation Supervision ordered by the Court.

I understand that my Probation Supervision Fee is \_\_\_\_\_ per month, for each month of my Probation, until such time as a change in income, marital status, or number of legal dependents warrants the reassessment of my Probation Supervision Fee.

\_\_\_\_\_  
Defendant

\_\_\_\_\_  
Probation Officer

EFFECTIVE DATE: March 8, 1999

Supervising Officer \_\_\_\_\_



**IF THE COURT SENTENCES THIS DEFENDANT TO A TERM OF PROBATION, IN ADDITION TO STANDARD CONDITIONS, IT IS RECOMMENDED THAT THE DEFENDANT BE REQUIRED TO PERFORM AND COMPLETE THE FOLLOWING SPECIAL CONDITIONS:**

**FOR COMMUNITY PROTECTION:**

1. That the Defendant be sentenced to a period of incarceration.
2. That the Defendant be sentenced to a period of Home Confinement.
3. That the Defendant have no contact with the victim(s) in person, by telephone, by mail or by any computer technology during his term of Probation. He is not to reside or within one hundred (100) yards of the victims, their home, school or place of employment during the term of Probation.
4. The Defendant is not to have any contact with children seventeen years of age or younger during his term of Probation unless approved by the Court, his Probation Officer and the Sex Offender Specific Treatment Providers.
5. That the Defendant no reside with one hundred (100) yards of a school, day care facility, YMCA, or any other youth oriented facility in which children are present during the term of Probation.

**FOR DEFENDANT ACCOUNTABILITY:**

1. That the Defendant consume no alcohol or illegal drugs during the term of Probation. Further, that he have no alcohol on his person, in his home, at his place of employment or in his vehicle during the term of Probation.
2. That the Defendant not enter any establishment whose primary business is the sale or distribution of alcoholic liquor during term of Probation.
3. That the Defendant pay for any present and future counseling required by the victims in this offense.
4. That the Defendant not possess any pornographic material of any type, including computer generated on his person, in his home, automobile or place of employment during the term of Probation.

**FOR DEFENDANT COMPETENCY:**

1. That the Defendant successfully participate in and complete mental health evaluation and counseling, specifically the Sexual Abuse Treatment Program as provided by the Coles County Mental Health Center.
2. That the Defendant sign and comply with all conditions of the signed treatment contract at the Sexual Abuse Treatment Program as provided by Coles County Mental Health Center.

**PROGNOSIS:**

My prognosis for successful completion of a term of Probation by this Defendant is **Poor**.

Respectfully submitted,

Abby Haughee  
Pre-Sentence Investigator  
Intensive Specialized Sex Offender Supervision Unit  
Court Services Department  
Coles and Cumberland Counties

## **APPENDIX F**

### **Probation Conditions, Vermilion County**

ADDENDUM  
SEX OFFENDER SPECIFIC INTENSIVE PROBATION

The defendant shall successfully complete the initial period of probation under the rules, regulations, and policies of the Sex Offender Specific Intensive Probation supervision. The specific rules and regulations of the sex offender specific program are as follows and shall be transferred to regular adult supervision upon completion of the Sex Offender Specific Intensive supervision period unless otherwise ordered:

1. The defendant shall not leave the Vermilion County, Illinois without the consent of the Court or, in an emergency, the approval of the probation officer.
2. The defendant shall obtain an alcohol evaluation within the first thirty (30) days of probation and complete any recommended treatment within the first six (6) months of probation.
3. The defendant shall not possess or consume any alcoholic beverages or illegal drugs, and undergo random alcohol and drug testing conducted by the Probation Office, at the defendant's expense.
4. The defendant shall not reside in any place where alcoholic beverages or illegal drugs are present or enter any place of business where alcoholic beverages are sold.
5. The defendant shall neither possess nor have under his control any material that is pornographic or depicts or alludes sexual activity or depicts minors under the age of 18 in pornographic or sexual activity.
6. The defendant shall not enter or loiter around any adult book store or entertainment facility where sexually explicit materials are sold, or shown.
7. The defendant shall comply with the requirements of Sex Offender Registration Act, comply with the blood specimen collection for DNA Fingerprinting, and comply with medical examinations for sexually transmitted diseases.
8. The defendant shall have no contact with any minor unless a responsible adult is present, and the adult is approved by the probation officer prior to contact.
9. The defendant shall not establish a intimate, sexual, marital, or dating relationship with an adult who is residing with a child under age 18 without prior approval of the probation officer.

10. The defendant will not reside near, visit or be in or about parks, schools, day care centers, swimming pools, beaches, theaters, or other places where children congregate without advance approval of the probation officer. Incidental contact with children shall be reported to the probation officer within 24 hours.
11. The defendant shall not knowingly have any contact with previous adult or child victim(s) or their families without officer approval.
12. The defendant shall not establish any living arrangement or residence without prior approval of the officer, and the defendant shall not be allowed to live with another individual without the prior approval of the probation officer.
13. The defendant shall, at the direction of the probation officer, notify third parties of the risks that may be occasioned by his criminal record or personal history or characteristics, and permit the probation officer to make such notifications and confirm the offender's compliance with such notification requirement.
14. The defendant shall have no contact with any person under 18 years old, unless supervised by another adult previously approved by the probation officer.
15. The defendant not sleep overnight at the residence of a minor, nor shall a minor sleep overnight at his residence.
16. The defendant shall have no contact with victim(s), either written or oral communications, and report any incidental contact immediately to officer within 24 hours.
17. The defendant shall not have sexual contact with anyone under age 18, or who is under the influence of alcohol or otherwise mentally or physically impaired.
18. The defendant shall cooperate, participate, and successfully complete the sex offender treatment program offered at the Center for Children's Services. The defendant is responsible for the payment of the group. Nonpayment for counseling services may result in a discharge from counseling and may also result in a probation violation.
19. The defendant waives confidentiality allowing the Court and the probation officer access to treatment and assessment information and the defendant allows the probation officer to share all pertinent information with the treatment agency (i.e. police reports, D.C.F.S. reports, medical reports, presentence investigations, probation officer case notes and the sex offender specific presentence evaluation).

20. The defendant shall submit to a search of his person, residence, vehicle or any personal or real property under his control, at any time by the probation officer.
21. The defendant shall comply with all curfew conditions established in writing by the probation officer requiring the defendant to be in and remain at certain places during certain times. Such conditions may also restrict the number and identity of other persons permitted to be present with the defendant.
22. The defendant shall not associate with, have contact with, or be present with, or communicate with, in any way directly or indirectly, any person or persons specified in writing by a probation officer.
23. Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **APPENDIX G**

### **Rules of Juvenile Probation, Madison County JSOP**

IN THE CIRCUIT COURT  
THIRD JUDICIAL CIRCUIT  
MADISON COUNTY, ILLINOIS

IN THE INTEREST OF:

JUVENILE DIVISION  
DELINQUENCY  
- JD -

\_\_\_\_\_ A Minor.

**RULES OF PROBATION**

In conjunction with the Dispositional Order placing you on probation, you are ordered to obey the following rules which are marked. Your rules of probation extend to \_\_\_\_\_

- 1. You shall not violate any laws of any jurisdiction.
- 2. You will make a report to and appear in person before any person or agency as directed by the Court or your probation officer.
- 3. You will permit your probation officer to visit you in your home or elsewhere and you will cooperate with your probation officer.
- 4. You shall not possess a firearm or other deadly (dangerous) weapon.
- 5. You will not drink or possess any alcoholic beverage. You will refrain from having in your body the presence of any illicit drug prohibited by the Cannabis Control Act or the Illinois Controlled Substances Act, unless prescribed by a physician, and shall submit samples of your blood or urine or both for tests to determine the presence of any illicit drug.
- 6. You will cooperate with and obey your parent(s), guardian(s) and/or custodian(s). You must return home each evening by the following curfew: Sunday through Thursday \_\_\_\_\_ Friday and Saturday \_\_\_\_\_ unless told to be home earlier by your parent(s), guardian(s) or custodian(s).
- 7. You will pay a probation service fee of \$25.00 per month pursuant to statute and General Administrative Order, payable through the clerk of the court. Payment must be made 30 days prior to the expiration of probation.
- 8. When your school is in session, you will attend and be on time for all scheduled classes. You will follow the instructions of your teachers and other school personnel. You will not engage in any disruptive behavior at school.
- 9. You will actively seek employment or vocational training.
- 10. You are not to associate with the following people: \_\_\_\_\_
- 11. You will not enter the following building, residence or business unless accompanied by your parent(s), guardian(s) or custodian(s): \_\_\_\_\_
- 12. You will complete \_\_\_\_\_ hours of Public Service Work.
- 13. You will make restitution to the victim(s) of your crime in the amount of \$ \_\_\_\_\_. Payment must be made 30 days prior to the expiration of probation.
- 14. You will be evaluated for (agency's name) and successfully complete treatment/counseling if indicated. Your parent(s)/guardian(s) may be financially responsible for any fees.
- 15. You will undergo and successfully complete a treatment program specific for sexual offenders as directed by the probation department. Your parent(s)/guardian will be responsible for the costs, or you will perform public service work as directed by the probation department.
- 16. In addition to the other rules, you will \_\_\_\_\_

and/or

The court retains jurisdiction and in its discretion, and in the best interest of the minor, may modify this Order at any future date.

\_\_\_\_\_  
Signature of Parent/Guardian/Custodian

\_\_\_\_\_  
Judge

\_\_\_\_\_  
(Juvenile) I have received a copy of my rules of probation.

\_\_\_\_\_  
Date

Revised 12/97



## **APPENDIX H**

### **Code Sheet for Data Collection from Case Files, Six County Evaluation Project**

**Standardized Code Sheet for Information From Defendant's Case File  
and Treatment Evaluation  
Six County Evaluation Project  
(July 11, 1998)**

Use the code -9 if information is not available.

Identifying Information For Tracking Purposes

*Note: This identifying information should be entered into a word processing file along with the assigned research id number; this information will be used to track offenders across the years and obtain their rap sheets. Do not enter this information into the SPSS-PC win 6.0 data file.*

Name of Probationer: \_\_\_\_\_  
Birth Date: \_\_\_\_\_  
Probation Case Number: \_\_\_\_\_  
File Number: \_\_\_\_\_  
IR# \_\_\_\_\_  
CB# \_\_\_\_\_  
S.S# \_\_\_\_\_  
Treatment Provider: \_\_\_\_\_

Note: All data should be entered in SPSS-WIN 6.0 in the sequence following this codesheet. We will need to merge the data from all six counties to make between county comparisons and a standard format and variable names will facilitate this merge. The Variable Names to be used are in **BOLD**. The missing value code should be -9 for all of the data. Note that the research IDs for cases start at different numbers for each county; we have found this to be a useful organizational tool in past projects. The assigned research id must be entered into this file.

\_\_\_\_\_ **County:** 1=Lake; 2 = Dupage; 3 = Winnebago; 4 = Coles; 5 = Vermilion; 6 = Madison  
\_\_\_\_\_ **Assigned Research ID** (Note: Use 0-100 for Lake; 101-200 for Dupage; 201-300 for Winnebago;  
301-400 for Coles; 401-500 for Vermilion; 501-600 for Madison)

\_\_\_\_\_ **Date Arrested DATARR**  
\_\_\_\_\_ **Date probation started: DATSTART**  
\_\_\_\_\_ **Date probation is scheduled for termination DATTERM**  
\_\_\_\_\_ **Length of Probation Sentence in months LENGTH**

\_\_\_\_\_ **Age at Conviction AGE**  
\_\_\_\_\_ **Gender of Probationer (0 = male; 1 = female) GENDER**  
\_\_\_\_\_ **Ethnicity of Probationer (0 = white, non Hispanic; 1 = black, non Hispanic; 2 = Hispanic;  
3 = Native American; 4 = Asian/pacific islander; 5 = other(\_\_\_\_\_) ETHNIC**  
\_\_\_\_\_ **Defendant's marital status (0 = single; 1 = divorced; 2 = widowed; 3 = separated;  
4 = currently married) MARITAL**

\_\_\_\_\_ **Current employment status while on probation (0 = unemployed; 1 = employed part-time;  
2 = employed full-time; 3 = employed, unable to determine whether part-time or full-time) EMPLOY**

\_\_\_\_\_ **The defendant has custody of how many biological or adopted children? NCHILD**

\_\_\_\_\_ **Does defendant pay child support? (0 = no; 1 = yes) CHISUP**

\_\_\_\_\_ Is defendant receiving state welfare/public aid? (0 = no; 1 = yes) **PUBLAID**  
\_\_\_\_\_ Defendant's income 1 = below poverty (13,500 or under); 2 = 13,501 to 15,000;  
3 = 15,001 to 20,000; 4 = 20,001 to 25,000; 5 = 25,001 to 30,000;  
6 = 30,001 to 35,000; 7 = 35,001 to 40,000; 8 = 40,001 to 45,000;  
9 = 45,001 to 50,000; 10 = 50,001 or higher; -9 = missing **INCOME**

\_\_\_\_\_ Education level (1 = did not complete high school; 2 = completed high school or GED;  
3 = some college; 4 = completed B.A./B.S. degree; 5 = completed M.A./M.S. degree;  
6 = completed high school and a vocational or trade school) (If defendant did not complete  
high school, specify highest grade completed if available: \_\_\_\_\_) **EDUC**

#### Alcohol and Drug History

\_\_\_\_\_ Did the defendant disclose any substance usage? **DRUG** 0 = no; 1 = yes, alcohol;  
2 = yes, illicit drugs; 3 = both alcohol and drugs; -9 = was not asked  
(specify drugs: \_\_\_\_\_)

\_\_\_\_\_ Did the defendant use alcohol or drugs immediately before the commission of the sexual crimes and/or  
is it identified as a precipitating factor in the defendant's sexual offending?  
0 = no; 1 = yes; -9 = missing information) **DRUGBEF**

\_\_\_\_\_ Did the defendant have any prior treatment for substance abuse?  
0 = no; 1 = yes (specify: \_\_\_\_\_) **DRUGTRT**

#### Family and Sexual History

\_\_\_\_\_ Currently involved in a sexually active relationship? (0 = no; 1 = yes) **SEXACT**

\_\_\_\_\_ Defendant's sexual orientation (0 = heterosexual; 1 = bi-sexual; 2 = homosexual;  
3 = other (specify \_\_\_\_\_) **SEXORT**

\_\_\_\_\_ Does defendant read pornographic magazines or view pornographic videos?  
0 = no; 1 = yes; -9 = missing information **SEXPORN**

\_\_\_\_\_ Did the defendant disclose that he had been abused as a child? **ABUSED**  
0 = no; 1 = yes, sexually; 2 = yes, physically; 3 = yes, both; -9 = missing information

\_\_\_\_\_ Did the defendant admit to every aspect of the offense?  
0 = complete denial; 1 = denies part of the offense; 2 = admits all aspects of the offense  
(The victim and offender version of the offense must be very similar for this variable to be  
coded as a 2) **DENIAL**

\_\_\_\_\_ To whom does the offender attribute responsibility for the offense?  
0 = accepts all responsibility; 1 = places some blame on victim; 2 = places most of the blame on  
victim or circumstances **BLAME**

\_\_\_\_\_ Did the treatment report specify information about how the offender maintained the victim's silence?  
0 = no; 1 = yes **SILENCE** (Specify: \_\_\_\_\_)

\_\_\_\_\_ Attitude towards treatment: 0 = indifferent; 1 = desires to participate fully **ATTRET**

\_\_\_\_\_ Does the defendant report feeling remorseful? 0 = no; 1 = yes **REMORSE**

\_\_\_\_\_ How much control does the offender report having over the use of pornographic materials?  
(0 = defendant reports complete control; 1 = defendant reports limited control; 2 = defendant reports not using pornographic material; 3 = admits using pornographic material, but does not state extent of control; -9 = missing information) **CONPORN**

\_\_\_\_\_ How much control does the offender report having over the use of prostitutes?  
(0 = reports complete control; 1 = reports limited control; 2 = reports not using prostitutes; 3 = reports using prostitutes, but does not state extent of control; -9 = missing information)  
**CONPROS**

Mental Health History

\_\_\_\_\_ Does defendant demonstrate any mental problems? (0 = no; 1 = yes) **MENTAL**  
IF yes, specify: \_\_\_\_\_

\_\_\_\_\_ Has defendant received any prior treatment for any mental health problem?  
(0 = no; 1 = yes; -9 = missing information) **MENTLPR**

Special Conditions of Probation

\_\_\_\_\_ Any Special Conditions of Probation? (0 = no; 1 = yes) **SPCOND**

Specific Special Conditions:

\_\_\_\_\_ No Contact with Victim (0 = not a condition; 1 = yes, but only unsupervised contact is not allowed; 2 = yes, cannot have supervised or unsupervised contact) **SPNOVIC**

\_\_\_\_\_ Dollar Amount of Probation Fee (Enter 0 if no probation fee; multiply fee per month by length of probation sentence to obtain total) **SPFEE**

\_\_\_\_\_ Curfew: (0 = no; 1 = yes) **SPCURFEW**

\_\_\_\_\_ No Contact with Minors (0 = not a condition; 1 = yes, but only unsupervised contact is not allowed; 2 = yes, cannot have supervised or unsupervised contact) **SPNOMIN**

\_\_\_\_\_ Length of time served in CCDOC in days (jail) (Enter 0 if no time sentenced to serve) **SPJAIL**

\_\_\_\_\_ Attend Sex Offender Counseling (0 = no; 1 = yes) **SPTREAT**

\_\_\_\_\_ Pay for victim's counseling (0 = no; 1 = yes) **SPVIC**

\_\_\_\_\_ Substance Abuse treatment (0 = no; 1 = yes) **SPSUBST**

\_\_\_\_\_ Number of hours of community service **SPCOMSER**

\_\_\_\_\_ No Contact with victim's mother or family (0 = no; 1 = yes) **SPNCFAM**

\_\_\_\_\_ Amount of Fine and Court costs

\_\_\_\_\_ Other special condition (0 = no; 1 = yes) **SPOTH** (specify: \_\_\_\_\_)

Current Convicted Offense

\_\_\_\_\_ Current Convicted Offense (1 = Criminal Sexual Assault; 2 = Aggravated Criminal Sexual Abuse; 3 = Other Sex Offense (Specify \_\_\_\_\_))  
**IL 720/12-\_\_\_\_\_ (Specify the number of the statute) CUROFF**

\_\_\_\_\_ Total number of counts of current charges on indictment or police report  
*Use original indictment if available (ask if this can be obtained from the computer system if it is not in the case file). Count and use all offenses even those dismissed or SOL; otherwise, use the police report.*  
**TOTCOUNT**

\_\_\_\_\_ Where was information from counts obtained? (0 = police report; 1 = original indictment)  
**SOURCHAR**

\_\_\_\_\_ Total number of counts of family related sex charges (\_\_\_\_ aggravated criminal sexual abuse 12-16(b); \_\_\_\_ criminal sexual assault 12-13(a) (3)). Indicate number of counts for each offense. **TOTFAM**

\_\_\_\_\_ Total number of counts of unlawful restraint charges **TOTUNRES**  
(specify statute code: \_\_\_\_\_)

\_\_\_\_\_ Total number of counts of aggravated criminal sexual assault **TOTACSA**  
(specify statute codes: \_\_\_\_\_)

\_\_\_\_\_ Total number of counts of force related charges (\_\_\_\_ aggravated criminal sexual abuse 12-16 (a) (5) or \_\_\_\_ criminal sexual assault 12-13 (a) (1)) **TOTFRCH**

\_\_\_\_\_ Total number of counts of sexual abuse against adolescent victims (\_\_\_\_ aggravated criminal sexual abuse 12-16 (d) or 12-16 (f); and \_\_\_\_ criminal sexual assault 12-13 (a) (4)) **TOTADOL**

\_\_\_\_\_ Total number of counts of sexual abuse against victim < 13 years of age  
(\_\_\_\_ aggravated criminal sexual assault 12-14(b) (1) or 12-14 (b) (2); and  
\_\_\_\_ aggravated criminal sexual abuse 12-16 (c) 1 (i) or 12-16 (c) (2) (i))

\_\_\_\_\_ Total number of counts of criminal sexual abuse **TOTCSA**

\_\_\_\_\_ Total number of counts of any other charges not covered above **TOTOTHER**  
(0 = none; indicate number of counts and write out the offenses and statute numbers

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_)

Characteristics of Victims and Current Offense (From Police report and victims' version of offenses)

\_\_\_\_\_ What is the offender's relationship to the victim? 1 = father; 2 = uncle; 3 = grandfather; 4 = stepfather; 5 = other relative (specify \_\_\_\_\_) 6 = unrelated  
(specify \_\_\_\_\_) **CORELAT**

\_\_\_\_\_ Number of victims **CONVIC**

\_\_\_\_\_ Gender of victim(s) (0 = boy; 1 = girl; 2 = both boys and girls) **COGENDER**

\_\_\_\_\_ Age of the youngest victim **COAGE**

- \_\_\_\_\_ Was **physical** force used to achieve molestation/intercourse? (0 = no; 1 = yes) **COFORCE**
- \_\_\_\_\_ Did penetration occur? (0 = no; 1 = yes, vaginal; 2 = yes, oral; 3 = yes, anal; 4 = yes, unspecified; 5 = yes, both oral and vaginal; 6 = yes, both oral and anal; 7 = yes, both anal and vaginal; 8 = yes, vaginal, oral, and anal) **COPENT**
- \_\_\_\_\_ Was a weapon (knife, gun, other object) used to threaten victim? (0 = no; 1 = yes) charge of 12-16 (a) (1) or 12-14 (a) (1) indicate that a weapon was used. **COWEAP**
- \_\_\_\_\_ How many months has the abuse been occurring? (Count the time from when the offender first started sexual offending even if it was with a different victim) **COLENGTH**
- \_\_\_\_\_ Who reported the offense? (1 = victim's mother; 2 = victim's father; 3 = school; 4 = detected by police; 5 = victim's neighbor; 6 = other family member of victim; 7 = victim; 8 = other (specify: \_\_\_\_\_) **COREPORT**
- \_\_\_\_\_ Did the victim(s) state that intercourse/molestation was consensual? (0 = no; 1 = yes; -9 = missing) **COCONS**
- \_\_\_\_\_ Does the victim want to maintain an intimate relationship with the defendant? (0 = No; 1 = yes; -9 = missing information) **COTOGET**

#### APD Record Sheet

Police reports are tricky to read. Do not count the current offense as part of the prior record; look at the arrest date of the current offense to eliminate that offense from the police report. The first line on the police report is the offense for which the offender was arrested. If there is no second line for that offense, then we do not know the disposition.

For prior convictions, the abbreviations "SOL", NPC, DNP, and supervision for the disposition indicates that the offender does not have a prior conviction for that offense. Probation, IDOC, and other dispositions indicate a conviction. IDOC indicates jail or prison time.

If police report is missing, but the intake interview under prior records indicates "No record per IBR (Illinois Bureau of Records) or per check/leads" then code 0 for prior arrests and convictions.

If police report is missing, but the intake interview under prior records indicates "No record per defendant" then code arrests and convictions 88.

If police report is missing and intake interview under prior record is blank code -9 for missing.

#### Prior Arrests

- \_\_\_\_\_ Number of prior arrests for violent offenses **PAVIOL**
- \_\_\_\_\_ Number of prior arrests for felony property offenses **PAPROP**
- \_\_\_\_\_ Number of prior arrests for sex offenses **PASEX**
- \_\_\_\_\_ Number of prior arrests for drug offenses **PADRUG**
- \_\_\_\_\_ Number of prior arrests for domestic battery/assault/stalking **PADOMES**
- \_\_\_\_\_ Number of prior arrests for misdemeanors **PAMIS**
- \_\_\_\_\_ Total number of prior arrests **PATOTAL**

#### Prior Record

- \_\_\_\_\_ Number of prior convictions for violent offenses (note. robbery and unarmed robbery are considered violent offenses) **PCVIOL**
- \_\_\_\_\_ Number of prior convictions for sex offenses **PCSEX**
- \_\_\_\_\_ Number of prior convictions for felony property offenses (burglary, arson, larceny, etc.) **PCPROP**
- \_\_\_\_\_ Number of prior convictions for drug offenses (possession or selling) **PCDRUG**
- \_\_\_\_\_ Number of prior convictions for domestic battery/assault/stalking **PCDOMES**
- \_\_\_\_\_ Number of prior misdemeanors **PCMISDEM**
- \_\_\_\_\_ Total number of convictions **PCTOTAL**

### Prior Placements After Conviction

- \_\_\_\_\_ Number of prior probation sentences **PPROBAT**  
\_\_\_\_\_ Number of prior incarcerations **PINCAR**  
\_\_\_\_\_ Number of months of the longest period of incarceration **PLENINC**

### **Assessment of the Quality of the TREATMENT Assessment**

- \_\_\_\_\_ Did the assessment report address whether the offender's version of the charged crime was consistent with the victim's and police's version? 0 = no; 1 = yes **ASCONSTIT**
- \_\_\_\_\_ Was the offender's version consistent with the police version? 0 = no; 1 = yes; **CONSIST**  
-9 = did not address
- \_\_\_\_\_ Did they obtain information about the offender's prior official criminal arrest and conviction history? 0 = no; 1 = yes **ASPRIOR**
- \_\_\_\_\_ Did the assessment include objective psychological tests such as the MMPI, Hare's sociopathic deviant test, and so forth? (0 = no; 1 = yes)(If yes, specify name of tests: \_\_\_\_\_) **ASPSYC**
- \_\_\_\_\_ Did the assessment include an objective test of sexual preferences (ABEL or plethysmograph)?  
0 = no; 1 = yes, ABEL; 2 = yes, plethysmograph **ASOBSEX**
- \_\_\_\_\_ Did the treatment evaluator conclude that the defendant had an elevated psychopathic deviant score?  
(0 = no; 1 = yes) Specify score if available: \_\_\_\_\_) **PSYCDEV**

### **Objective Measures From ABEL or Plethmysograph Test**

- \_\_\_\_\_ How many paraphilia were detected on the objective portion of the test? (count attraction to girls separately from attraction to boys) **OBNUM** (-9 = test not given)
- \_\_\_\_\_ Is defendant sexually aroused by adult women? 0 = no; 1 = yes; -9 = test not given **OBAWOM**
- \_\_\_\_\_ Is defendant sexually aroused by adult men? 0 = no; 1 = yes; -9 = test not given **OBAWOMEN**
- \_\_\_\_\_ Gender of preferred child victims: 0 = only girls; 1 = only boys; 2 = both **OBGCHI**
- \_\_\_\_\_ Age range of preferred girls (include both objective and self-reported): 0 = toddlers(2-4); 1 = latency(8-10); 2 = adolescents (14-17); 3 = both toddlers & latency; 4 = both latency & adolescents; 5 = both toddlers and adolescents; 6 = all ages; 8 = not attracted to girls; -9 = information missing **OBGAGE**
- \_\_\_\_\_ Age range of preferred boys (include both objective and self-reported): 0 = toddlers (2-4); 1 = latency (8-10); 2 = adolescents (14-17); 3 = both toddlers & latency; 4 = both latency & adolescents; 5 = both toddlers and adolescents; 6 = all ages; 8 = not attracted to boys; -9 = information missing **OBBAGE**
- \_\_\_\_\_ Interest in sadistic sexual behavior (0 = not mentioned--no interest; 1 = some interest; 2 = high interest; -9 = report on Abel/PT missing) **OBSADIS**
- \_\_\_\_\_ Interest in voyeurism (0 = not mentioned--no interest; 1 = some interest; 2 = high interest; -9 = report on Abel/PT missing) **OBVOY**
- \_\_\_\_\_ Interest in exhibitionism (0 = not mentioned--no interest; 1 = some interest; 2 = high interest; -9 = report on Abel/PT missing) **OBEXHB**

\_\_\_\_\_ Interest in underwear fetish (0 = not mentioned--no interest; 1 = some interest; 2 = high interest; -9 = report on Abel/PT missing) **OBFETISH**

\_\_\_\_\_ Interest in frottage against women (0 = not mentioned--no interest; 1 = some interest; 2 = high interest; -9 = report on Abel/PT missing) **OBFROT**

**Assessment of the Amount of Lying on the Self-Report Part of the ABEL or PT**

\_\_\_\_\_ Percentage of items endorsed on the Cognitive Distortion Scale **LIECDS**

\_\_\_\_\_ Percentage of items endorsed on the Social Desirability Scale **LIESDS**

\_\_\_\_\_ Per the assessment, did the defendant lie or significantly minimize their sexual interest? **LIESI**  
0 = no; 1 = yes; 8 = report did not compare objective/verbal; -9 = ABEL or PT missing  
(If yes, Specify: \_\_\_\_\_)

**Polygraph Assessment**

\_\_\_\_\_ Has a full disclosure polygraph been completed? 0 = No; 1 = Yes, full; 2 = yes, maintenance  
**POLYGR**

\_\_\_\_\_ Did the offender pass the polygraph? 0 = No; 1 = Yes; 2 = admitted fully to crime before polygraph;  
3 = inconclusive; 8 = polygraph not completed; -9 = not administered **POLYRES**

\_\_\_\_\_ If the defendant failed, was there full/partial disclosure after learning of failure -- any  
attempts to clarify? (0 = no; 1 = yes, partial; 2 = yes, full; -9 = missing polygraph;  
Leave blank if defendant passed polygraph) **POLYDIS**  
(Specify what was disclosed: \_\_\_\_\_)

\_\_\_\_\_ How many questions did the defendant fail? **POLYNUM**  
Specify: \_\_\_\_\_

\_\_\_\_\_ Did the polygrapher ask questions about prior sexual offending (i.e., questions beyond the  
current charged offense)? 0 = No; 1 = Yes **POLYPR**

**Prior Sexual History**

\_\_\_\_\_ Did the defendant disclose any crimes that were not part of the official record? (Information may be  
obtained from any section of the report including the polygraph assessment) 0 = no; 1 = yes;  
-9 = was not asked (Specify where information was obtained: \_\_\_\_\_)  
**DSPRIOR**

\_\_\_\_\_ If yes, how many "hands-off" crimes were revealed? (voyeurism; exhibitionism) **DSHAND**

\_\_\_\_\_ If yes, how many sexual offenses against children? **DSCHILD**  
(Specify type: \_\_\_\_\_)



\_\_\_\_\_ If yes, how many sexual offenses against adults? **DSADULT**  
 (Specify type: \_\_\_\_\_)

\_\_\_\_\_ If yes, any other sexual offenses? (0 = no; 1 = yes) Specify: \_\_\_\_\_) **DSOTHER**

For each of the following categories indicate whether the defendant reported sometimes or often having these sexual fantasies or a preference for this type of act (0 = no; 1 = yes):

\_\_\_\_\_ Hands-off offenses (voyeurism; exhibitionism; making obscene phone calls to someone; having someone watch you have sex; watching someone have sex; exposing yourself to people) **FHAND**

\_\_\_\_\_ Force/Sadistic sex acts (e.g., sleeping partners; nonconsenting partner; defecating or urinating on partner; treating someone as a slave or tying partner up) **FSADIST**

\_\_\_\_\_ Masochistic sex acts (e.g., being tie-up or beaten, humiliated, hanging self for sexual arousal; having partner defecate or urinate on self) **FMASOCH**

\_\_\_\_\_ Having sex with Multiple partners **FMULTI**

\_\_\_\_\_ Sex acts against children **FCHILD**

\_\_\_\_\_ Sex acts against animals **FANIMAL**

\_\_\_\_\_ Frottage (rubbing one's private parts up against people in public places) **FFROT**

\_\_\_\_\_ Other unique acts: sex preferred with virgins; prostitutes; pregnant women; being the opposite sex; giving someone an enema; fetishes; sex with a very fat partner; sex with your female or male parent) (Specify other acts indicated: \_\_\_\_\_) **FOTHER**

Treatment Plan

\_\_\_\_\_ Did the treatment plan indicate that the defendant should be on antidepressants? 0 = no; 1 = yes; 2 = already on antidepressants **PLDEPRES**

\_\_\_\_\_ Did the treatment plan indicate that the defendant needed to deal with aggressive or sadistic behaviors? 0 = no; 1 = yes **PLAGGRES**

\_\_\_\_\_ Did the treatment plan indicate a specific method for addressing the defendant's denial? 0 = no; 1 = yes; 8 = does not have denial **PLDENIAL**

**Treatment Recommendations Per the Evaluation**

ENTER ONLY YES/NO COLUMN

	<u>yes/no</u>	<u>frequency</u>	<u>Type</u>
1. Individual counseling <b>TRINDIV</b>	_____	_____	_____
2. Group therapy <b>TRGROUP</b>	_____	_____	_____
3. Urine testing <b>TRURINE</b>	_____	_____	_____
4. Psychiatric treatment <b>TRPSY</b>	_____	_____	_____
5. Substance Abuse <b>TRSUBST</b>	_____	_____	_____
6. Family/couples <b>TRFAMILY</b>	_____	_____	_____
7. Antidepressant drugs <b>TRANTI</b>	_____	_____	_____

\_\_\_\_\_ Did the treatment plan indicate any other unique feature of treatment for this defendant? 0 = no; 1 = yes (specify type and frequency: **TROTHER**)  
\_\_\_\_\_ )

\_\_\_\_\_ Any scales on the MMPI elevated? ( 0 = no; 1 = yes; -9 = test not given) **MMPI**

Note any elevated scales on MMPI: \_\_\_\_\_

Note Psychiatric DSM IV Diagnosis:

Axis I

\_\_\_\_\_

Axis II

\_\_\_\_\_

Axis III

\_\_\_\_\_

Axis IV

\_\_\_\_\_

Axis V

\_\_\_\_\_

\_\_\_\_\_ Are any parts of the report inconsistent with the objective information from the Abel, MMPI, or polygraph? (0 = no; 1 = yes) **INCONSIS**  
Specify: \_\_\_\_\_

Bays & Freeman-Longo  
Evaluation of Dangerousness for Sexual Offenders

- \_\_\_\_\_ A. Sexual history (1 = first offense; 3 = two or more accusations; 5 = accused or convicted of multiple instances of sexual abuse)
- \_\_\_\_\_ B. Criminal history (0 = no previous arrests or convictions for a non-sexual felony; 3 = one or more arrests or convictions for non-sexual felonies in the last five years without incarcerations; 5 = client has one or more incarcerations for a non-sexual felony)
- \_\_\_\_\_ C. Violence in crimes (0 = no previous history of violence in crimes; 3 = used some violence or threats of violence but without weapons in any offense; 5 = used violence or threats of violence with weapons in past or present offense; 7 = used extreme violence or sadism with or without weapons in present or past offenses)
- \_\_\_\_\_ D. Anger (0 = has no anger associated with or in the offense; 1 = has minimal anger associated with or in the offense; 3 = has had consistent problems with anger; 7 = has anger or revenge as a motivating factor in the offense)
- \_\_\_\_\_ E. Aggression in general (0 = client has no history of interpersonal aggression; 3 = history of mild interpersonal aggression or moderate aggression within the past ten years; 5 = client has a recent history of extreme or consistent interpersonal aggression)
- \_\_\_\_\_ F. Victim interaction since crime (0 = client has deliberately not had any contact with the victim(s) since the crime was reported; 3 = client has deliberately been in contact with the victim(s) since the offense was reported; 7 = client has made threats to the victim since the offense was reported)
- \_\_\_\_\_ G. Discussion of the offense (0 = client is open and willing to discuss all aspects of the offense; 1 = client avoids the discussion of some parts of the offense; 5 = client refuses to discuss the offense)
- \_\_\_\_\_ H. Responsibility for the offense (0 = client has fully accepted personal responsibility for all aspects of the offense; 1 = minimizes personal responsibility for the offense; 5 = minimizes personal responsibility and partially blames the victim, others, or his/her circumstances for the offense; 7 = client denies the offense and/or related responsibility)
- \_\_\_\_\_ I. Remorse about the offense (0 = expresses great remorse about the offense; expresses minimal remorse or is neutral about the offense; 5 = expresses no remorse for his offense; 7 = defends the offense or expresses interest in activities similar to the offense)
- \_\_\_\_\_ J. Impulsive or compulsive behavior (0 = little evidence of impulsive or compulsive behaviors; 3 = history of occasional impulsive behaviors that are related to the crime; 5 = history of compulsive behaviors that are related to the offense; 7 = documented history of impulsive and compulsive behaviors that are directly related to offending behavior)
- \_\_\_\_\_ K. Deviant sexual interest/arousal (1 = predominant interest in appropriate sexual themes about/ or low deviant sexual arousal with high appropriate sexual arousal; 3 = has equal interest/arousal to both deviant and appropriate sexual themes; 5 = predominant interest in deviant sexual themes and/ or high deviant and low appropriate sexual arousal)
- \_\_\_\_\_ L. Deviant sexual thoughts, urges, and fantasies (0 = deviant sexual thoughts are spoken of openly and as a problem; 3 = deviant thoughts are minimized and hidden; 5 = denies having deviant sexual thoughts)

- \_\_\_\_\_ M. Paraphilia (1 = single paraphilia and involved with only one sex; 3 = single paraphilia and involved with both sexes; 5 = two paraphilia and involved with one sex; 7 = two paraphilia and involved with both sexes; 5 = three or more paraphilia and involved with one sex; 7 = three or more paraphilia and involved with both sexes)
- \_\_\_\_\_ N. Victims (1 = has had one or two victims; 3 = has had three to five victims; 5 = six or more victims; 7 = multiple victims with a serial pattern of offending)
- \_\_\_\_\_ O. Location of crime (1 = history of offenses that took place in one type of location that access to is not easily restricted i.e., family home; 3 = history of offenses that took place in several locations that access to is not easily restricted i.e., parks, family home; 5 = history of offenses that have taken place in a particular location that it is easy to restrict access to i.e., a car in a remote area)
- \_\_\_\_\_ P. Time of offending behavior (1 = history of sexual offending took place over a specific period of time that is less than 6 months; 3 = history of sexual offending behavior that has taken place over a period of time less than two years; 5 = history of sexual offending that has taken place over a period of time greater than two years)
- \_\_\_\_\_ Q. Age of offender (1 = less than 13; 3 = between 14 and 21; 5 = between 22 and 45; 7 = over 45 years old)
- \_\_\_\_\_ R. Alcohol and drug use (0 = no history of alcohol /or drug use; 1 = minimal use of alcohol or drugs; 3 = consistent use of alcohol or drugs; 5 = history of alcohol or drug use and use of alcohol or drugs is related to offending behavior; 7 = history of alcohol/drug addiction)
- \_\_\_\_\_ S. Social support system (0 = client has non-criminal significant others that he loves and can rely upon for support; 1 = non-criminal significant others that will offer him limited support but generally leave him alone; 5 = no non-criminal significant others and/or an environment that enable behavior that have contributed to sexual deviance; 7 = client is involved/invested in a criminal support group or criminal subculture)
- \_\_\_\_\_ T. Motivation for treatment (0 = an active desire to fully participate in treatment; 3 = indifferent motivation for treatment; 5 = does not want to participate in treatment; 7 = hostile toward treatment)
- \_\_\_\_\_ U. Empathy for victim (0 = verbalizes and demonstrates empathy for victims; 3 = indifferent to victims, never refers to victim's feelings; 5 = blames victim; 7 = hostile toward victims and/or threatens victims)
- \_\_\_\_\_ V. Self-esteem (0 = has evidence of self-esteem while able to acknowledge faults, knows of some positive personality characteristics, and feels some hope for the future; 3 = low self-esteem, can think of few positive characteristics about himself. May or may not feel some hope for the future; 5 = client's presentation of self is colored with unrealistic expectations and grandiose ideas about himself; 7 = client displays either very low OR a false image of high self-esteem)
- \_\_\_\_\_ W. Work/school adjustment (0 = stable work or school history and is able to continue with it; 3 = unstable work or school history and is unable to continue with his current involvement; 5 = a chronic and extremely unstable school and/or work history)
- \_\_\_\_\_ X. Depression (0 = no evidence of clinical depression; 1 = clinically depressed but is able to function in daily living activities; 3 = history of chronic depression but is generally able to function in daily living; 5 = history of chronic depression and is not able to presently function in daily living)