



Vol. 4, No. 9
June 2001

On Good Authority is a periodic briefing on trends and issues in criminal justice program evaluation. This report was written by staff Research Analyst Megan Alderden. It is a summary of the final evaluation of the Illinois Department of Corrections' Juvenile Sex Offender Treatment Program. The evaluation was conducted by Cindy Smith, Ph.D., and Kimberly Craig, M.A., of the University of Baltimore, and Barbara Hayler, Ph.D., of the University of Illinois at Springfield. Copies of the evaluation are available from the Authority's Research and Analysis Unit.

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The evaluation was supported by grant #96-DB-MU-0017 and 97-DB-MU-0017 awarded by the Bureau of Justice Assistance, Office of Justice Programs, U.S. Department of Justice. Points of view in this document do not necessarily represent the official position or policies of the U.S. Department of Justice.

Printed by authority of the State of Illinois, June 2001. Printing order #01-356; 3,000 copies.

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Juvenile sex offender treatment program provides residential, aftercare services

Little is known about juvenile sex offenders, the risk they pose in the community, and the treatment needed to reduce recidivism. Although only about 7 percent of juveniles in the Illinois Department of Corrections (IDOC) are identified juvenile sex offenders, they often receive a large amount of media attention, stimulating safety concerns in the community. While these offenders represent a small proportion of offenders committed to IDOC, recent legislative changes expanding juvenile sentencing and civil commitment options require the provision of a high volume of correctional resources for juveniles who reoffend.

To expand and refine services to incarcerated juvenile sex offenders, the Illinois Criminal Justice Information Authority, using Federal Anti-Drug Abuse Act funds, awarded a grant to the IDOC Youth Division to develop a specialized program for juvenile sex offenders. The Sex Offender Treatment Program at the Illinois Youth Center at Harrisburg (IYC-H) includes two components: the Sex Offender Treatment Unit (SOTU), a residential treatment unit located in a separate wing of the Harrisburg facility; and the Sex Offender Unit (SOU), an aftercare component for sex offenders who eventually are paroled to Cook County.

To aid program development and implementation, the Authority funded a two-year implementation and impact evaluation of the Sex Offender Treatment Program. This *On Good Authority* reports

the findings from the second year evaluation focusing on the continuing implementation of the sex offender program, the process evaluation and preliminary outcome data. Interim report findings from the first year of implementation were published in *On Good Authority*, Vol. 1, No. 6, June 1998, "Sex offender treatment at the Illinois Youth Center-Harrisburg."

Program background

Prior to the 1996 implementation of the Sex Offender Treatment Program, many juveniles in need of sex offender treatment were sent to the Illinois Youth Center at Valley View, where they received a combination of group and individual counseling and treatment. Other youth center facilities across Illinois also reported serving these youths with group or individual counseling, although none of these facilities operated a recognized treatment program for juvenile sex offenders.

The SOTU component of the Sex Offender Treatment Program is housed in the Harrisburg facility and includes two residential wings that operate as a therapeutic environment. Wing L was first opened in September 1996. The opening of the second wing, Wing K, was delayed until October 1997 due to a change in program director during the first year of implementation.

Although both wings engaged in the same type of treatment, differences in the selection process used during the first

year of implementation resulted in notable differences between the youths assigned to Wing L and Wing K (Table 1). In the program's first year, offenders were only assigned to Wing L if they were committed to IDOC for a sex offense. Offenders assigned to Wing K either had been committed for a sex offense or had a history of sexual offending.

SOTU treatment components and goals are integrated throughout the correctional setting. Individual treatment elements include initial assessments by mental health professionals, sex offender specific treatment, including group therapy and written assignments, individual counseling, violence interruption process groups, didactic sessions on sex education and substance abuse, structured leisure time activities, and unstructured recreation.

The SOU component was formed to help youths successfully complete the transition back into their home environments, provide intensive case management and supervision, and connect youths with individualized support systems or services. This component includes close supervision and monitoring of all youths paroled to Cook County.

The program aimed to preserve public safety by improving treatment for youths who have exhibited sex offending behavior, and providing services that help divert youths from reoffending. Based on these goals, data for the process evaluation of the Sex Offender Treatment Program were collected using both qualitative and quantitative methodologies. Qualitative data were collected through observation of the youth participating in treatment at the youth center. Quantitative data were collected using program documentation, interviews, and secondary data collected by IDOC.

Juvenile justice system impact

The impact of the juvenile justice system on offenders in the treatment program was evaluated in terms of the preservation of public safety, and the improvement of inter- and intra-agency communication. Because only three youths involved in the SOTU were paroled to Cook County by the end of the evaluation, it was not possible for the evaluators to determine

whether the program preserved or increased public safety in the community.

Based on the limited data available, the SOU appeared to have contributed to public safety by increasing the range of services available and heightening the intensity of supervision received by juvenile sex offenders paroled to Cook County. Also, an improvement in the communication and cooperation between SOTU staff and other IYC-H staff was noted in the evaluation report. Communication also had increased between IYC-H staff and SOU parole agents, as staff

Table 1

Offense characteristics of juvenile sex offenders in treatment or on the program waiting list, and non-sex offenders

Characteristics	Wing L	Wing K	Juvenile sex offenders on program waiting list N=35	Non-sex offending youth center residents N=408
	Program participants N=16	Program participants N=25		
High supervision level and escape risk	6%	8%	6%	3%
No prior criminal arrests	69%	60%	31%	40%
No prior criminal petitions	31%	24%	11%	9%
Maximum sentence length between one and two years	88%	36%	34%	17%
Holding offense is a sex offense	100%	48%	6%	N/A
Crimes classified as violent	100%	72%	71%	42%
Crimes classified as forcible felonies	94%	80%	83%	59%
Age at first arrest under 14	40%	10%	8%	14%
Age at first petition under 14	27%	5%	13%	12%

members from both SOTU and SOU frequently shared information that aided in the development of placement options, such as treatments or services for paroled youths.

Program impact

The program impacts at IYC-H were evaluated using three goals. First, the evaluators examined whether or not program staff was able to identify offenders who were appropriate for the program. Second, they determined whether program staff properly assessed

offenders for treatment needs. Third, they determined whether the treatment needs identified were met through the programming provided.

The evaluators found that youths who had a history of sexual offending were frequently assigned to IYC-H. Overall, youths in treatment were somewhat more in need of sexual offender specific treatment when compared to youths who were not receiving treatment. Moreover, youths in treatment were found to have been physically and sexually abused more often, had greater clinical needs, were more likely to have a sexual offense in their history, demonstrated a higher escape risk, and were more likely to report self-mutilating behaviors.

Offenders residing in the SOTU were typically assessed using clinical interviews. The unit originally operated with two interns administering and scoring assessments under the guidance of the wing therapist. However, problems with the availability and consistency of interns in the wing resulted in multiple assessments becoming too burdensome for the wing therapist. Thus, open-ended clinical interviews were used to assess treatment.

Based on recommendations from evaluators and the sex offender specialist consultant, the unit plans to utilize more objective assessments to complement their clinical interviews. The use of both subjective assessments, such as clinical interviews, and more objective assessments, including scored psychological assessments, will improve the needs assessment of juvenile sex offenders participating in the program.

By the second year, treatment elements were being pursued in most of the activities in which these youths engaged. However, the unit was still not operating as a fully realized therapeutic community by the end of the second year because treatment elements were not being pursued in all of the youths' activities.

Staff developed a program manual during the second year of treatment. Treatment elements in the manual were found to be consistent with research conducted on sex offenders and sex offender treatment programs. The manual

Table 2
Sex Offender Treatment Unit program by wing

Components	Average number of sessions per week	
	Wing L	Wing K
Family group	.5	.3
Fitness activities	1.6	1.8
Sex offender therapy group	2	.9
Health care visits	1.7	.6
Individual counseling	1.5	.5
Leisure time activities	3.6	5.7
Meeting with correctional counselor	.6	.08
Phase group	.7	.9
Psycho-education	.3	.05
Meeting with psychiatrist	.02	.005
Sex education	.4	.6
Violence interruption	.6	.5
Wing meeting	.1	.3

also included a variety of journaling and homework assignments for offenders to complete. By creating the manual, individuals implementing and evaluating the program could determine when and if activities of the program deviated from the original design. The manual did not provide a thorough description of treatment given, however. In addition, program staff had not developed the means to adequately document the treatment provided to the youths. At the time of the evaluation, only data on attendance were available. These data could only provide information on how many youths attended the treatment provided, not the amount or type of treatment provided. Based on these attendance records, evaluators found that the treatment provided to youths varied greatly between the two treatment wings (Table 2). However, the variation between the wings was most likely due to the manner in which program staff kept attendance records, and not necessarily access or exposure to treatment. There-

fore, while the information provided in the manual suggested that staff implement specific treatment elements, and attendance information was available to show whether a youth attended a program component, it was still unknown whether all elements were necessary for all youths participating in the program.

By 1998, the SOU parole agent was carrying a caseload of almost 40 parolees in Cook County and another 30 identified sex offenders residing in IYC facilities. The number of parole contacts and the level of supervision provided to paroled sex offenders was difficult to confirm using parole file information on youths recently discharged from the program.

Yet, data indicated that the existence of SOU has contributed to parole agents' increased awareness of the special needs of youths who commit sex offenses. Youths paroled to Cook County from various IDOC facilities and identified as sex offenders were almost always assigned to the SOU. In addition, a contract was negotiated with a licensed

psychologist to provide a range of services, including assessment and treatment. This addition allowed the unit to monitor treatment and services provided to paroled youths, in addition to increasing the unit's knowledge of missed therapy sessions or resistance to treatment. Thus, the SOU was more able to track the progression or regression of youths participating in treatment.

Individual impact

An important aspect of whether or not a program has achieved its stated goals is the level of individual impact it accomplishes. The evaluators gathered information on several relevant measures of individual impact for the SOTU component; however, the lack of baseline institutional data made it difficult for the evaluators to determine the extent to which youths experienced behavioral changes. Interviews conducted suggested that SOTU participants appeared to be more in control of their behavior and were more willing to engage in discussion after several months of treatment.

Juvenile sex offenders released on parole to Cook County under SOU supervision appeared to be making a successful transition to parole. In a study of 20 parole files, no SOU parolees had been arrested for new sexual charges, some youths were rearrested on non-sexual charges, and others had failed to comply with at least some of the SOU parole requirements. In addition, the files indicated that youths are resistant to at least some aspects of SOU supervision, and that some offenders and their families continue to minimize or deny responsibility for the offenses. Data also showed the SOU developed and put into place individual support systems for all SOTU parolees in Cook County. However, more service providers and residential placements for juvenile sex offenders needed to be identified, especially as more SOTU youths were paroled.

Recommendations

Program staff have considered the following recommendations made by evaluators, based on the second year assessment:

- Program staff should better document the needs and changes in the youths using standardized assessment tools.
- Youth activities and assignments should be linked to the treatment purpose, and this linkage should be conveyed to the youths so that they internalize the treatment message.
- Treatment manuals should be created so that they are appropriate in terms of chronological ages, developmental stage, and educational level of the program population.
- The program would benefit from thorough documentation of both group and individualized treatment components, and treatment progress.
- Changes to the program should be documented, as well as personnel and population changes.
- The Sex Offender Unit could benefit from contractual consultants to participate in decision-making to enhance services and coordination and minimize duplications of effort. ♦

