ADOLESCENT SEXUAL OFFENDER POLICY

The Department recognizes that adolescents who engage in behavior which constitutes a sexual offense present serious management and treatment problems. When such a situation is identified, the Department will make efforts to ensure that the adolescent is evaluated by an individual/program with expertise in this area. The Department also will make efforts to ensure that the adolescent receives any recommended treatment. The policy and procedures have been developed to reflect the Department's commitment to the EOHHS Interagency Agreement entitled "EOHHS Agency Response to Juvenile Sex Offenders" and to serving the needs of this population.

POLICY

It is the policy of the Department that adolescents, who acknowledge and/or are adjudicated for having committed a sexual offense, receive an evaluation that specifically addresses the sexual offense, by an individual who is recognized as having expertise in conducting such evaluations.

For the purposes of this policy, "adolescent" is defined as a youth between the ages of 13 and 18.

An adolescent is deemed to have committed a sexual offense if that adolescent:

- engages in sexual activity with a child/adolescent, and compels such child/adolescent to submit by force and against her/his will, or compels such child/adolescent to submit by threat of bodily injury; or
- engages in sexual activity with a child/adolescent, who participates in the sexual act because of fear of or intimidation by the adolescent.

The purpose of the evaluation is to determine the risk the adolescent presents to other adolescents/children and/or the community and to make recommendations regarding appropriate treatment, including placement, if any.

An adolescent should have an evaluation prior to being placed. However, the Department acknowledges that there will be times when this cannot be accomplished (e.g., in an emergency, when a court orders placement, when the purpose of the placement is an evaluation). At those times when it is necessary to place an adolescent prior to the completion of an evaluation, the Area Director should be informed and the evaluation should be pursued following the placement.

Once an evaluation is completed, the Department will make efforts to ensure that the recommended treatment is provided to the adolescent.

It is the responsibility of the Area Director to assist staff in accessing appropriate services/resources to meet the needs of these adolescents.

PROCEDURES/ADOLESCENT SEXUAL OFFENDERS

1. **DA Referrals.** Any case that involves a sexual offense perpetrated by an adolescent will be referred to the appropriate District Attorney under the Department's mandatory or discretionary powers. (See Policy #85-012, Policy and Procedures for Referrals to the District Attorney)

2. **Identification.** The Social Worker refers the adolescent for an evaluation which will address the sexual offense when:
   - the adolescent acknowledges that she/he has committed a sexual offense, or
   - the adolescent has been adjudicated for having committed a sexual offense.

3. **Evaluation.** Whenever possible, the evaluation is completed by an individual who is recognized as having expertise in conducting evaluations that address sexually offending behavior. When such a resource is not available, the evaluation is completed by an individual/program who will address the
sexually offending behavior as part of the evaluation. The Social Worker documents the activities related to referring the adolescent for and accessing the evaluation in dictation.

4. **Treatment.** When an evaluation confirms that an adolescent has engaged in a sexual offense and recommends treatment to address the sexually offending behavior, the Social Worker attempts to access the recommended services. The Social Worker documents the activities related to accessing treatment services in dictation.

   When an adolescent is adjudicated for having committed a sexual offense, she/he should receive treatment that addresses the offending behavior. The Social Worker documents the activities related to accessing treatment services in dictation.

5. In those situations in which an adolescent resides with her/his victim(s), the safety of the victim(s) needs to be considered. If it is necessary to consider placement, removal of the adolescent should occur rather than the removal of the victim(s).

6. **Service Plan.** Regardless of whether the adolescent remains at home or is placed, the Service Plan should address the supervision of the adolescent and the safety of the other children in the home. Examples of issues which may warrant inclusion in the Service Plan include, but are not limited to:
   - the adolescent should not be left alone with other children;
   - supervision of the adolescent in the home;
   - bathroom and bedtime routines (the adolescent should have her/his own bedroom, if possible); and
   - the adolescent's use of free time.

7. **Placement.** When placement of an adolescent is being considered, such placement should be made in accordance with the recommendations of the evaluation. The identification of a placement resource should include consideration of the behaviors/problems of the children in the setting and the potential risk to other children in the setting. The placement of an adolescent prior to the completion of an evaluation must be approved by the Area Director.

   Information about the adolescent's offending behavior will be shared with the placement resource by using, as applicable, the “Child Placement Agreement” or the “Request for Residential Placement Panel Review” form and the “Community Residential Child-Specific Placement Agreement” (See Policy #97-001, Community Residential Care Policy). In addition Providers will be notified by mail of all outcomes and indicators that the department wants to achieve relative to the client.