An Outcome Evaluation of the Management of Juvenile Sex Offenders in Lucas County Ohio

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INTRODUCTION

Juvenile sex offenders pose a unique challenge for the juvenile justice system. Despite common belief, rates of sexual reoffending are significantly lower than the rates of general delinquency among juvenile offenders (Hanson and Bussiere, 1998). Despite low base rates of sexual reoffending, given the nature of the crime, juvenile justice entities often err on the side of caution when managing this population. This frequently results in removal of these youth from the community, rather than using community-based interventions that tend to be more effective in changing offending behavior (Gendreau, 1996; Lipsey et.al, 2009). Nonetheless, given the nature of the crime, there is a clear need to provide comprehensive treatment and management of this population (Center for Sex Offender Management 2001).

Research suggests that treatment for juvenile sex offenders often results in recidivism reduction. A meta-analysis published by Reitzel and Carbonell (2006) found a significant treatment effect with regard to sexual recidivism (ES=.43). Aos et al. (2006) demonstrated that supervision coupled with sex offender-specific treatment can result in significant reductions in recidivism. The Center for Sex Offender Management calls for a comprehensive approach to treating and managing juvenile sex offenders. This approach should differ from the approach used with adult sex offenders by considering developmental factors and providing a more holistic model that involves families and community resources (CSOM, 2009).

Purpose

In an effort to evaluate the effectiveness of comprehensive community-based services for juvenile sex offenders, Lucas County Juvenile Court initiated an outcome study examining offending patterns of this population. Specifically, this study was designed to determine whether systemic changes in the management of sex offenders by Lucas County Juvenile Court that emphasize community-based treatment and supervision improve recidivism outcomes for this population.

County Description

Lucas County is located in northwest Ohio. The county seat is Toledo, which is the fourth largest city by population in Ohio. According to the 2013 US Census, Lucas County has an estimated population of 436,393, relative to Ohio's population of 11.5 million. Juveniles make up 23.4 percent of Lucas County's population, which is very close to the state average (23.1%). With regard to race, 76 percent of the population is White and just less than 20 percent is Black. The Black population is higher in Lucas County than the average across Ohio (19.5% versus 12.5%). The Hispanic make up in Lucas County is nearly double the average rate in Ohio (6.4% versus a 3.3%). Lucas County's percentage of persons over 25 with a Bachelor's degree is slightly lower than the state average (22.9% versus 24.7%). Finally, percent of persons living below poverty in Lucas County between 2008 and 2012 is 20.5 percent, versus 15.4 percent in Ohio.

With regard to offense data, the Ohio Office of Criminal Justice Services (OCJS) reported that in 2006, forcible rape, forcible fondling and other sex offending behaviors made up just over five percent of violent offenses occurring in Ohio schools. Similarly, juvenile offending data from OCJS reports that 6 percent of Part 1 violent crime arrests include forcible rape (OCJS, 2011). While not available by county for juveniles, these data reinforce the low base rates of sexual crimes.

Description of Lucas County Juvenile Sex Offender Management

The early model—1987 to 2007

During the mid-1980s, Lucas County Juvenile Court developed Ohio's first known systemic approach to managing juvenile sex offenders. The program was a pioneer at more effectively working with this population by identifying appropriate youth through assessment and case review and offering in-house sex offender services. Initially, a "Sex Offender Treatment Team", composed of court supervisors, intake officers, probation officers, as well as community providers was developed to screen and manage juvenile sex offender cases. While this team reviewed all juvenile

sex offender cases, the court did not yet have specialized sex offender caseloads or comprehensive treatment efforts in place. Based on the assessment results, court responses for youth adjudicated for a sex offense ranged from Informal Supervision (diversion) to commitment to the Ohio Department of Youth Services (ODYS). Most adjudicated offenders would participate in a 10-week psycho-educational group facilitated by court staff. The group was not considered a "treatment group" as it exclusively focused on sex offender education issues. Consistent with the times, the approach to managing and treating the population was confrontational. Parents were also involved, typically receiving support and education at a Parents Helping Parents (PHP) group. Many youth also participated in community-based sex offender treatment, as ordered by the court.

By the mid-1990's, the founding leadership of the model had changed hands, leaving what was initially a progressive program falling behind the current best practice knowledge. The approach had remained the traditional confrontational model and more youth were being placed outside the home. The court became concerned that despite increased costs related to youth placement, there was decreased community safety and poor outcomes for rehabilitating youth. The costs for managing this population began to skyrocket; by 2006, the courts were spending the vast majority of the courts' placement resources on sex offenders, with limited positive effects.

As a result of these concerns, Administrative Judge James Ray and Court Administrator Dan Pompa (at that time) contacted Stuart Berry about examining the Lucas County Juvenile Court's approach to Juvenile Sex Offenders. A meeting was established with Lucas County leadership in the summer of 2006 to set the following evaluation objectives: 1) Establish a vision for the program with key court representatives, and create a dialog with community stakeholders related to the established vision and goals for system improvement; and 2) Conduct a comprehensive assessment of the court and the community's juvenile sex offender management efforts, to increase efficiency and effectiveness.

The resulting evaluation included the following: 1) Review of court documents and data (SOT packet and team materials, risk assessment materials and protocols, program materials, prosecutor information packets); 2) Internal interviews with court staff (70) and external interviews with community stakeholders (80); 3) Site visits to community entities that provided services to juvenile sex offenders; 4) Observation of a range of team meetings involving juvenile sex offenders, the psycho-educational group and parent meeting, and programming at the East Toledo Family Center; and 5) Completion of a stakeholder satisfaction survey. 6) Analysis of program narrative and outcome data for the previous ten years as well as cost data related to out of home placements. The evaluation activities occurred between October 2006 and January 2007. Internal Vision sessions were completed as well as a community forum on the management of juvenile sex offenders. This evaluation effort led to the development of a community wide RFP for services and the ultimate selection and partnership with Harbor in providing juvenile sex offender counseling services.

The current model—2007-Present

The 2006 evaluation brought a new commitment by the Lucas County Juvenile Court administration to keep youth close to home, using ODYS only as a last resort for cases the pose a significant risk to the community. In order to effectively maintain juvenile sex offenders close to home, Lucas County developed community partnerships that promote community safety, victim restoration and public education. In September 2007, Lucas County Juvenile Court entered into a partnership with Harbor Behavioral Healthcare to provide outpatient treatment to juveniles engaging in sexual offending behaviors and their families. Services are rendered by therapists, case managers and probation officers, and include diagnostic assessments, weekly group sessions, weekly parent sessions, and individual therapy. Hence, Harbor provides a spectrum of services ranging from prevention to intensive treatment. Case managers conduct home, school and community visits.

Mental health treatment, including psychiatric services, is also provided to the majority of youth in the program. There are also weekly case staffings that include Harbor and court staff.

The treatment model includes cognitive behavioral treatment using Mastery Learning Units designed to measure content knowledge of the curriculum. Harbor also provides Safer Society workbooks as part of the treatment program, and assisted in developing the parent packet. Program components include pro-social skill building, sex education/sexual health, autobiographies/trauma, offense cycle, empathy/restorative justice, and relapse prevention planning. Groups are co-facilitated between a clinician and probation officer. An individualized approach is used to determine treatment needs, but the range of time for treatment completion tends to fall between 12 and 24 months. The program also provides specialized groups for youth with developmental issues, females, young adolescents and young adults.

Juvenile probation now has both a specialized docket and dedicated officers to manage the juvenile sex offender caseloads. These officers are closely involved with both the supervision and treatment aspects of the cases, and receive specialized training in the field of juvenile sex offending. The court uses the Juvenile Sex Offender Assessment Protocol-II (JSOAP-II), a juvenile sex offender risk prediction instrument. This tool informs recommendations to the court on disposition. Individualized safety plans are developed and monitored. The Juvenile Sex Offender Team also provides public education and outreach to increase public knowledge of juvenile sex offending. Collaboration occurs with the prosecutor's office, Children's Advocacy Center, Developmental Disabilities Board, Children's Services and other agencies serving children and families with sexual behavior problems. Finally, victim advocacy is provided to sex abuse victims and families.

METHODS

What follows is a cross-sectional study comparing the recidivism rates among juvenile sex offenders adjudicated in Lucas County Ohio. A historic sample using more traditional community supervision approaches will be compared to a contemporary sample that uses intensive community treatment and supervision services. The contemporary sample consists of youth adjudicated for a sex offense in Lucas County from 2008 to present. The comparison sample is youth adjudicated for a sex offense in Lucas County from 2002 to 2007 (historic sample). Differences in the approach to managing juvenile sex offenders are described in the previous section.

In addition to examining differences between the contemporary and historic group, a range of referral outcomes will be compared that occurred within these groups. Referral options include:

1) Youth received a Juvenile Sex Offender Treatment (JSOT) assessment which resulted in *no* referral for sex offender specific treatment (SOT).
2) Youth complete a JSOT assessment and are referred for individual or group treatment by a community provider (SOC).
3) Youth complete a JSOT assessment and are referred to an intensive in-house sex offender treatment program to include specialty court participation—contemporary sample only (SOG).
4) Youth complete a JSOT assessment and are referred to an in-house psycho-education group—historic sample only (SOA).
5) Youth are stipulated to out-of-home placement for primary or secondary JSOT issues (SOP), including Department of Youth Services, Youth Treatment Center[1], or residential treatment program.

Data were collected on demographics, criminal history, treatment outcome and recidivism. The sample size is 401 with 195 youth in the contemporary sample, and 205 youth in the historical sample[2]. Outcomes will be measured via new arrests using both juvenile and adult records.

In order to provide a fair comparison between the historic and contemporary samples, both risk for recidivism and time at risk in the community had to be controlled. During the period of

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[1] YTC is an ODYS funded Community Correctional Facility youth are placed in as an alternative to ODYS.
[2] One case was missing the file date which prohibited assignment to group. Demographics are still presented on this case.

evaluation, Lucas County Juvenile Court used three instruments to assess risk, two that examined risk for general delinquency, and one measuring sex specific behaviors. During the historic timeframe of the study, Lucas County used a risk measure developed for their county (called the Lucas County risk assessment). In the last few years, this was replaced by a state-wide risk assessment instrument (the Ohio Youth Assessment System—OYAS). The Juvenile Sex Offender Assessment Protocol (JSOAP-II) is also used by Lucas County to assess risk and need factors related to both sexual and general recidivism. This instrument, however, does not provide risk levels, rather serves as a guide to measure delinquency and sex offender treatment needs.

In an effort to control for risk, the general risk need instruments (both the OYAS and Lucas tool) was used to control for risk. Risk was controlled using the classification levels of each instrument. The JSOAP-II could not be used to control for risk as this instrument was not consistently used before 2008. Nonetheless, outcome data from the current sample was used to create the cut-off scores for the JSOAP-II so that referral decisions by sex offender need could be determined in for the contemporary sample. With regard to controlling for time at risk, the historic sample (which began treatment in 2002) has more opportunity for offending than the contemporary sample (which began treatment in 2008). Therefore, time at risk in the community will be controlled by examining recidivism based upon a 1 year and 2 year follow-up timeframe for all cases[3]. Offenses occurring outside this window are not included as program failures.

RESULTS

Results are presented for the overall sample, and then divided by the historic and contemporary sample. This allows for the changes in the program over time to be discerned. Data presented in this section include: 1) demographics, 2) criminal history and current offense

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[3] Data collection of outcome measures ended in December 2013. Cases had to have been referred by December 2013 to be included in the one year follow up and December 2012 to be included in the two year follow up analyses.

information, 3) referral type and risk validation, 4) overall outcome by re-arrest, and 5) re-arrest by sample and referral time, broken down by risk level. Analyses were conducted using cross-tabulations, with Pearson's Chi Square detecting significant differences for categorical variables (e.g. gender), and t-tests revealing significant differences for metric variables (e.g. age).

Table 1 provides demographic information on the overall sample, and then the historic and contemporary sample separately. As expected, the majority of the sample is white male youth. While the contemporary sample shows a slight increase in the percentage of females served (7.7% versus 3.9%) and the number of minorities represented (47.2% versus 42.9%), differences were not significant. The average age of youth was 14 years old, with a fairly even distribution of youth served in each of the three age groups examined (9-13, 14-15, and 16 and up).

Table 1: Demographics

	Overall Sample		Historic Sample		Contemporary Sample	
	%	N	%	N	%	N
Gender						
Male	94.3	378	96.1	197	92.3	180
Female	5.7	23	3.9	8	7.7	15
Race						
White	54.9	220	57.1	117	52.8	103
Person of Color	45.1	181	42.9	88	47.2	92
Age at Filing						
9 to 13	34.4	138	38.5	79	29.7	58
14 to 15	36.7	147	36.6	75	36.9	72
16 to 20*	28.9	116	24.9	51	33.3	65
Mean Age	14.7		14.4		14.9	
SD	1.9		1.9		1.8	
Range	9-20		9-18		11-20	

No significant differences found between the historic and contemporary samples
*Depending on the circumstances Lucas County Juvenile Court is able to work with individuals beyond age 18.

Table 2 presents prior criminal history of youth by sample. Over half of youth presenting to the court with a sex offense had a prior offense (54.2%). Approximately one third of youth in the overall sample had a prior adjudication; for 11 percent, it was a felony adjudication and for just 1.5 percent, it was a prior sex offense adjudication. Even with two additional percent of the youth having a prior dismissed sex offense, prior sex offenses were minimal. Likewise, just two percent of youth had a prior incarceration. Differences in the prevalence of prior offenses between the historic and contemporary samples were minimal; however, historic youth were significantly more likely to be adjudicated on an offense in the past (39% versus 29%). The level of adjudication was not significantly different between samples. Of the youth with a prior adjudication, the bulk (68.4%) was for misdemeanor level offenses. Of the youth that entered Lucas County Juvenile Court with a criminal record (approximately half of the overall sample), these youth had an average of nearly six prior arrests and four prior adjudications. This suggests that sample examined was a mix of first time offenders and youth with a more extensive delinquency history.

Table 2: Prior Criminal History

	Overall Sample		Historic Sample		Contemporary Sample	
	%	N	%	N	%	N
Prior Offense Prevalence						
Prior Offense	54.2	217	56.6	116	51.8	101
Prior Adjudication*	34.0	136	39.0	82	28.7	54
Prior Felony Filing	17.0	68	14.9	29	19.0	39
Prior Felony Adjudication	10.8	43	9.7	19	11.7	24
Prior Sex Offence Adjud.	1.5	6	0.5	1	2.4	5
Prior Dismissed Sex Off.	2.0	8	1.0	2	2.9	6
Prior Incarceration	2.2	9	1.5	3	2.9	6
Prior Adjudication Level**						
Misdemeanor	68.4	93	70.7	58	64.8	35
Felony	31.6	43	29.3	24	35.2	19
	Mean (N)	SD	Mean (N)	SD	Mean (N)	SD
Average # Priors						
Prior Offenses	5.76 (217)	6.4	5.56 (116)	6.1	5.99 (101)	6.8
Prior Adjudications	3.75 (136)	3.6	3.54 (82)	3.8	4.07 (54)	3.2

**p<.05;*p<.01

Table 3 presents data by sample regarding the referral offense. Of the youth in the full sample, the majority had an instant offense of Rape (43%), followed by Gross Sexual Imposition or Sexual Battery (37%), then a "hands-off" sex offense, such as Voyeurism, Public Indecency, or Illegal Use of Minor Nudity Oriented Material/Performance (8.5%). Eleven percent of youth in the sample presented with a non-sex offense, for example, Safe School Ordinance, Assault, or Domestic Violence. There were not significant differences in presenting offense type between samples. There were, however, differences in the number of cases that were amended. Overall, 44 percent of cases were amended from the original charge. Amended adjudications include dropping cases to attempted rape (4%), GSI/Sexual Battery (29%), a hands-off sex offense (1.8%) and dropping to a non-sex offense (9%). There were significant differences in the samples with regard to amended adjudications; slightly fewer cases in the contemporary sample were dropped to Attempted Rape or GSI, but more cases were amended to non-sex offenses (4.4 versus 13.8)[4]. Finally, with regard to offense level, the majority of cases (41.2%) were referred for a Felony 1 level offense, followed by a Felony 3 level offense (28%) and a Misdemeanor level offense (20%). There were no significant differences between samples with regard to offense level.

Table 4 presents findings for referral type and risk scores. Referral type represents the level of intervention juvenile sex offenders received. In the both the historic and contemporary samples, the majority of youth were referred for community-based treatment delivered by an external provider (SOC—47.5% and 53.3% respectively). For the historic sample, the second largest group was youth attending the internal psycho-education group (SOA—20.1%), followed closely by youth not referred to treatment (18.6%); in the contemporary group, just 6.2 percent of youth fell into this latter group, suggesting the practice of assessing youth but not referring them to some sort of

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[4] This may be attributable in part to the Adam Walsh Act of 2006, as prosecutors may avoid exposing juveniles to the registration requirements of the law.

Table 3: Referral Offense

	Overall Sample		Historic Sample		Contemporary Sample	
	%	N	%	N	%	N
Current Offense Type						
Rape	43.2	173	45.9	94	40.5	79
GSI/Sexual Battery	37.2	149	36.1	74	38.5	75
Hands-off Sex Offense	8.5	34	7.8	16	9.2	18
Non-sex Offense	11.0	44	10.2	21	11.8	23
Amended Adjudication*						
Not Amended	56.2	225	58.0	119	54.4	106
Attempted Rape	4.2	17	5.9	12	2.6	5
GSI/Sexual Battery	28.7	115	30.2	62	27.2	53
Hands-off Sex Offense	1.8	7	1.5	3	2.1	4
Non-sex Offense	9.0	36	4.4	9	13.8	27
Referred Offense Level						
Felony1	41.2	165	43.4	89	39.0	76
Felony2	2.2	9	2.0	4	2.6	5
Felony3	27.5	110	28.3	58	26.7	52
Felony4	6.5	26	4.4	9	8.7	17
Felony5	2.2	9	2.0	4	2.6	5
Misdemeanor	19.8	79	19.5	40	20.0	39
Status	.05	2	0.5	1	0.5	1

*$p<.01$

Table 4: Referral Type and Risk Scores

	Overall Sample		Historic Sample		Contemporary Sample	
	%	N	%	N	%	N
Referral Type*						
No Referral/Assess only (SOT)	12.5	50	18.6	38	6.2	12
Community Tx (SOC)	50.4	201	47.5	97	53.3	104
Harbor Group (SOG)	16.8	67	--	--	34.4	67
Placement (SOP)	10.0	40	13.7	28	6.2	12
Psycho-ed Group (SOA)	10.3	41	20.1	41	--	--
JSOAP II Composite Categories						
0 to 10	-	-	-	-	23.9	39
11 to 20	-	-	-	-	44.2	72
21 to 43	-	-	-	-	31.9	52
Supervision/Risk Level[1]						
Diversion	10.5	40	12.0	23	9.0	17
Low	41.8	159	38.0	73	45.7	86
Regular/Mod	30.5	116	29.7	57	31.4	59
High	17.1	65	20.3	39	13.8	26

[1]Consists of both Lucas County tool and OYAS classification
*$p<.001$

treatment dropped over time. The next highest group for the contemporary sample was youth referred to the internal Harbor group (SOG—34.4%). The percentage of youth placed outside the community was low overall (10%), particularly for a sex offender population, but also dropped by more than half in the contemporary sample (13.7% versus 6.2%). Overall, these findings suggest that in the contemporary sample, significantly more youth received some sort of treatment intervention, the bulk of which was community-based.

With regard to risk scores, data are presented from both the sex offender risk/need assessment (JSOAP-II) and the supervision level as dictated by a general risk assessment used by the county[5]. The categories for the JSOAP-II were developed based on the re-arrest data, as this instrument does not provide cut-off scored for classification purposes[6]. Note that while a handful of youth in the historic sample were assessed with the JSOAP-II, this instrument was not fully adopted until the program adaptations were made[7]. Hence, JSOAP-II data is only available for the contemporary sample. The majority of youth fell into the medium (11 to 20) category (44.2%), followed by the highest risk (21 to 43) category (31.9%). The smallest proportion were the lowest risk category (0 to 10—23.9%). These JSOAP-II data suggest that approximately 75 percent of youth being maintained in the community are moderate to high risk youth, according to this classification scheme developed for this report. Finally, data are presented on the general risk/need classification levels which are based in the risk tools used in Lucas County (Lucas County risk assessment and OYAS); these measure likelihood for general delinquent behavior. As is typical with this population, most youth fell into the low risk range (41.8%), followed by regular/moderate (30.5%) and high (17.1%).

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[5] Since the OYAS was a recently adopted tool, only 66 of the cases received this assessment. Therefore classification results based on the previous Lucas County instrument and the OYAS were combined. Classification levels (low, moderate and high) are presented as the instruments vary in their range of scores.

[6] The cut-offs developed for this report did result in prediction of recidivism, as will be presented in the first figure.

[7] Just 18 youth in the historic sample had JSOAP-II data; results are therefore only presented for the contemporary sample.

Figure 1 presents re-arrest rates for the overall sample by risk level using a one year follow up. Given that the JSOAP-II was only available for the contemporary sample, the general risk/need levels were used examine data by risk. The purpose of this analysis is to determine whether these levels produce an accurate measure of risk. As indicated in the figure, there is clear differentiation in re-arrest rates by risk category, and as risk scores increase, so does the probability of recidivism. The Pearson's correlation coefficient, which is a measure of strength between the risk measure and outcome is .40, suggesting sound predictability[8]. These scores will be used in subsequent outcome analyses to differentiate groups by risk.

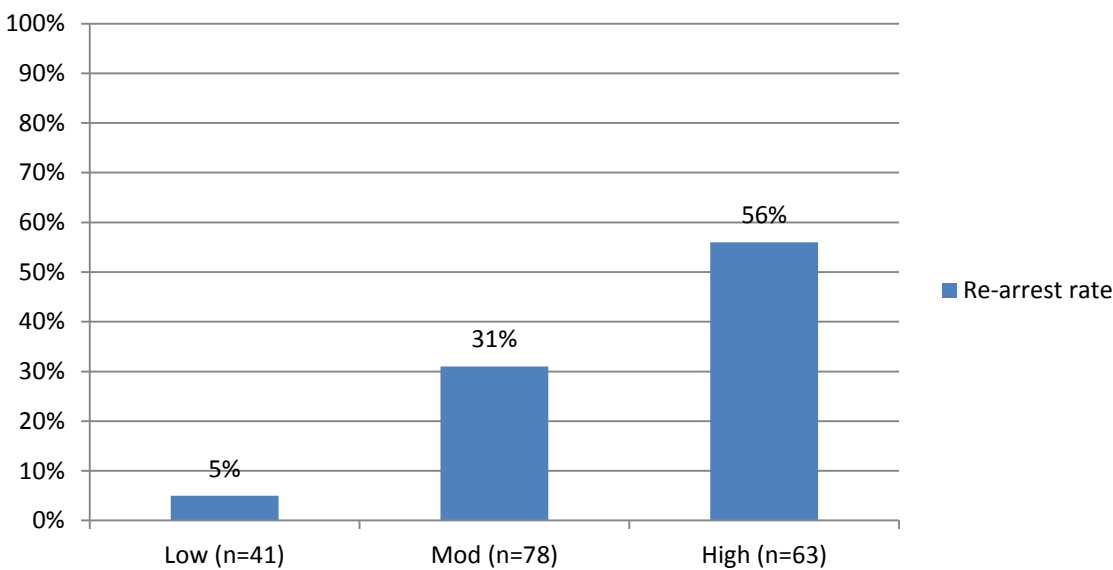Figure 1: One Year Re-Arrest Rates by General Risk Level[9]
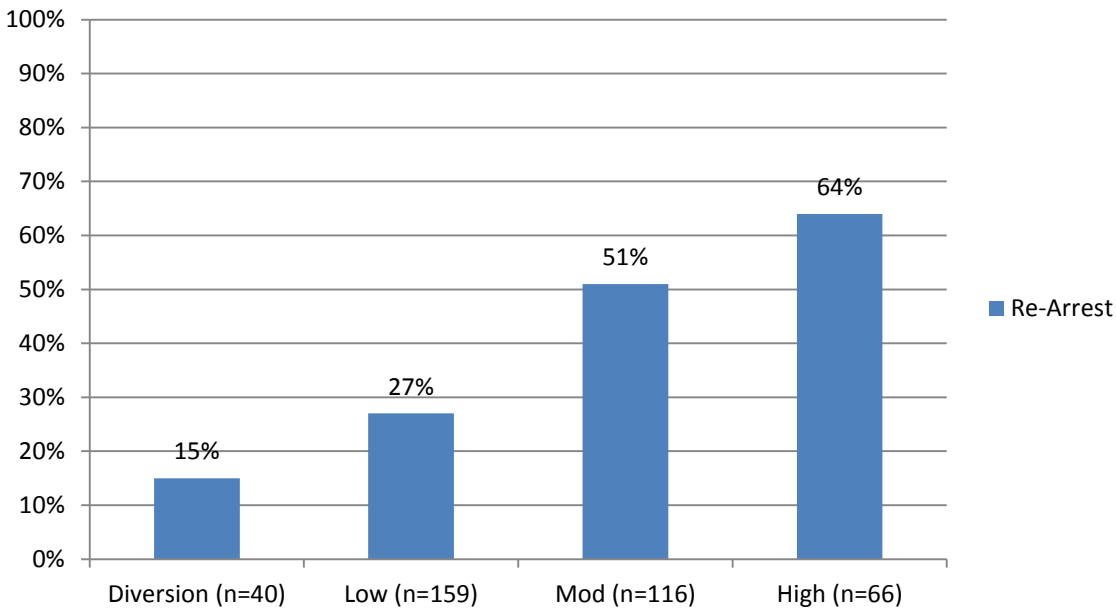
*p<.001

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[8] While the JSOAP II would provide both sexual and general predictors, only 18 cases in the historic group had JSOAP II assessments completed.
[9] Sample sizes represent all youth that fall into that risk category, rather than just recidivists. Two year recidivism rates are: diversion (20%) low (38%), moderate (62%), and high (76%); r=.35.

Figure 2 presents re-arrest rates for the overall sample by JSOAP-II categories that were created for the purpose of the study[10]. A one year follow up was used. The purpose of this analysis is to determine how well this instrument predicts recidivism. Given the very low rates of sexual recidivism in the sample, re-arrest for general delinquency was used as the outcome measure[11]. As indicated in the figure, there is clear differentiation in re-arrest rates by risk category, and as risk scores increase, so does the probability of recidivism. The Pearson's correlation coefficient is .33, suggesting sound predictability[12].

Figure 2: One Year Re-Arrest Rates by JSOAP-II Levels[13]

*p<.001

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[10] Cut-offs were created by conducting cross-tabulations between JSOAP-II score and re-arrest and then visually inspecting the data to determine logical breaks based on the percentage of youth with that score getting rearrested.
[11] Although the JSOAP-II is a risk/need tool designed to assess youth with sexual offenses, the tool has general delinquency measures as well as sex offending specific measures.
[12] While the JSOAP II would provide both sexual and general predictors, only 18 cases in the historic group had JSOAP II assessments completed.
[13] Sample sizes represent all youth that fall into that risk category, rather than just recidivists; two year recidivism rates are: low (24%), moderate (40%), and high (67%). Differences are significant at the p<.001 level and r=.33.

Table 5 provides a breakdown of referral type by risk level for each of the samples. According to the risk principle, higher risk cases should be referred to the more intensive interventions, such as in placement or to the Harbor Group. The majority of lower risk youth should be referred for lower level interventions, such as external community services or assessment only. Data in the overall sample suggest a fairly even split between low and moderate risk youth receiving assessment only. Eleven of the 42 youth who were assessed but not referred to treatment fell into the high risk category (26.2%)[14]. Of note, over time fewer youth were assessed with no referral to treatment. In accordance with the risk principle, 53 percent of youth referred to out to community treatment in the historic sample, and 63 percent in the contemporary sample were classified as either diversion or low risk. For the Harbor Group, the majority of youth referred fell into the low (41.8%) and moderate risk categories (37.3%). For the historic psycho-education group, the majority of youth were also low (39%) or moderate risk (39%) followed by diversion (14.6%). Placement data should be read with caution as the base rates of placement, particularly in the contemporary sample, is so low. Nonetheless, half of the youth placed in the historic sample are high risk, but 42 percent are low risk. In the contemporary sample, there is minimal variation in placement by risk category[15].

Table 6 offers a profile of risk categories for general delinquency (pulled from table 5) and sexual risk (based upon the JSOAP-II categories). This table allows for the examination of referral decisions by the full risk profile[16]. *Note that the assessment only and placement categories have small sample sizes.* While most youth that were assessed with no treatment referral were either moderate or low risk for criminality, the majority fell into the high risk JSOAP-II category. Data suggest that good

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[14] These youth may have been deemed high risk for general criminality, but not in need of sex offender specific treatment.

[15] Risk is, of course, not the only factor considered when determining placement needs. Youth may have been placed due to mitigating circumstances with regard to the sex offense. Youth who are lower risk for general delinquency also may have been higher risk for sexual acting out.

[16] As mentioned previously, the JSOAP-II does not offer risk categories; hence, the county does not classify youth based on JSOAP-II scores, rather uses the assessment to identify treatment needs.

Table 5: Referral Type by General Risk Categories for each Sample

	Overall Sample*		Historic Sample*		Contemporary Sample	
	%	N	%	N	%	N
Assessment only (SOT)						
Diversion	7.1	3	8.8	3	-	-
Low	35.7	15	35.3	12	37.5	3
Mod	31.0	13	29.4	10	37.5	3
High	26.2	11	26.5	9	25.0	2
Community Tx (SOC)						
Diversion	13.9	27	15.2	14	12.7	13
Low	44.3	86	38.0	35	50.0	51
Mod	28.9	56	30.4	28	27.5	28
High	12.9	25	16.3	15	9.8	10
Harbor Group (SOG)						
Diversion	6.0	4	-	-	6.0	4
Low	41.8	28	-	-	41.8	28
Mod	37.3	25	-	-	37.3	25
High	14.9	10	-	-	14.9	10
Psycho-ed Group (SOA)						
Diversion	14.6	6	14.6	6	-	-
Low	39.0	16	39.0	16	-	-
Mod	39.0	16	39.0	16	-	-
High	7.3	3	7.3	3	-	-
Placement (SOP)						
Diversion	-	-	-	-	-	-
Low	40.0	14	41.7	10	36.4	4
Mod	14.3	5	8.3	2	27.3	3
High	45.7	16	50.0	12	36.4	4

*p<.01

decisions were made regarding community placement, with few high risk youth (either for general or sexual risk) referred to this less intensive community option (9.8% and 21.2% respectively). With regard to the Harbor Group, although the majority of youth referred was low risk for general delinquency (41.8%), most fell in the moderate range (52.3%) on the JSOAP-II, followed by the high range (35.4%). Finally, while cases referred for placement were distributed fairly evenly with regard to general risk, the bulk of cases (85.7%) fell into the JSOAP's high risk range, suggesting good decisions on who to place.

Table 6: Full Risk Profile for the Contemporary Sample

	General Risk		JSOAP-II	
	%	N	%	N
Assessment only (SOT)				
Diversion	-	-	-	-
Low	37.5	3	18.2	2
Mod	37.5	3	27.3	3
High	25.0	2	54.5	6
Community Tx (SOC)				
Diversion	12.7	13	-	-
Low	50.0	51	36.2	29
Mod	27.5	28	42.5	34
High	9.8	10	21.2	17
Harbor Group (SOG)				
Diversion	6.0	4	-	-
Low	41.8	28	12.3	8
Mod	37.3	25	52.3	34
High	14.9	10	35.4	23
Placement (SOP)				
Diversion	-	-	-	-
Low	36.4	4	0.0	0
Mod	27.3	3	14.3	1
High	36.4	4	85.7	6

*p=.00

Completion status is examined in Table 7, as well as program length of stay by sample and by referral type. With regard to overall termination status, it is clear that the majority of sex offender youth in Lucas County successfully complete the interventions. When examined by sample, significantly more youth in the historic sample (87.1%) completed successfully as compared to the contemporary sample (79.2%). However, more contemporary youth fell in the "Other" completion status category (11.3% versus 3.5%), which includes youth still active in the interventions. The unsuccessful completion rate is nearly identical by sample (9.4% and 9.5%). Data on the average length by sample suggests that youth stayed in treatment nearly twice as long in the contemporary sample (14.5 versus 7.5 months). This increase is consistent with the conceptual approach in the new model of providing intensive community-based treatment via the Harbor programming.

Table 7: Completion Status and Length of Stay by Referral

	Successful		Unsuccessful		Other		Average Length* (Months)
	%	N	%	N	%	N	
Sample							
Full Sample	83.5	309	9.5	35	7.0	26	10.7
Historic	87.1	176	9.4	19	3.5	7	7.5
Contemporary	79.2	133	9.5	16	11.3	19	14.5
Referral Type*							
No Referral/Assess only (SOT)	71.4	35	2.0	1	26.5	13	2.5
Community Tx (SOC)	90.3	168	8.6	16	1.1	2	12.4
Harbor Group (SOG)	62.5	35	21.4	12	16.1	9	20.6
Placement (SOP)	92.1	35	2.6	1	5.3	2	3.2
Psycho-ed Group (SOA)	87.8	36	12.2	5	0.0	0	5.7

*p=.000

Completion status is also examined by referral type. The Harbor Group shows a significantly higher unsuccessful completion rate than the other samples, which should not be attributable to youth still active in the program. Nonetheless, the Evidence-Based Correctional Program Checklist (CPC) suggests successful completion rates should fall between 65 and 85 percent[17]; hence the proportion of cases falling in the unsuccessful completion category for the Harbor Group (21.4%) appears acceptable. Length of Stay is also significantly longer for the Harbor group (20.6 months). This program was designed to be a more intensive community-based alternative for Lucas County sex offenders, so the longer length of stay is not surprising[18].

Table 8 begins the outcome results by presenting re-arrest rates by sample and by referral type. This table presents overall recidivism results *without controlling for risk*. Results are presented with both one year and two year follow-ups and represent ANY criminal behavior (including misdemeanor and status level offenses). Overall, the re-arrest rate for the contemporary sample

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[17] The CPC is a program assessment tool developed by University of Cincinnati. The argument for this range is that programs with too high successful completion rates are indiscriminately completing participants rather than discerning between those that demonstrate behavioral improvement and those that do not.

[18] There is a lack of literature on the appropriate length of stay for a sex offender program; for general correctional interventions, the CPC suggests a 3 to 9 month length of stay.

Table 8: Re-arrest Rate by Group and Referral Type

	Overall Sample		Historic Sample		Contemporary Sample	
	%	N	%	N	%	N
1 Year Re-Arrest Rate*(N=401)	38.2	153	42.4	87	33.8	66
2 Year Re-Arrest Rate (N=368)	48.5	194	52.7	108	46.0	75
1 Year by Referral						
No Referral/Assess only (SOT)	46.0	23	52.6	20	25.0	3
Community Tx (SOC)	31.8	64	36.1	35	27.9	29
Harbor Group (SOG)	43.3	29	--	--	43.3	29
Placement (SOP)	40.0	16	39.3	11	41.7	5
Psycho-ed Group (SOA)	48.8	20	48.8	20	--	--
2 Year by Referral**						
No Referral/Assess only (SOT)	54.2	26	57.9	22	40.0	4
Community Tx (SOC)	42.8	80	49.5	48	35.6	32
Harbor Group (SOG)	65.5	36	--	--	65.5	36
Placement (SOP)	40.0	14	40.7	11	37.5	3
Psycho-ed Group (SOA)	61.0	25	61.0	25	--	--

*p<.05; **p<.01

using a one year follow-up was significantly lower than the historic sample (33.8% versus 42.4%)[19].

When recidivism after 1 year is examined by referral, the group with the lowest recidivism rate are youth referred to external community treatment (SOC—31.8%). In the historic sample, it was youth with no treatment referral that had the highest recidivism rate (52.6%); youth attending the Harbor Group in the contemporary sample produced a similar re-arrest rate as those placed (43.3% and 41.7%). Recidivism using a 2-year follow-up yielded slightly different results. In the overall sample, youth that were placed outside the community had the lowest re-arrest rate, followed by youth in the less intensive community interventions. For youth that participated in the internal Harbor Group, outcomes were similar to the historic psycho-education model; however, in the contemporary sample, recidivism rates for Harbor youth was 30 percentage points higher than youth referred to community providers. Recall, however, that just 25 percent of SOC referrals in the contemporary

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[19] Although these data suggest improved outcomes in the management of juvenile sex offenders in Lucas County, both national and Ohio data also suggests a continued downward trend of arrest rates among juveniles over the past 10 years that may be contributing to this effect.

group were high or very high risk versus 50 percent in the Harbor sample. Subsequent analyses will factor in risk levels in analyzing outcomes.

Table 9 provides a breakdown of re-arrest by offense type and group. For the both follow up periods, the "other" crime category is where over half of the recidivists fell. This category consisted primarily of Safe School Ordinance, Unruly and Disorderly Conduct charges. The "other" category was followed by property (19%) and then violent crimes (16%). *There were few sexual recidivists across the groups, particularly in the contemporary sample where only one youth was re-arrested for a sex related crime using a 2-your follow up.* Figures 2 and 3 provide a graphic depiction of the type of offence using the one year follow-up.

Table 9: Re-Arrest by Offense Type

	Overall Sample		Historic Sample		Contemporary Sample	
	%	N	%	N	%	N
1 Year Follow-up						
Sex Offense	3.3	5	5.7	5	0.0	0
Violent/Person	16.3	25	17.2	15	15.2	10
Drug	5.2	8	4.6	4	6.1	4
Property	19.6	30	20.7	18	18.2	12
Other	55.6	85	51.7	45	60.6	40
2 Year Follow-up						
Sex Offense	5.5	10	8.4	9	1.4	1
Violent/Person	15.5	28	15.9	17	14.9	11
Drug	4.4	8	4.7	5	4.1	3
Property	19.3	35	22.2	24	14.9	11
Other	55.2	100	48.6	52	64.9	48

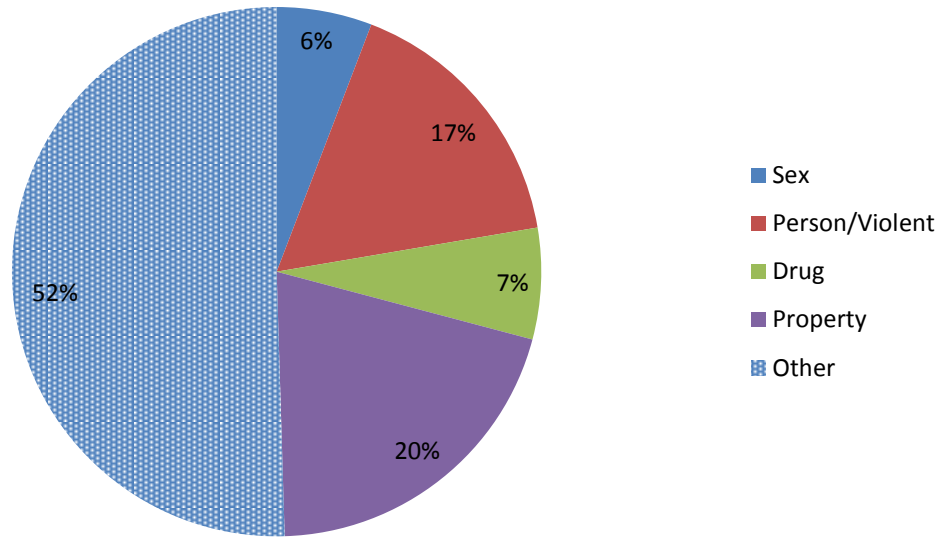Figure 2: Re-Arrest type—Historic Group

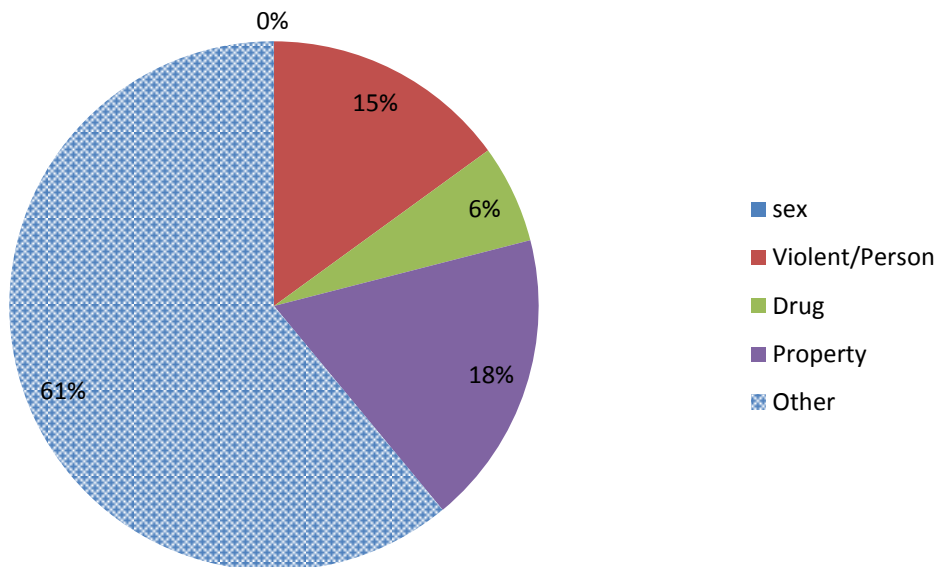Figure 3: Re-Arrest type—Contemporary Group

Figure 4 offers a breakdown of re-arrest by offense level and sample. This figure demonstrates that overall, there were far fewer felony re-arrests after 1 year than misdemeanor or status offenses. The proportion of felony versus non-felony rearrests was even more disparate in the contemporary sample (70% versus 30% respectively). This suggests that not only were there fewer re-arrests after one year in the contemporary sample, but that the re-arrests that did occur were for less serious offenses. Rate of sex offense was also included in this chart to again signify that few of the felony arrests were for a sex-related offense.

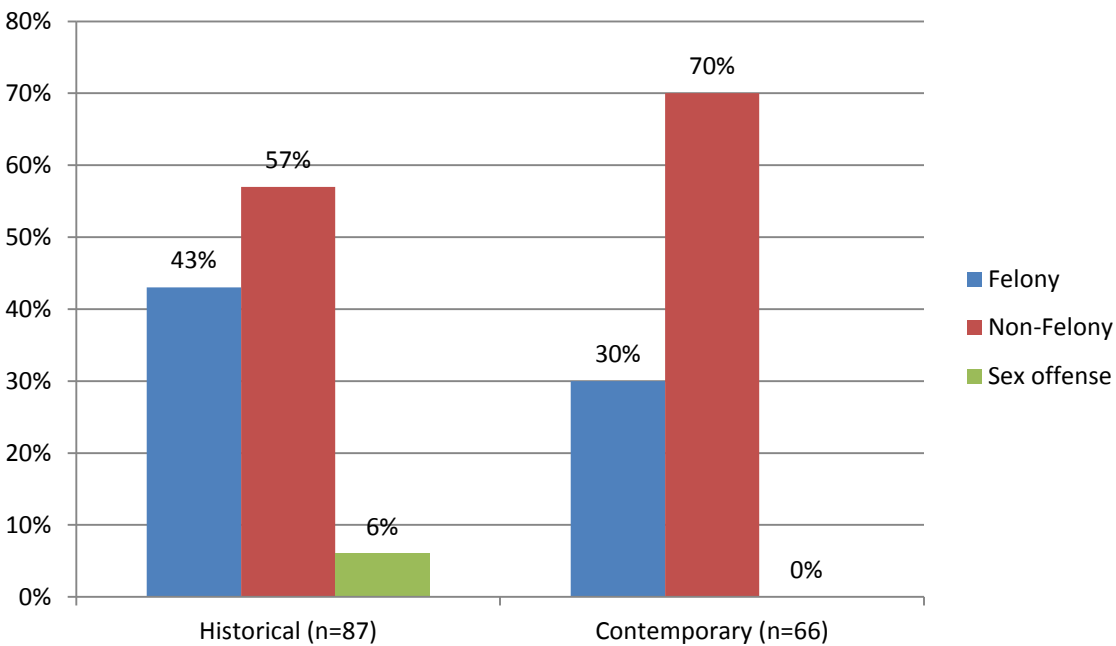Figure 4: Level of offense at Filing by Sample

Figure 5 provides an examination of re-arrest by risk level. This data shows further support for application of the risk principle to a juvenile sex offender population. Diversion and low risk youth in the community sample (SOC) recidivated at significantly lower rates than youth placed in the more intensive Harbor Group (SOG). However, youth scoring in the high range on the risk assessment showed improved outcomes when placed in the Harbor Group over an external

Figure 5: One Year Recidivism Rates for Contemporary Group by Treatment Type*
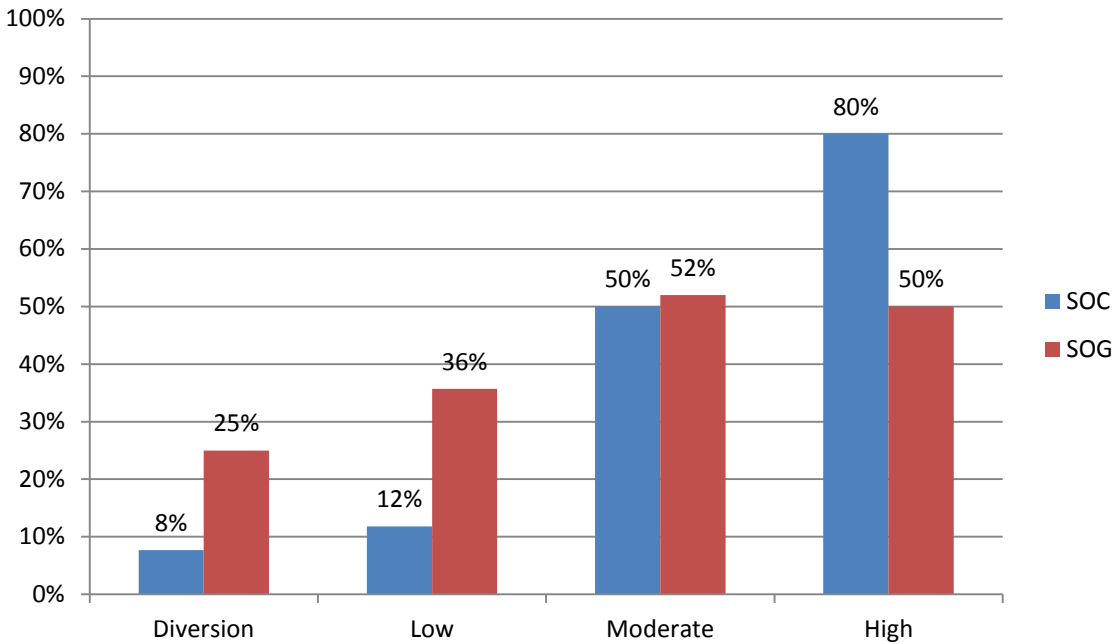
*See Table 5 for the sample size of both groups by risk level

community program. Moderate risk youth performed similarly whether at Harbor or in a community treatment.

Figure 6 adds internal and external treatment referral data from the historic sample. Again, youth referred for the SOC community interventions showed superior outcomes for diversion and low risk youth. The SOG Harbor Group showed improved outcome, but only for high risk. High risk youth referred to community interventions performed most poorly. The Harbor group (SOG) also out-performed the historic in-house group (SOA), particularly for moderate and high risk youth. These results support the need to use an evidence-based intervention based on the appropriate level of risk.

Figure 6: One Year Recidivism Rates by Sample and Treatment Type*
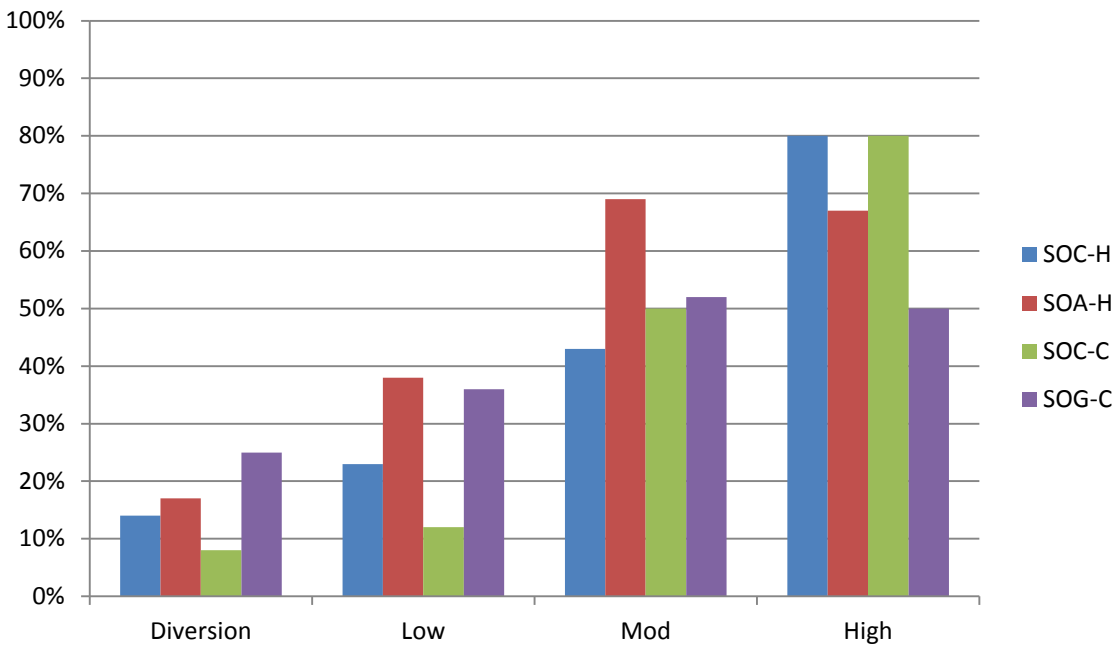
*See Table 5 for the sample size of each group by risk level

CONCLUSION

The sexual recidivism rate for juveniles undergoing specialized sex offender treatment programs ranges from 7 to 13 percent over follow-up periods of two to five years (Becker, 1990). Studies, however, suggest the rate of general recidivism falls closer to 25 to 50 percent (Becker, 1990, Schram, Milloy, and Rowe, 1991, Kahn and Chambers, 1991). A clear limitation of the current study was lack of a risk-controlled comparison sample[20]. Given this, national trends must be used to help measure intervention effectiveness. Rates for sexual recidivism fell well below national trends (just 1.4% in the contemporary sample), while rates for general reoffending were comparable

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[20] Lucas County intends to conduct a follow up study using a risk-controlled comparison sample to measure outcomes.

(although on the high end of the range)[21]. A study conducted by Hunter and Figueredo (1999) found that as many as 50 percent of youth engaged in a community-based treatment program were unsuccessfully terminated during their first year, and that those who failed the program had higher levels of sexual maladjustment and sexual recidivism. The current study found that Lucas County was not only able to keep youth in the community for programming (94% in the contemporary sample), but successfully complete the majority of these youth (83.5%). This finding underscores Lucas County's commitment to serving youth in the community, along with their success at effectively managing this population while maintaining community safety.

In addition to the lack of a non-Lucas County comparison sample, history effects should also be taken into account when examining this study. Rates of violent crime and general crime have been steadily decreasing (both nationally and in Ohio—National Center for Victims of Crime, 2010; Ohio RECLAIM study, 2013). Given the study is a cross-sectional, pre-post design, history effects must be considered. Results demonstrate a decrease in the overall rate of recidivism between the historic sample and contemporary sample (42.4% versus 33.8%). However, the overall trend in decreased rates of crime since the 1990s should be considered when interpreting this finding.

Another key confounder in the examination of outcomes was the role of risk. While initial examination of the data suggested that the Harbor Group yielded among the highest recidivism rates, further examination of outcomes by risk showed that diversion and low level youth had better performance with external community referrals whereas high and risk youth fared better with the more intensive Harbor Group over an external community referral. Moderate risk youth performed similarly in both samples. This finding emphasizes the need to consider risk when making referral decisions, even for specialized populations, such as sex offenders. Lucas County currently places youth with a range risk levels in the Harbor Group. The average length of treatment is over 20

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[21] Note that this study's measure of recidivism was re-arrest, which captures more recidivism than re-adjudication or incarceration rates.

months (compared to 12 months for the external community sample). With the OYAS along with now validated cut-off scores for the JSOAP II to help make referral decisions, Lucas County should consider excluding all low risk youth from the Harbor Groups and varying the intensity of treatment by risk level so that both the length of treatment and intensity of the intervention (overall dosage) is less for moderate risk youth and more for high risk. It is important to note that youth in the Harbor Program have increased supervision, including involvement in specialty court, over youth in external community treatment. Hence, the increased surveillance and increased court involvement may have contributed to the higher probability of arrest.

An additional important finding in this study was the low rate of out of community placements. In the historic sample, nearly 14 percent of youth were placed outside of the county; in the contemporary sample this dropped to just over 6 percent. This not only supports the mission of the Court to serve youth close to home, but also produces substantial cost-savings for the county. In addition to saving placement dollars, the contemporary community-based model (intensive Harbor program) was achieved with no additional program cost[22].

Another notable finding is the type of re-arrest occurring. There were a very limited number of re-arrests for sexual offenses. In fact, over half of re-arrests were for offenses that fell into the "other" category, which primarily included minor level offenses such as safe school ordinance. In the contemporary sample, 70 percent of the youth that were re-arrested held misdemeanor or status level charges at filing. This finding suggests that despite the rates of re-offense for general delinquency being on the high end of national averages, the types of rearrests are for less serious crimes. The lack of sexual recidivism but moderate rate of general criminality in the study also highlights the importance of focusing on a range of youth needs in treatment, rather than excessive focus on sexual deviancy and sexual specific behaviors.

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[22] Although the outcomes of youth placed in treatment facilities were better than some of the community-level interventions, low base rates are unstable and should be read with caution.

With the exception of the low risk group, the Harbor Group showed improved outcomes over the historic in-house psycho-education model. Thus, when the appropriate group is targeted, an improved model that better subscribes to evidence-based cognitive behavioral approaches demonstrates improved outcomes. Higher rates of general criminality in this group, however, does suggest that more focus be given to general criminogenic needs and that a range of skill-building approaches be incorporated to assist youth in navigating their environment more effectively.

Although 401 cases may not appear to be an impressive sample size, for a primary study on juvenile sex offenders, this sample size bears merit. Another limitation of this study is lack of generalizability since all cases were derived from Lucas County. Future studies conducted by Lucas County should continue to build on the sample size and follow up timeframe, and a risk-controlled comparison sample outside of Lucas County should be identified and used to measure intervention effectiveness. This study was effective in demonstrating changes to the population over a 12 year period, as well as differences in how the court makes decisions about the management of juvenile sex offenders. Results of this study demonstrate that a difficult to manage population (i.e. juvenile sex offenders) can be safely maintained in the community with the appropriate amount and type of supervision, treatment and support.

REFERENCES

Aos, S., Miller, M., & Drake, E. (2006). Evidence-based adult corrections programs: What works and what does not? Olympia, Washington State Institute for Public Policy.

Becker, J. (1990). Treating adolescent sex offenders. *Professional Psychology, Research, and Practice, 21,* 362-365.

Center for Sex Offender Management (2001, May). *Recidivism of Sex Offenders.* Retrieved April 2, 2014 from the CSOM website http://www.csom.org/pubs/pubs.html.

Center for Sex Offender Management (2009, May). *Managing Juvenile Sex Offense Cases: Keys to Informed Decision Making.* Retrieved April 9, 2014 from the CSOM website http://www.csom.org/pubs/pubs.html.

Gendreau, P. (1996). "The Principle of Effective Intervention with Offenders." In A.T. Harland (ed.), *Choosing Correctional Options that Work: Defining the Demand and Evaluating the Supply.* Thousand Oaks, CA: Sage Publications.

Hanson, C. and Bussiere, M. (1998). Predicting relapse: A meta-analysis of sexual offender recidivism studies. *Journal of Consulting and Clinical Psychology,* 66(2): 348-362.

Hunter, J.A. & Figueredo, A.J. (1999). Factors associated with treatment compliance in a population of juvenile sexual offenders. *Sexual Abuse: A Journal of Research and Treatment* 11, 49-68.

Lipsey, M. (2009). The Primary Factors that Characterize Effective Interventions with Juvenile Offenders: A Meta-Analytic Overview. *Victims & Offenders*, 4(2): 124-147.

National Center for Victims of Crime (2010) *Crime Information and Statistics: Overview and Crime Trends.* Retrieved April 9, 2014 from NCVC website http://www.ncvc.org/library/crime-information-and-statistics.

Ohio Office of Criminal Justice Services. *Juvenile Arrests in Ohio by Crime Type 2003-2001.* Retrieved April 9, 2014 from OCJS website http://www.ocjs.ohio.gov/crime_stats_reports.stm#tog.

Reitzel, L. and Carbonell, J. (2006). The Effectiveness of Sexual Offender Treatment for Juveniles and measured by Recidivism: A Meta-analysis. *Sexual Abuse: a Journal of Research and Treatment,* 18: 401-421.

Schram, D., Milloy, C., and Rowe, W. (1991). *Juvenile Sex Offenders: A Follow Up Study of Re-offense Behavior.* Olympia, WA: Washington State Institute for Public Policy, Urban Policy Research and Cambie Group International.

University of Cincinnati, Center for Criminal Justice Research (2013). Ohio RECLAIM study. Unpublished Report.