

# PRACTICE NOTES

For North Carolina's Child Welfare Workers

From the NC Division of Social Services and the Family and Children's Resource Program

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*Children's Services Practice Notes* is a newsletter for North Carolina's child welfare workers produced four times a year by the North Carolina Division of Social Services and the N.C. Family and Children's Resource Program, part of the Jordan Institute for Families and the School of Social Work at the University of North Carolina at Chapel Hill.

*In summarizing recent research, we try to give you new ideas for refining your practice. However, this publication is not intended to replace child welfare training, regular supervision, or peer consultation—only to enhance them.*

## Let us hear from you!

If you would like to comment about something that appears in this or any other issue of *Children's Services Practice Notes*, please do so! Address your comments to:

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## WORKING WITH JUVENILE SEX OFFENDERS

If you work in any area of child welfare you *will* work with children or adolescents who have problems with sexual behavior or sexual aggression. Why? Because sexual abuse is a significant risk factor for these behaviors, and in child welfare we all work with children who have been sexually abused.

If you have not yet worked with children or teens who sexually offend, you probably have questions about how to

recognize and treat them and what we can do to keep other children safe.

By providing answers to these and other questions, this issue of *Practice Notes* seeks to support you in your efforts to help these children and their families while ensuring the safety of the community. ♦



**What should I do differently when working with juvenile sex offenders?**

## UNDERSTANDING JUVENILE SEX OFFENDERS

As a child welfare professional, you know that some children and teens sexually abuse others. Some of these children live in homes you investigate for abuse and neglect. Others are in the custody of your agencies, and you are working either to reunite them with their families or to place them in adoptive or other permanent homes.

To ensure the well being and the safety of these children and teens, as well as the safety and well being of those around them, you must know some basic facts about juvenile sex offenders. The following will give you a basic understanding of this troubled population.

### SCOPE OF THE PROBLEM

Research shows that sexual abuse of children is a widespread phenomenon. It is estimated that there are somewhere between 250,000 and 300,000 cases of child sexual abuse each year in the U.S. The estimated number of sex abuse survivors in the U.S. is over 60 million

(NRCCSA, 1994). Although numbers of this magnitude shock us, they are familiar to most working in child welfare.

The significant contribution of juveniles to these overall numbers is less well known. It is estimated that in the United States juveniles account for up to one fifth of all rapes and up to one half of all cases of child molestation committed each year (CSOM, 1999).

### JUVENILE SEXUAL OFFENSES

Although children and youth do engage in sexually aggressive and abusive behaviors, from a North Carolina *cont. p. 2*

### ABOUT THE TERM "SEX OFFENDER"

Some people hear the term "juvenile sex offender" and think of a youth who has been charged and convicted of a sexual offense. However, in this issue we use the term "juvenile sex offender" to refer not only to these children but to any child who has problems with sexual behavior or sexual aggression, regardless of his or her involvement with the law.

## UNDERSTANDING JUVENILE SEX OFFENDERS

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legal standpoint these offenses are not sexual abuse, even if they are committed against another child. Technically speaking, in North Carolina sexual abuse of children can only be committed by caretaking adults (parents, foster parents, etc.) [see N.C. G.S. 7B-101(d)]. When children do sexually offend, North Carolina law considers their offenses to be sex crimes no different from those committed by adults [see N.C. G.S. 7A].

Legal definitions aside, experts in the field agree that sexually abusive behavior—juvenile or otherwise—is contact that is sexual in nature and that occurs without consent, without equality, and as a result of coercion, manipulation, game-playing, or deception (Shaw, 1999; Longo, 2002).

Sex offenses can include behaviors sometimes treated lightly, such as repeated obscene phone calls, exposure, *frotteurism* (rubbing against another against his or her will), and other forms of harassment. However, most adolescent offenses appear to be more serious, and adolescents are actually *more likely* to attempt intercourse and other forms of genital/genital or genital/anal contact than are adult offenders (Fehrenbach et al.; Allard-Dansereau et al., 1997).

The age of a perpetrator should not fool workers into ignoring unusual or aggressive sexual behavior. Nor should less severe behaviors be dismissed. Exposure (flashing), touching over the clothes, obscene, pseudo-mature language, possession of pornography, and “boys-will-be-boys” type coercion can all be signs of an abuser or potential abuser (Fehrenbach et al.; Johnson, 1988; Allard-Dansereau).

### CAUSES AND PATTERNS

There are a host of theories that have

been proposed to explain why some children and teens sexually abuse others. Although there is no clear and simple formula for how this happens—sexual offending behaviors are extremely complex—the theory most widely accepted today is known as the “learning theory,” which holds that sexually abusive behavior in children is linked to many factors, including exposure to sexuality and/or violence, early childhood experiences (e.g., sexual victimization), exposure to child pornography and advertising, substance abuse, heightened arousal to children, and exposure to aggressive role models/family violence (Ryan & Lane, 1997).

Early theories about children who sexually abuse others proposed that these individuals move through a predictable progression. In this cycle, an event causes a negative emotional response in the youth. The youth attempts to gain control of this response but fails. He then feels anger and rage, which in turn lead to thoughts of retaliation and fantasies of overpowering another, which lead to an assault (Grayson, 1991).

**Many juvenile sex offenders have themselves been victims of sexual abuse.**



More recently this cycle has been criticized as too rigid—interviews with offenders reveal that life problems (at school, in the family) and any number of thoughts or feelings can trigger an offending behavior (Longo, 2002).

Regardless of how they arise, over time offenses may escalate from “hands off” behaviors to assaults involving penetration, etc. (Grayson).

### TRAITS OF OFFENDERS

A significant amount of research has been conducted on juvenile sex offenders. Although these efforts have revealed much solid information about this population, each of these children is unique. Perhaps the only statement that is reliably true for all juvenile sex offenders is that the traits and progression of behavior can vary tremendously from one individual to another.

That said, we do know that nine of ten juvenile sex offenders are male

## UNDERSTANDING YOUR REACTION IS CRUCIAL

Because sex offenders have committed despicable acts, we may find it hard to like them and to advocate for their best interest. On the other hand, sex offenders are notoriously good at manipulating and even charming others—that’s how they often get victims to submit to abuse (Fehrenbach et al., 1986; Johnson, 1988; Berliner, 1995)—and they may be able to arouse strong feelings of sympathy and affection. Offenders often give gifts, ask for favors, share money or toys or secrets, or otherwise manipulate other people to gain their trust before abusing them. This is called “grooming,” and as child welfare workers we must not encourage or accept such behavior. This may be difficult, as grooming often resembles, and can be confused with, sincere attempts at pro-social behavior. It is best to err on the side of caution and clear boundaries (Epps, 1994; Digiorigo-Miller, 1998).

Our feelings for juvenile sex offenders may be intense, unstable, disturbing, unpredictable, and contradictory. Good supervision is essential in dealing with countertransference, and training courses such as the N.C. Division of Social Services’ *Introduction to Child Sexual Abuse* (Flick, 2001) are an excellent way to prepare child welfare professionals for work with sex offenders.

(Fehrenbach et al.; Johnson, 1988; Berliner, 1995), and that juvenile sex offenders often commit their first sexual offense before age 15 and even before age 12. We also know that juvenile sex offenders are found in every socioeconomic class and every racial, ethnic, religious, and cultural group.

Children who sexually abuse are **far more likely** than the general population to have been physically, sexually, or otherwise abused. Studies indicate that between 40% and 80% of sexually abusive youth have themselves been sexually abused, and that 20% to 50% have been physically abused (CSOM, 1999).

Some professionals believe a history of victimization is virtually universal among juvenile sex offenders. Experienced therapist Robert Longo writes, "As I think back to the thousands of sex offenders I have interviewed and the hundreds I have treated, I cannot think of many cases in which a patient didn't have some history of abuse, neglect, family dysfunction, or some form of maltreatment within his or her history" (Longo, 2001).

According to the Center for Sex Offender Management (1999) the following are other common traits among juvenile sex offenders.

- Difficulties with impulse control and judgement
- High rates of learning disabilities and academic dysfunction (30% to 60%)
- Mental illness: up to 80% have a diagnosable psychiatric disorder

A minority of sexually abusive youth also have deviant sexual arousal and interest patterns. "These arousal and interest patterns are recurrent and intense, and relate directly to the nature of the sexual behavior problem (e.g., sexual arousal to young children)" (CSOM, 1999).

## TWO TYPES OF OFFENDERS

Clinical observation and empirical research indicate that, as is the case for adult sexual offenders, juvenile sexual offenders fall into two groups: those who sexually abuse children and those who victimize peers and adults. These two groups, as reflected in the chart on the following page, have clear differences not only in the victims they select, but in their offense patterns, social and criminal histories, behavior patterns, and in the treatment they require.

## TREATMENT

Since it was first identified as a serious *cont. p. 4*

# SEX OFFENDING BEHAVIORS IN JUVENILES: WHAT TO LOOK FOR

*"Private parts" in the items below is taken to mean the genitals and genital areas, the area around the anus and buttocks, and the breasts of a female. It also should be noted that many (but not all) of the behaviors below would be considered sex offenses if they were engaged in by an adult.*

## SEXUAL ABUSE

These behaviors qualify as sexual abuse:

- Touching another's private parts against that person's will, either with hands, objects, or one's own genitals—either with or without clothing on either person
- Rape
- Touching the private parts of a person significantly younger (e.g., a 13-year-old girl touching the genitals of an 8-year-old boy). When children close to the same age participate in *voluntary* sexual activity, this is *not* considered a sexual offense unless one of the children is unable to give or refuse consent (such as having a severe disability, being asleep, etc.).
- Exposing self to another person without consent, or to a much younger child
- Forcing another person to watch one masturbate
- Repeated acts of voyeurism
- Forcing another person to look at pornography, or showing pornography to a much younger child
- Taking pornographic pictures of a child

## MAY OR MAY NOT BE SEXUAL ABUSE

These behaviors may or may not be considered sexual abuse—opinions vary—but they are serious and unusual enough to warrant attention:

- Speaking to a younger child in an obscene fashion (sexualized language)
- Public masturbation
- Injuring the genitals of another person by kicking or hitting with an object
- Kissing someone without consent, or kissing a much younger child
- Other quasi-sexual touching of non-private areas
- Cybersex or downloading pornography, especially "kiddie porn"

## WARRANTING ATTENTION

These behaviors are not sexual abuse, but deserve attention:

- Possession of large quantities of pornography, or use of pornography at an age before puberty
- Early consensual sexual activity
- Bragging about sex
- Calling "900" (sex talk) numbers
- Threats and intimidation of younger children
- Close, friendly relationships with much younger children and a lack of friendships with peers
- Frequent deceitfulness and lying
- Physical abuse of others
- Knowledge of sexuality unexpected for one's age

(Sources: Fehrenbach et al., 1986; Johnson, 1988; Berliner, 1995)

# UNDERSTANDING JUVENILE SEX OFFENDERS

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problem, there have been tremendous advances in the treatments available for children and teens who sexually offend. In 1983 there were only 20 programs in North America for juvenile sex offenders; today there are well over 1,000 worldwide (Ryan, 2000).

“The majority of juvenile sexual offender treatment programs have generally adhered to a traditional adult sex offender model. Standard interventions include the teaching of relapse prevention and the sexual abuse cycle, empathy training, anger management, social and interpersonal skills training, cognitive restructuring, assertiveness training, journaling, and sex education” (Hunter & Longo, In press).

Although treatment is widely acknowledged as helpful to juvenile sex offenders and as an important component in

the prevention of future sexual offenses, additional studies of the effectiveness of different methods are required.

Treatment can be a difficult hurdle for juvenile sex offenders. In one study, as many as 50% of youths entering a community-based treatment program were expelled during the first year of participation, most often for failure to comply with attendance requirements or therapeutic directives (Hunter, 2000). As the next section explains, this failure to complete treatment can increase a youth’s chances re-offending.

## RECIDIVISM

A common belief about juvenile sexual offenders is that even after treatment, most will offend again. Hunter (2000), citing the research literature, finds “no compelling evidence to suggest that the majority of juvenile sex offenders are

likely to become adult sex offenders. . . juveniles who engage in sexual aggression frequently cease such behavior by the time they reach adulthood” (p. 1).

Juveniles who participate in treatment programs have sexual recidivism rates that range between 7% and 13% over follow-up periods of two to five years. Research indicates that recidivism for nonsexual offenses is much higher among juveniles (25–50%) (Hunter, 2000).

Youths participating in treatment have lower recidivism rates than either adult sex offenders or untreated juvenile sex offenders. In an analysis of eight separate studies, Alexander (1999) found that while adults had re-offend rates that averaged 13%, juveniles who participated in offense-specific treatment had a recidivism rate that averaged 7.1% in a 3–5 year follow-up. Worling (2001), in a large-scale study that examined data from across Canada, found that only 5% of youths who underwent treatment were charged with another sexual offense within six years, compared to 18% of the youths who did not participate in treatment (Ryan, 2000).

## PRACTICE IMPLICATIONS

- Take juvenile offenses seriously.
- Respect confidentiality, but make safety a priority.
- Get good supervision.
- Maintain clear, consistent boundaries with offenders. Be a role model by asking before you touch others. Be wary of “grooming” behaviors.
- Attend training and learn all you can about juvenile sex offense.
- Consider the safety of all involved before placing an offender with a family or group home. ♦

References for this and other articles in this issue can be found on page 7.

TWO SUBGROUPS OF JUVENILE SEX OFFENDERS		
Traits	Offend Against Peers or Adults	Offend Against Children
<b>Victims</b>	<ul style="list-style-type: none"> <li>• Predominantly assault females.</li> <li>• Assault mostly strangers or acquaintances.</li> </ul>	<ul style="list-style-type: none"> <li>• Females victimized at slightly higher rates.</li> <li>• Nearly half assault at least one male.</li> <li>• Up to 40% of victims are either siblings or relatives.</li> </ul>
<b>Offense Patterns</b>	<ul style="list-style-type: none"> <li>• More likely to commit offenses in conjunction with other criminal activity.</li> <li>• More likely to commit offenses in public areas.</li> </ul>	<ul style="list-style-type: none"> <li>• Reliance on opportunity and guile, particularly when victim is a relative.</li> <li>• Trick child by using bribes or threatening loss of relationship.</li> </ul>
<b>Social and Criminal History</b>	<ul style="list-style-type: none"> <li>• More likely to have histories of nonsexual criminal offenses.</li> <li>• Generally delinquent and conduct-disordered.</li> </ul>	<ul style="list-style-type: none"> <li>• Deficits in self-esteem and social competency are common.</li> <li>• Often lack skills and attributes necessary for forming and maintaining healthy interpersonal relationships.</li> </ul>
<b>Behavior Patterns</b>	<ul style="list-style-type: none"> <li>• Display higher levels of aggression and violence.</li> <li>• More likely to use weapons and cause injuries to their victims.</li> </ul>	<ul style="list-style-type: none"> <li>• Often display signs of depression.</li> <li>• Youths with severe personality and/or psychosexual disturbance may display high levels of aggression or violence.</li> </ul>

Center for Sex Offender Management. (1999). *Understanding juvenile sexual offending behavior*. Silver Spring, MD: Author. Online at <<http://www.csom.org/>>. Reprinted with permission.

## WORKING WITH JUVENILE SEX OFFENDERS: SPECIAL PRACTICE ISSUES

Working with a foster child who has committed a sexual offense raises many practice issues. Areas worthy of special consideration include your interactions with the child and the child's family, the safety of the child and everyone around the child, issues related to placement, and concerns related to confidentiality. Although it cannot provide definitive answers, this article provides some direction on these issues.

### INTERACTING WITH CHILD & FAMILY

Child welfare workers are not usually qualified, nor do we have the time, to provide clinical treatment to juvenile sex offenders. In most cases, our role is to find appropriate placements and services for these children. However, we can take steps to make our relationship with juvenile offenders a positive experience for all concerned. To do this, we must model appropriate behavior. A good example of this would be to always ask before touching other people—even before shaking hands or patting someone on the back. Sex offenders respond best to us when we are emotionally even and stable, when we set clear boundaries, and when we are open and honest with them about their behavior, treatment, and other matters concerning their circumstance (Digiorgio-Miller, 1998).

Workers should not be open, however, about personal information. It is unwise and potentially dangerous to tell a sex offender where you live, your phone number, the names of your loved ones, or any other personal information. Again, boundaries are of utmost importance.

### SAFETY AND PLACEMENT

Like all children in the child welfare system, sexually aggressive foster children and teens need a home that will be safe for them. But unlike many of the kids in our care, special precautions must be taken to assure that offenders do not have the opportunity to molest other children.

Child welfare workers, then, have a responsibility not just to the offender in need of placement, but also a responsibility to ensure *the safety of other children* in the adolescent offender's family (foster or biological), school, or residential placement. Adolescent offenders, like adults, are most likely to abuse relatives, friends, and acquaintances. Victims can be younger children, peers, and less commonly, adults (Fehrenbach et al., 1986; Johnson, 1988; Allard-Dansereau & Haley, 1997). These facts must be considered when placing children in foster or group homes.

Juvenile perpetrators, especially those who have not



**These children should never be placed with children who have been sexually abused.**

received treatment for their offenses, generally should not be placed with other children. They should never be placed in the same home as children who have been sexually abused. Ideally, these children will be in specialized group homes or with foster parents who have had special training in working with children who sexually abuse.

Juvenile perpetrators need a highly structured, stable environment, with caregivers who will set clear boundaries and foster open communication to help them avoid offending again (Epps, 1994; Pithers et al., 1998; Smith & Israel, 1987). Treatment models that emphasize clear boundaries, explicit planning for safety, behavior monitoring, and

*cont. p. 6*

## BOUNDARIES AND RULES TO CONSIDER FOR JUVENILE SEX OFFENDERS

The following (Flick, 2001) may prove helpful when working with birth, foster, and adoptive families of juvenile sex offenders.

### What are the rules about access and opportunity?

The offender has no unsupervised access to any child. The offender agrees to avoid usual play places with younger children until all parties agree that "chance" contact is allowed.

### What are the sleeping arrangements?

- The offender should have his or her own room.
- The offender should not have company in his or her room without supervision by a non-offending adult.

### What are the bathroom arrangements?

- The bathroom door will be closed when occupied, and the offender not invited in.
- When any child in the family is bathing, he or she is alone, if old enough, or under the supervision of a non-offending adult at all times.
- Younger children and the juvenile offender will be taught to be completely dressed before leaving the bathroom.

### What is appropriate touch by children or adults?

- All family members will model examples of acceptable touch.
- Hugs will be asked for, and the opportunity to accept or reject will be given.
- Grabbing or touching the private parts of adults or children is not accepted.
- Wrestling, tickling, back rubs, and sitting on laps are all activities that must be monitored by a non-offending adult, who will discontinue the activity if fear or anxiety are shown.
- Special school supervision should be considered if there is risk to children there, from the offender or anyone else.

## SPECIAL PRACTICE ISSUES *continued from page 5*

emotional stability are essential to help juvenile sex offenders learn to live without abusing others (Epps; Digiorio-Miller). Therefore, a placement for a juvenile sex offender, whether with the family of origin, in foster care, an adoptive family, or some other setting, must be assessed for these qualities. Chaotic placements, or those with minimal supervision, are not appropriate. Plans to ensure safety must be created, and this should be accomplished with the help of a clinician trained to work with **juvenile** sex offenders. Ideally this person will be familiar with the child at hand, but even if this is not the case, a therapist trained to work with this population can provide a great deal of help.

### CONFIDENTIALITY

Child welfare workers must consult with other professionals when deciding on a placement for juvenile sex offenders. Ideally, clinicians with experience treating young sex offenders will be involved in identifying and making placement decisions for such children. At this point, confidentiality becomes an issue, so child welfare workers should be familiar with North Carolina's relevant laws on this topic [G.S. 7B-302 (e)]. All North Carolina general statutes can be found at [http://www.ncga.state.nc.us/statutes/statutes\\_in\\_html/chp007b.html](http://www.ncga.state.nc.us/statutes/statutes_in_html/chp007b.html). Having a copy of N.C.G.S. Chapter 7B in your office is a good idea.

Potential foster and adoptive parents must be informed about the past behaviors of juvenile offenders, even if the offender has received treatment. Juvenile sex offenders should be told from the start that disclosing past abuse is essential if they are to gain the trust of others, such as caregivers and therapists. But they must also understand

**Confidentiality is never an absolute, but it is critical to use caution with this population.**

that disclosures will, at times, have to be shared with other professionals. Foster parents, guardians ad litem, judges, law enforcement, court counselors, probation officers, and others entitled to confidential information should be made aware of sexually offensive behavior once qualified professionals determine it has occurred.

Confidentiality in social work is never an absolute, but it is especially important to use caution with this population. It may be tempting to talk about the disturbing behaviors of these children, but this should only be done when it is absolutely necessary, such as by court order, in discussion with a supervisor, or when seeking potential foster or adoptive caregivers. To protect a child's confidentiality, potential caregivers should be given only as much information as they need to decide whether they are willing and able to care for a sex offender. Once foster parents agree to care for a child, however, share as much information with them as you can, omitting only identifying details.

Confidentiality is never an easy issue. Be honest with children, and tell them the limits of confidentiality up front.

### REPORTING REQUIREMENTS

In North Carolina juvenile sex offenses may be a matter for law enforcement. Law enforcement agencies are responsible for all criminal cases involving offenders in non-caretaking roles. Thus, if you become aware that one child has physically harmed another, you are obligated by law to inform law enforcement [N.C.G.S. 7B-307(a)].

Although technically DSS must be notified and investigate only when the offender is in a caretaking role with the child (Mason, 1996), it can and often does become involved with juvenile sex offenses. This usually occurs in cases where the caretaker knew of the juvenile sex offender's past yet failed to protect younger children in the home from the offender. If you become aware of a situation such as this you are obligated to report it to DSS as child neglect.

It is also possible that a juvenile sex offender may disclose to you that he or she has been the victim of sexual abuse or that they know of other children at risk of sexual abuse—for example, an offender's siblings who are still at home with a sexually abusive parent. In this situation you are required to make a report to DSS.

### NORTH CAROLINA ASSESSMENT RESOURCES

If you discover you are working with a juvenile sex offender

*cont. p. 7*

### SEX BETWEEN SIBLINGS

Children who have been molested often re-enact their abuse with other children. Therefore, when a child has committed sexual offenses against a sibling, it is important to assess whether the offending child has been sexually abused by an adult.

In cases of sexual activity between siblings, it is important to determine whether the behavior was normal childhood sex play or whether the older or stronger child was coercing, overpowering, intimidating, tricking, or manipulating a younger or smaller child. Normal "sex play" occurs between young children of the same developmental level and power. (*For more on normal sexual play in children, visit <http://www.sowo.unc.edu/fcrp/Cspn/cspn.htm>.*)

Much incestuous behavior between siblings is actually sexually abusive: the older child has more strength, more authority, and more experience (Gray & Pithers; Engel, 1994)

who is also a victim of sexual abuse, as an initial step you may wish to have a child medical exam and/or child mental health evaluation conducted for that child (CMEP/CMHEP). Bear in mind, however, that CMEP/CMHEP services can be accessed only as part of an active investigation.

There are two primary purposes for CMEP/CMHEP examinations. The first is for medical diagnosis and treatment of any physical injury, possible sexually transmitted diseases, or pregnancy. The second is to provide psychological/mental health information to help the department make a case decision. The medical or mental health evaluator helps provide information to DSS, serves as part of the multidisciplinary investigative team, and can be called on as an expert witness for court testimony. CMEP/CMHEP services are for assessment only, and are not to be requested for treatment of children or their families.

These services are available to all North Carolina counties through a network of local physicians and mental health examiners. A list of CME and CMHE providers throughout the state is available at the CMEP/CMHEP office (t: 919/419-7874). For more about these programs, refer to the *N.C. Department of Justice Child Sexual Abuse Guidelines*, chapters one and four (available online at <<http://www.jus.state.nc.us/crsmain/csag/toc.htm>>.

### TREATMENT REFERRALS IN NORTH CAROLINA

Juvenile sex offenders need treatment to prevent future offenses. Today in North Carolina there are at least 10 programs specializing in the treatment of juvenile sex offenders. For information on the program nearest you and to learn how to make a referral, contact the Safer Society Foundation's Sex Offender Treatment Referral Service. A nonprofit agency based in Brandon, Vermont, The Safer Society Foundation provides this service via telephone or fax at no cost, Monday through Friday from 9 A.M.–4:30 P.M. EST. To obtain a referral fax form, call 802/247-3132 or access the form via their web site <<http://www.saferociety.org/sofrmlst.html>>. For a telephone referral, call 802/247-5141 during business hours. Ask for Tammy Kennedy, the referral specialist.

### SEX OFFENDER REGISTRATION

In working with juvenile sex offenders it is also helpful to know how they are affected by sex offender registration laws. In North Carolina, state law (N.C.G.S. 14-208.5) requires any person who is a resident of North Carolina and who has a reportable sex offense conviction to *cont. p. 8*

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maintain registration with the sheriff of the county where the person resides. This information on offenders (name, address, photograph) is then collected by the state and made available to the public. North Carolina's registry can be found online <<http://sbi.jus.state.nc.us/DOJHAHT/SOR/Default.htm>>, or by submitting a written request to the appropriate county sheriff for a county-wide registry.

North Carolina law considers a juvenile who has been tried and convicted as an adult for committing or attempting to commit a sexually violent offense against a minor to be an adult. Like all other adults in this category, these juveniles must register with the local sheriff's department and their information is made public through the sex offender registry.

North Carolina juvenile sex offenders who have not been tried as adults

may or may not have their names placed on the state's sex offender registry. If a youth has been adjudicated delinquent for a sex offense, the court must consider whether the juvenile is a danger to the community. If the presiding judge finds the juvenile *is* a danger to the community, the court may order the youth to register with the local sheriff. In these cases, the chief court counselor is responsible for registering the juvenile with the appropriate authorities.

Though popular with the general public, some question the wisdom and efficacy of sex offender registration laws. One critic notes that aside from one study, which found that Washington State's public notification law had *not* reduced the number of sex crimes against children, there has been no evaluation of the effectiveness of these laws (Longo, 2000). Registra-

tion and public notification laws may also be changing the way juvenile sexual offenses are handled. In order to avoid the impact that public notification would have on families and to prevent youthful offenders from being branded as sexual offenders for the rest of their lives, many family members and victims are choosing not to press charges, or charges are plea-bargained down to nonsexual offenses. As a result, these "diverted" juvenile sex offenders are not getting the treatment they need, putting them—and society—at higher risk for additional sexual offenses. ♦

*References for this and other articles in this issue can be found on page 7.*

### WANT TO LEARN MORE?

Consult the online version of this issue of *Practice Notes*. There you will find more information and links to resources on working with juvenile sex offenders. See <<http://www.sow.unc.edu/fcrp/Cspn/cspn.htm>>

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