DEFINITIONS

ACCOUNTABILITY
Quality of being responsible for one’s conduct: being responsible for causes, motives, actions and outcomes.

ADJUDICATION
“Adjudication” means a determination by the court that is has been proven beyond a reasonable doubt that the juvenile has committed a delinquent act or that a juvenile has pled guilty to committing a delinquent act.

AMENABILITY TO TREATMENT
The level of ability and willingness, even if minimal, to participate in treatment to address changes in thoughts, feelings and behaviors.

ASSESSMENT
A process and on-going process of evaluation which might include the use of Standardized measurement instruments, intended for treatment planning and review purposes.

COERCION
Use of pressure through actions such as bribes, threats or intimidation to gain cooperation or compliance.

COMMITMENT
A legal process by which a juvenile is placed in the custody of the State Department of Human Services, Division of Youth Corrections.

COMMUNITY CENTERED BOARD (CCB)
A private non-profit corporation that provides case management services to an individual with a developmental/intellectual disability. The CCB determines eligibility of such persons within a specified geographical area, serves as the single point of entry for persons to receive services, determines the needs of eligible persons, prepares and implements long-range plans, and annual updates to these plans. Other responsibilities include: establishing a referral and placement committee, obtaining or providing early intervention services, notifying eligible persons and their families regarding the availability of services and supports, and creating a human rights committee (refer to section 27-10.5-105, C.R.S.)

COMMUNITY SUPERVISION
When a juvenile is residing in any unlocked location (home, foster placement, RTC placement, etc.) he/she is considered to be under community supervision. The multidisciplinary team, when in place, supervises the juvenile and often, there is a probation or parole officer assigned to the case. When the multidisciplinary team has not been developed yet, the custodial agency and/or Department of Human Services caseworker is generally the supervising agent.

COMPLETE CASE RECORD
A working file which includes the PSI, initial evaluations, all ongoing assessments, all case plans, all interventions and sanctions and contact information of all professionals, parents/guardians and others identified as significant in a juvenile’s case.
CONSENT FOR SEXUAL ACTIVITY
Agreement between individuals that includes all of the following: 1) emotional and intellectual equality; 2) honesty; 3) understanding what is proposed, based on functioning and experience; 4) permission to disagree or refuse without penalty or harm; 5) understanding what is going to happen, including potential consequences and alternatives.

CONSENSUS
An opinion or position reached by a group as a whole. A consensus decision does not require an agreed upon position but rather a decision all members of the group can accept and implement.

CONTACT
Any verbal, physical or electronic communication that may be indirect or direct, between a juvenile who has committed a sexual offense and a victim or potential victim.

  **Purposeful**: a planned experience with an identified potential outcome

  **Incidental**: unplanned or accidental; by chance

CONTINUUM OF CARE AND SERVICES
The various levels and locations of care based on the juvenile’s individual needs and level of risk; include treatment intensity and approach, and restrictiveness of setting. For the purpose of these Standards, the continuum is not uni-directional.

COURT APPOINTED SPECIAL ADVOCATE (CASA)
CASA workers advocate for the best interest of abused and neglected children in juvenile courts through the service of specially selected and trained community volunteers from diverse cultural and ethnic backgrounds. CASA volunteers are everyday citizens appointed by judges to be a trained advocate who works directly with all the parties to make sure the best interests of the child are always front-and-center.

DEPENDENCY AND NEGLECT COURT CASE
A civil court finding that a juvenile is in need of care and/or protection beyond that which the parent is, or has been, able or willing to provide. Dependency and neglect cases are often referred to as “D&N” cases and result of the transfer of custody from the family to the County Department of Human Services. Such cases may result in court ordered treatment for parents, children and families, without any family member having been charged, convicted or adjudicated for a crime. Court orders may include directives for the juvenile to participate in sex offense specific treatment, or directives regarding familial participation in the juvenile’s treatment. At times these orders are put in place to ensure services that could include placement for juveniles.

DEVELOPMENTAL/INTELLECTUAL DISABILITY (DD/ID)
A condition manifested before age 22 which constitutes a substantial disability to the affected individual and is attributable to an impairment in general intellectual functioning or related conditions which include cerebral palsy, epilepsy, autism or other neurological conditions when such conditions result in impairment of general intellectual functioning or adaptive behavior similar to that of a person diagnosed with intellectual disability.

*Impairment of general intellectual functioning* means that the person has been determined to have an intellectual quotient equivalent which is two or more standard deviations below the mean (70 or less assuming a scale with a mean of 100 and a standard deviation of 15) as measured by
an instrument which is standardized, appropriate to the nature of the person’s disability, and administered by a qualified professional.

AND/OR

**Adaptive behavior** means that the person has overall adaptive behavior which is significantly limited in two or more skill areas (communication, self-care, home living, social skills, community use, self-direction, health and safety, functional academics, leisure, and work), as measured by an instrument which is standardized, appropriate to the person’s living environment and administered and clinically determined by a qualified professional.

“Similar to that of a person with intellectual disability” means that a person’s adaptive behavior limitations are a direct result of or are significantly influenced by impairment of the person’s general intellectual functioning and may not be attributable to only a physical impairment or mental illness.

**DEVIANCEx**
Significant departure from the norms of society; behavior which is not normative, differing from an established standard.

**DYNAMIC RISK FACTORS**
For the purpose of these Standards, dynamic risk factors are considered changeable and must be addressed in sex offense specific treatment. The juvenile is held accountable and responsible for managing dynamic risk factors that are not based in the environment.

**EMPATHY**
The act of noticing, interpreting and responding to the affective cues of oneself and others.

**GROOMING**
Subversive actions perpetrated to gain access and trust of the victim and the victim's support system. Manipulating the victim and victim's support system to lower their guard. Behaviors are victim specific and include such things as: relationship building through shared interests or activities; development of a sense of *specialness* within the victim; shared secrets before sexual victimization.

**GUARDIAN AD LITEM (GAL)**
An attorney appointed by the court to look out for the best interests of the child during the course of legal proceedings.

**GUIDELINE**
Guidelines are recommendations within the standards and are identified by the terms, "should," "may," and in some cases, "it is recommended…”
IMPOSITION OF LEGAL DISABILITY (ILD)
A determination made in a court of law that an individual 18 years or older is required to receive services through a specified service provider. The process, described in Section 27-10.5-110 C.R.S., by which a petition can be filed with the court and the court can impose a legal disability on an individual with a developmental/intellectual disability in order to remove a right or rights from the person. Prior to granting the petition the court must find that the person has a developmental/intellectual disability and that the request is necessary and desirable to implement the person’s supervised individualized plan. If place of abode is involved, the court must also find based on a recent overt act or omission that the person poses a serious threat to themselves or others or is unable to accomplish self-care safely, and that the imposed residence is the appropriate, least restrictive residential setting for the person (refer to Section 27-10.5-110 C.R.S.).

INDIVIDUALIZED EDUCATION PLAN (IEP)
The Individual Education Program Plan (IEP) requires that the student must qualify for special education and is limited to those with special education needs resulting from intellectual and/or emotional disorders/disabilities that result in significant educational delays. The IEP is a written plan/program developed by the school’s special education team with input from the parents and specifies the student’s academic goals and the method to obtain these goals. The plan also identifies transition arrangements.

INFORMED ASSENT
Juveniles give assent, whereas adults give consent. Assent means compliance; a declaration of willingness to do something in compliance with a request; acquiescence; agreement. The use of the term “assent” rather than “consent” in this document recognizes that juveniles who have committed sexual offenses are not voluntary clients and that their choices are therefore more limited.

Informed means that a person’s assent is based on a full disclosure of the facts needed to make the decision intelligently, e.g. knowledge of risks involved, alternatives.

INFORMED CONSENT
Consent means voluntary agreement, or approval to do something in compliance with a request.

Informed means that a person’s consent is based on a full disclosure of the facts needed to make the decision intelligently, e.g. knowledge of risks involved, alternatives.

JUVENILE WHO HAS COMMITTED A SEXUAL OFFENSE
A juvenile who has been adjudicated for one of the following offenses;

A. Sexual Assault;
B. Sexual Assault in the first, second or third degree as it existed prior to July 1, 2000;
C. Unlawful Sexual Contact;
D. Sexual Assault on a child;
E. Sexual Assault on a child by one in a position of trust;
F. Sexual Assault on a client by a psychotherapist;
G. Enticement of a child;
H. Incest;
I. Aggravated Incest;
J. Human Trafficking of a Minor for sexual servitude

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1 The purpose of defining “informed assent” and “informed consent” in this section is primarily to highlight the degree of voluntariness in the decisions which will be made by a juvenile who has committed a sexual offense and his/her parent/guardian. No attempt has been made to include full legal definitions of these terms.
K. Sexual Exploitation of a child;
L. Procurement of a child for sexual exploitation;
M. Indecent Exposure;
N. Soliciting for child prostitution;
O. Pandering of a child;
P. Procurement of a child;
Q. Keeping a place of child prostitution;
R. Pimping of a child;
S. Inducement of child prostitution;
T. Patronizing a prostituted child, or;
U. Class 4 Felony Internet luring of a child;
V. Internet Sexual Exploitation of a child;
W. Public Indecency, If a Second Offense is Committed Within 5 Years of the Previous Offense, or a Third or Subsequent Offense is Committed;
X. Invasion of Privacy for Sexual Gratification
Y. Criminal Attempt, Conspiracy, or Solicitation to commit any of the above offenses.

PARENTS, CAREGIVERS AND OTHER NATURAL SUPPORT SYSTEMS
Parents or other adults who have a custodial responsibility to care for the juvenile. Caregiving is broadly defined as providing the nurturance, guidance, protection and supervision that promotes normal growth and development and supports competent functioning.

POTENTIAL VICTIM
A vulnerable person whom the juvenile objectifies, fantasizes about and makes plans to harm. Animals have been harmed by juveniles who sexually offend and must be considered potential victims.

PROVIDER LIST
A database maintained by the Sex Offender Management Board of professionals approved to provide treatment, evaluation, or polygraph services to juveniles who have committed sexual offenses.

RELAPSE PREVENTION
An element of treatment designed to address behaviors, thoughts, feelings and fantasies that were present in the juvenile’s instant offense, dynamic patterns of abuse and consequently, part of the risk for relapse. Relapse prevention is directly related to community safety. Risk assessment must be used to develop safety plans and determine level of supervision.

RECIDIVISM
Return to offending behavior after some period of abstinence or restraint. A term used in literature and research which may be measured by: re-offenses that are self-reported; convicted offenses; or, by other measures. The definition must be carefully identified especially when comparing recidivism rates as an outcome of specific therapeutic interventions.

SAFETY PLANNING
Purposeful planning of preventive interventions which the juvenile and/or others can use to moderate risk in specific situations.
SEX OFFENSE SPECIFIC EVALUATION
The scope of various assessments and information gathered collaterally constitutes an evaluation. The systematic collection and analysis of the data is used to make treatment and supervision recommendations. Evaluations, as a whole, are not likely to be ongoing since the subsequent assessments can be done on an as-needed basis. Evaluations are required by these Standards prior to sentencing and by section 16-11.7-104, C.R.S.

SEX OFFENSE SPECIFIC TREATMENT
A comprehensive set of planned therapeutic experiences and interventions to reduce the risk of further sexual offending and abusive behavior by the juvenile. Treatment focuses on the situations, thoughts, feelings and behaviors that have preceded and followed past offending (abusive cycles) and promotes changes in each area relevant to the risk of continued abusive, offending and/or sexually deviant behaviors. Due to the heterogeneity of the population of juveniles who commit sexual offenses, treatment is provided on the basis of individualized evaluation and assessment. Treatment is designed to stop sexual offending and abusive behavior, while increasing the juvenile’s ability to function as a healthy, pro-social member of the community. Progress in treatment is measured by the achievement of change rather than the passage of time. Treatment may include adjunct therapies to address the unique needs of individual juveniles, yet always includes offense specific services by listed sex offense specific providers.

SEXUAL ABUSE CYCLE
A theoretical model of understanding the sequence of thoughts, feelings, behaviors and events within which decisions regarding sexual offending and abusive behavior occur.

SEXUAL CONTACT
Rubbing or touching another person’s sexual organs (i.e., breasts/chest area, buttocks, vagina, penis) either bare (under clothing) or over clothing if done for the purpose of evoking sexual arousal or sexual gratification of oneself or the other person or for the purpose of sexual abuse of the other person. Sexual contact may also include causing or allowing another person to touch one’s own sexual organs either over or under the clothing, if done for the purpose of sexual arousal, gratification, or abuse. The term physical sexual contact is used interchangeably and may be used to improve some individuals’ abilities to provide clear and unequivocal answers to polygraph questions.

SEXUAL PARAPHILIAS/SEXUAL DEVIANCE
Sexual paraphilias/sexual deviance means a sub-class of sexual disorders in which the essential features are “recurrent intense sexually arousing fantasies, sexual urges, or behaviors generally involving (1) nonhuman objects, (2) the suffering or humiliation of oneself or one’s partner, or (3) children or other non-consenting persons that occur over a period of at least 6 months… The behavior, sexual urges or fantasies cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.

This class of disorders is also referred to as “sexual deviations”. Examples include pedophilia, exhibitionism, frotteurism, fetishism, voyeurism, sexual sadism, sexual masochism and transvestic fetishism. This classification system includes a category labeled “Paraphilia Not Otherwise Specified” for other paraphilias which are less commonly encountered.

STANDARD
Standards are requirements and are identified by directive wording such as “shall,” “must,” or “will".
**STATIC RISK FACTORS**
For the purposes of these Standards, static risk factors refer to those characteristics that are set, are unchangeable by the juvenile and may be environmental, or based upon other observable or diagnosable factors.

**SUPERVISING OFFICER/AGENT**
A professional in the employ of the probation, parole or state/county department of human services who is the primary supervisor of the juvenile and who maintains the complete case record.

**TERMINATION**
Removal from or stopping sex offense specific treatment due to 1) completion; 2) lack of participation; 3) increased risk; 4) re-offense; or, 5) cessation of mandated sex offense specific treatment without completion (without accomplishing treatment goals).

**ABBREVIATIONS**
- Child Placement Agency (CPA)
- Department of Human Services (DHS) – For the purpose of these Standards, DHS is generally intended as a reference to county departments.
- Division of Youth Corrections (DYC)
- Multidisciplinary Team (MDT)
- Sex Offender Management Board (SOMB), also referred to as “Board”