



### The Assessment of Risk for Sexual Reoffense in Juveniles Who Commit Sexual Offenses

By Phil Rich, Ph.D.

#### **Introduction**

he assessment of sexual recidivism risk for juveniles who commit sexual offenses serves the overall purpose of estimating the risk of future sexual offending so that the most effective steps to reduce, contain, or eliminate that risk can be taken. Hence, risk assessment essentially serves as an investigative tool that helps inform and guide various intervention, treatment, and legal processes. Risk assessment can be administered during the intake screening process, prior to or during adjudication, or post-adjudication. The point in the process at which an assessment is administered, as well as the purpose of the evaluation, may have significant impact on the risk evaluation. Within the context of treatment, risk assessment is typically used to set a baseline assignment of risk and then periodically re-evaluate risk during the course of treatment. In addition, the risk assessment process can be used to determine the type and intensity of treatment needed and to help define targets for treatment and case management. The process of risk assessment for juveniles who sexually offend is complicated by the relatively low base rates<sup>1</sup> of sexual recidivism found among juveniles. Juvenile risk assessment is complicated even further by the ongoing development and maturation of youth. Accordingly, risk assessment models and tools need to account for these developmental factors in order to accurately estimate risk.

Juvenile risk assessment can also be used to identify and assess protective factors that mitigate risk for sexual recidivism. Risk assessment for sexual



#### **About SOMAPI**

In 2011, the SMART Office began work on the Sex Offender Management Assessment and Planning Initiative (SOMAPI), a project designed to assess the state of research and practice in sex offender management. As part of the effort, the SMART Office contracted with the National Criminal Justice Association (NCJA) and a team of subject-matter experts to review the literature on sexual offending and sex offender management and develop summaries of the research for dissemination to the field. These summaries are available online at http://smart.gov/SOMAPI/index.

A national inventory of sex offender management professionals also was conducted in 2011 to gain insight about promising practices and pressing needs in the field. Finally, a Discussion Forum involving national experts was held in 2012 for the purpose of reviewing the research summaries and inventory results and refining what is currently known about sex offender management.

Based on the work carried out under SOMAPI, the SMART Office has published a series of Research Briefs, each focusing on a topic covered in the sexual offending and sex offender management literature review. Each brief is designed to get key findings from the literature review into the hands of policymakers and practitioners. Overall, the briefs are intended to advance the ongoing dialogue related to effective interventions for sexual offenders and provide policymakers and practitioners with trustworthy, upto-date information they can use to identify what works to combat sexual offending and prevent sexual victimization.



recidivism also has traditionally focused on static risk factors that reflect historical behaviors and experiences related to sexual offending. Static risk factors are those that have previously occurred and will remain unaltered over time. Contemporary risk assessment, however, also includes a focus on *dynamic* risk factors,<sup>2</sup> which are particularly important for treatment because they provide targets for rehabilitative interventions (Beggs & Grace, 2011; Olver & Wong, 2009; Pedersen, Rasmussen, & Elsass, 2010).

This brief addresses risk assessment for juveniles who commit sexual offenses. It summarizes what is scientifically known about the topic and identifies policy implications, knowledge gaps, and unresolved controversies that emerge from the extant research and that might serve as a catalyst for future empirical study.

#### **Summary of Research Findings**

### Methods of Assessing Risk for Juveniles Who Commit Sexual Offenses

Juvenile sexual offending takes place within a milieu of different developmental, social, and contextual circumstances. In short, risk assessments of juveniles who sexually offend place behavior and risk factors in the context of the social environment as well as the context of child and adolescent development. In fact, unlike adult risk assessment instruments, the most widely used juvenile risk assessment instruments set what are essentially time limits (or expiration dates) for any individual's assessed risk level or score, either requiring reassessment of risk within a specified time period (the Juvenile Sex Offender Assessment Protocol-II [J-SOAP-II] requires reassessment every 6 months) or noting that the risk estimate is limited to sexual recidivism prior to age 18 (Juvenile Sexual Offense Recidivism Risk Assessment Tool-II [JSORRAT-II]).

Currently, there are two general models used in juvenile risk assessment: the actuarial model and the clinical model. In the actuarial model—also known as statistical or mechanical assessment—determination of risk is based entirely on a statistical comparison of static risk factors. Clinical risk assessment, on the other hand, is primarily based on observation and professional judgment on defined risk factors. This approach is considered to be a structured or anchored clinical risk

assessment of static and dynamic risk factors as well as protective factors (Rettenberger, Boer, & Eher, 2011).

Bonta (1996) and others have characterized the evolution of risk assessment methods as occurring in distinct stages (Andrews, Bonta, & Wormith, 2006; Bonta & Andrews, 2007; Hannah-Moffat & Maurutto, 2003; and Schwalbe, 2008). First-generation methods primarily involved unstructured clinical judgment, whereas second-generation methods involved statistically derived and static actuarial assessments of risk. Thirdgeneration methods, which are increasingly being used in sexual risk assessments of adult offenders, incorporate both the actuarial base of a static assessment and the dynamic factors of a clinical assessment. Fourth-generation methods integrate an even wider range of dynamic factors, incorporating factors relevant to treatment interventions, case management, and monitoring. It has been strongly asserted in both juvenile and adult risk assessment contexts that actuarial assessment has the capacity to predict risk more accurately than clinical assessment (Hanson & Thornton, 2000; Harris & Rice, 2007; Meehl, 1996; Quinsey et al., 1998; Steadman et al., 2000).

## Risk Factors for Juvenile Sexual Offending

An extensive literature has developed that has identified and discussed risk factors for juvenile sexual offending. Although definitive conclusions regarding the risk factors that are most pertinent to the prediction of sexual recidivism have yet to be made, similar risk factors appear in the most frequently used juvenile risk assessment instruments.

Worling and Långström (2003, 2006) contend that most risk factors commonly associated with juvenile sexual offending lack empirical validation. Describing 21 commonly cited risk factors, Worling and Långström (2006) argue that only five—deviant sexual arousal, prior convicted sexual offenses, multiple victims, social isolation, and incomplete sexual offender treatment—are empirically supported through at least two published, independent research studies, and that only two other factors—problematic parent-child relationships and attitudes supportive of sexually abusive behavior—have empirical support in at least one study and thus can be considered "promising" risk factors (see table 1).



TABLE 1. WORLING AND LÅNGSTRÖM'S (2006) TYPOLOGY OF RISK FACTORS FOR SEXUAL RECIDIVISM

Empirically Supported Risk Factors	Promising Risk Factors
Empirical support in at least two published, independent research studies	Empirical support in at least one study
Deviant sexual arousal     Prior convicted sexual offenses	<ul> <li>Problematic parent-child relationships</li> <li>Attitudes supportive of sexually abusive behavior</li> </ul>
Multiple victims	
Social isolation	
Incomplete sexual offender treatment	
Possible Risk Factors	Unlikely Risk Factors
General clinical support only	Lack empirical support or contradicted by empirical evidence
Impulsivity	History of sexual victimization
Antisocial orientation	History of nonsexual offending
Aggression	Sexual offenses involving penetration
Negative peer group association	Denial of sexual offending
Sexual preoccupation	Low victim empathy
Sexual offense of a male	
Sexual offense of a child	
Use of violence, force, threats, or weapons in a sexual offense	
Environmental support for reoffense	

It is important to recognize, however, that Worling and Långström's (2006) typology of empirically supported risk factors has not been replicated. Further, both supporting and contradictory evidence regarding some elements of the typology can be found in other studies. Despite a developing research base, the empirical evidence concerning the validity of commonly identified risk factors for juvenile sexual offending remains weak and inconsistent. Far more research is needed to identify, understand, and construct both static and dynamic risk variables linked specifically to juvenile sexual recidivism.

#### **Juvenile Risk Assessment Instruments**

Most studies designed to assess the accuracy and validity of juvenile risk assessment instruments have focused on the overall structure and predictive accuracy of the most widely used instruments rather than on the individual risk factors within them. Because many, if not most, of the risk factors used in these instruments have not been empirically validated, it is not surprising that instrument validation studies have produced weak or inconsistent results. Nevertheless, there is some empirical support for the capacity of risk assessment instruments to identify statistically valid risk factors

and for the predictive validity of various instruments. However, it is not currently possible to definitively assert that any such instrument is empirically validated in terms of its capacity to accurately predict juvenile sexual recidivism.

Although there are a number of juvenile sexual risk assessment instruments in use today, the two most commonly used instruments in North America are the I-SOAP-II and the Estimate of Risk of Adolescent Sexual Offense Recidivism (ERASOR), both of which are structured and empirically informed instruments designed for clinical assessment. The only actuarial assessment instrument currently available for use with juveniles who commit sexual offenses is the JSORRAT-II, but it is not used as extensively as either the J-SOAP-II or the ERASOR. Unlike the J-SOAP-II and ERASORboth of which are structured clinical instruments—the JSORRAT-II is a static assessment instrument. It has been validated by its designers for use only in Utah (where it was initially developed) and Iowa, but it is also available for use in Georgia and California, where it is presently undergoing validation studies.

The J-SOAP-II, ERASOR, and JSORRAT-II have each been generally reported to have interrater reliability (Caldwell, Ziemke, & Vitacco, 2008; Knight, Ronis, &

Zakireh, 2009; Martinez, Flores, & Rosenfeld, 2007; Parks & Bard, 2006; Viljoen et al., 2008). In terms of predictive validity, although there is some empirical support for J-SOAP-II, ERASOR, and JSORRAT-II, the instruments do not perform in a manner that suggests or proves their ability to accurately predict juvenile sexual recidivism (Caldwell et al., 2008; Viljoen et al., 2009; Vitacco, Viljoen, & Petrila, 2009). Hence, as Viljoen and colleagues (2012) note, juvenile risk assessment instruments may be insufficient to make predictions that require a high degree of precision, such as in situations when the civil commitment of juveniles who commit sexual offenses or the placement of juveniles on lifetime sexual offender registries is at stake.

#### Protective Factors in Assessments of Juvenile Risk

Although risk factors are the foundation of virtually all risk assessment instruments, in recent years more attention has been given to protective factors and their role in mitigating the effects of risk factors. Protective factors have been described in the child and adolescent development literature, and their role in delinquency prevention has long been recognized. Their appearance in the forensic literature and consideration in the process of evaluating and treating risk for juvenile sexual recidivism, however, are both relatively new.

The relationship between risk and protective factors is complex. Jessor and colleagues (1995) describe risk and protection as opposite ends of the same construct and thus highly correlated, making it difficult to fully understand the role of protection. However, Hall and colleagues (2012) view risk and protective factors as conceptually distinct (rather than opposite ends of a single dimension) and assert that it is not only possible but essential to conceptualize and define risk and protective factors independently from one another. Despite the apparent importance of protective factors, few of the instruments commonly used with juveniles incorporate protective factors, and those that do either have no empirical support or are in development and have not yet been empirically validated. Finally, a handful of risk assessment tools developed in recent years also are worth noting because of their assimilation of protective factors. These include Assessment, Intervention and Moving On Project 2 (AIM2) (Print et al., 2007), the Juvenile Risk Assessment Tool (J-RAT) (Rich, 2011), and the Multiplex Empirically Guided

Inventory of Ecological Aggregates for Assessing Sexually Abusive Adolescents and Children (MEGA) (Miccio-Fonseca, 2010).

# Research Limitations and Future Needs

Research concerning the factors that place juveniles at risk for sexual offending behavior and sexual recidivism is still in its infancy, as is research on the capacity of risk assessment instruments to accurately predict risk for sexual recidivism. Nevertheless, studies that have been undertaken to date provide some important insights about both issues.

First, the range of risk factors for juvenile sexual offending behavior and recidivism is relatively well defined, and the types and classes of factors that place youth at risk for sexually abusive behavior or sexual recidivism have been identified. However, research has not yet produced a universally agreed upon, finite, and valid set of risk factors for sexually offending behavior.

Second, the risk assessment instruments that currently are available for use with juveniles who sexually offend are far from empirically validated. In short, there is a lack of consistent, independently corroborated empirical evidence concerning both the inter-rater reliability and predictive validity of juvenile risk assessments that are available for use at this time, making it difficult to conclude with any degree of confidence that the instruments are scientifically valid.

Finally, given the developmental processes that characterize both childhood and adolescence, there is a clear need for juvenile risk assessment instruments and processes to focus on estimates of short-term rather than long-term risk (Fanniff & Letourneau, 2012; Vitacco et al., 2009; Worling, Bookalam, & Litteljohn, 2012).

# Conclusions and Policy Implications

Sound risk assessment requires well-trained risk evaluators who do not simply rely on risk scores when making decisions about a juvenile offender, particularly decisions with potentially lifelong consequences. There is a need for the provision of federally funded training and technical assistance to ensure the development of

well-trained evaluators who understand the nature of the risk assessment process and the limitations of assessment instruments that are currently available.

Perhaps most importantly, risk assessment instruments must be integrated into a comprehensive assessment process that produces a thorough understanding of the juvenile who is being assessed and serves as a basis for case management and treatment. The role that risk assessment instruments can play in identifying the presence of dynamic risk factors that provide targets for treatment is particularly important, as is the role they can play in identifying the presence of protective factors and their potentially mitigating effects on risk. Indeed, it is recommended that protective factors be incorporated into juvenile risk assessment instruments, both those currently in use and those that will be developed in the future. Future research should be concerned with expanding the knowledge base concerning both risk and protective factors, including the mechanisms through which they affect the propensity to reoffend (particularly in combination with one another).

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#### **Notes**

- 1. The base rate refers to the frequency with which a defined situation occurs, or its incidence rate.
- 2. Dynamic risk factors are those associated with current behaviors, thoughts, feelings, attitudes, situations, interactions, and relationships. So named because they are fluid and sometimes relational or situational, dynamic risk factors may thus change over time, particularly through some form of treatment. Dynamic risk factors are sometimes referred to as criminogenic needs because they contribute directly to criminal behavior.

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#### **ABOUT SMART**

The Adam Walsh Child Protection and Safety Act of 2006 authorized the establishment of the Sex Offender Sentencing, Monitoring, Apprehending, Registering, and Tracking (SMART) Office within OJP. SMART is responsible for assisting with implementation of the Sex Offender Registration and Notification Act (SORNA), and also for providing assistance to criminal justice professionals across the entire spectrum of sex offender management activities needed to ensure public safety.