Types of Risk & Assessment Protocols for Youth with Sexual Behavior Problems

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Juvenile Sex Offender Risk Assessment: The State of the Art
Youth sex offender risk assessment is in its early development stages. There are presently no empirically validated, assessment instruments to estimate the risk of adolescent sexual reoffending. Actuarial risk scales (i.e., with items weighted to develop the best statistical cut off scores between offenders and non-offenders) are not yet available. The field is moving from the subjective clinical interview stage to the use of objective structured protocols based on known re-offense risk factors. The purpose of these protocols is to aid in the systematic review of identified risk factors that have been associated with sexual and criminal offending. The documented limits of these assessments allow the “mitigating circumstances” latitude needed for juvenile court judges and human services clinical supervisors to make important decisions balancing the rights of youth to the least restrictive treatment setting and community safety (see Caveat section in the J-SOAP-II manual link on this webpage). In addition, the changing nature of adolescent development requires periodic re-evaluation using these protocols.

Types of Risk: Static and Dynamic
- **Static risk factors include characteristics that typically cannot be altered**
  - e.g., historical characteristics, such as age, prior offense history, and age at first sex offense arrest or conviction.
- **Dynamic risk factors include characteristics, circumstances, and attitudes that can change throughout one’s life**
  - e.g., drug or alcohol use, poor attitude (e.g., low remorse and victim blaming), and intimacy problems.

Identification of dynamic factors associated with reduced recidivism holds particular promise as these factors can be strengthened with supervision and treatment strategies. Dynamic factors can be further divided into stable and acute categories (Hanson and Harris, 1998). Stable dynamic factors can change over time, but are relatively lasting qualities (e.g., deviant sexual preferences or alcohol or drug abuse). Acute dynamic factors can change over a short period of time (e.g., sexual arousal or intoxication that may immediately precede a reoffense). Since dynamic risk factors change across time, it is recommended that the dynamic risk factor scales on juvenile risk assessment protocols be re-assessed at 6 month intervals and sooner if risk-relevant changes have occurred.

Risk Assessment Protocols
Two relatively well developed structured youth sex offender risk assessment protocols in current use are the...
- **Juvenile SexOffender Assessment Protocol** (the “J-SOAP-II”) developed by Prentky & Righthand (1994).
- **Estimate of Risk of Adolescent Sex Offense Recidivism** (the “ERASOR Version 2.0”) developed by Worling & Curwin (2001).
The Juvenile Sex Offender Risk Assessment Protocol

The J-SOAP which has had more time for clinical development than the ERASOR, is designed for boys ages 12-18 & may be used to assess re-offense risk for adjudicated or non-adjudicated youth. The original J-SOAP version was developed in 1994 based on literature reviews covering clinical & risk assessment/outcome studies of juvenile sex offenders, adult sex offenders, general juvenile delinquents & mixed populations of adult offenders. The majority (62%) of the original 26 J-SOAP questions tapped static risk factors. The J-SOAP-II has expanded to 28 items with changes made in all four of its scales. An important contribution to the area of juvenile risk assessment was the addition of the “Caveat” section in the J-SOAP-II which clarifies the limits of these assessments. The J-SOAP-II has 12 identified dynamic items (17-28), with the majority (57%) of its questions tapping static risk factors (i.e., 16 of 28 questions, see Table 1). J-SOAP-II scales 3 & 4 (i.e., the “Intervention” & “Community Stability/Adjustment” scales), which consist of the 12 identified dynamic risk factor items on that protocol should be re-assessed at 6 month intervals and sooner if risk-relevant changes have occurred.

The Estimate of Risk of Adolescent Sex Offense Recidivism

The ERASOR 2.0 is designed to assist evaluators estimate the risk of a sexual reoffense only for individuals aged 12-18 who have previously committed a sexual assault. The ERASOR 2.0 was developed using an empirically guided clinical judgment approach in a similar fashion to the Sexual Violence Risk-20 (Boer et al., 1997). The ERASOR 2.0 has 9 identified static items (5-13), with the majority (64%) of its questions tapping dynamic risk factors (i.e., 16 of 25 questions, see Table 1). All ERASOR 2.0 scales except the “Historical Sexual Interest Scale”, which consists of the 9 identified static risk factor items on that protocol should be re-assessed at 6 month intervals and sooner if risk-relevant changes have occurred.

Table 1
Comparison of Identified Static & Dynamic Risk Items on the J-SOAP-II & ERASOR 2.0

<table>
<thead>
<tr>
<th>Static Risk Items</th>
<th>Dynamic Risk Items</th>
<th>Total Items</th>
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<tbody>
<tr>
<td>J-SOAP-II</td>
<td>57% (n= 16)</td>
<td>43% (n= 12)</td>
</tr>
<tr>
<td>ERASOR 2.0</td>
<td>36% (n= 9)</td>
<td>64% (n= 16)</td>
</tr>
<tr>
<td>Percent Difference</td>
<td>+21% for JSOAP</td>
<td>+21% for ERASOR</td>
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</tbody>
</table>

Selecting a Risk Assessment Protocol

Given the difference in static and dynamic risk items on the J-SOAP-II and ERASOR 2.0 protocols (Table 1), one logical strategy for the use of these assessment protocols is to capitalize on this difference by using the J-SOAP-II in situations requiring more emphasis on static risk assessment and the ERASOR 2.0 in situations requiring more emphasis on dynamic risk assessment.
J-SOAP-II Advantage. The fact that the J-SOAP-II has 21% more items than the ERASOR 2.0 that tap static risk, could give this instrument a slight edge as the protocol of choice for forensic examiners conducting a one time evaluation for the court or human services to determine an initial risk level for the purpose of recommending an initial level of treatment care (i.e., outpatient, Forensic Foster Care, residential or secure residential). Since the majority of J-SOAP-II protocol items are static and static items are relatively stable across time, this produces an evaluation that should have a little higher reliability or put another way, should be a little more likely produce the same results if repeated later in a second opinion on a case being contested.

ERASOR 2.0 Advantage. The fact that the ERASOR 2.0 has 21% more items than the J- SOAP-II that tap dynamic risk, could give this instrument a slight edge as the protocol of choice for treatment providers conducting repeated evaluations across time to determine treatment progress (i.e., drop in risk from the an initial risk level) for the purpose of recommending when the youth can be stepped down from the initial level of treatment care (i.e., secure residential, open residential or Forensic Foster Care) to a less restrictive treatment setting. Since the majority of ERASOR 2.0 protocol items are dynamic and dynamic items are sensitive to changes across time, this produces an evaluation that should have the greatest sensitivity to risk level changes or put another way, should be a little more likely to reveal changes made in treatment when repeated later for a case review.

It is important to note that test authors are constantly making revisions which effect use recommendations and thus it is important to contact the author for the current edition prior to deciding which instrument to choose for a particular application.

In summary, since the J-SOAP-II and ERASOR 2.0 exhibit some differences on their emphasis of static versus dynamic risk factors…

- the J-SOAP-II may be slightly better suited for a forensic evaluator conducting a one time risk assessment for juvenile court or human services recommendations during pre-sentence investigation or placement determination of the initial level of treatment care.

- the ERASOR 2.0 may be slightly better suited for a treatment program therapist conducting repeated risk assessments during treatment to evaluate treatment progress and determine when a recommendation for step down to a less restrictive treatment setting is appropriate.

If you are not certain about which protocol to use (e.g., if you do not know whether you will be doing a single evaluation or will be re-evaluating the same youth across time to determine treatment progress or have not decided which protocol you wish to use), one option is to administer the Adolescent Multiple Abuse Profile (AMAP) which captures all of the information needed to score both the J-SOAP-II and ERASOR 2.0. This allows you to postpone your decision on which protocol to use or to score and report the results of both.
Assessment Report Bias

Mental health professionals need to be aware of potential biases that may affect the way their reports are written. A summary of the potential sources of juvenile sex offender report bias and questions to help identify those sources is provided in Table 2 below.

Table 2. Potential Sources of Juvenile Sex Offender Report Bias

<table>
<thead>
<tr>
<th>Potential Bias Sources</th>
<th>Bias Identification Questions</th>
<th>Potential community rights bias (i.e., towards recommending an overly restrictive treatment setting) vs Potential client rights bias</th>
</tr>
</thead>
<tbody>
<tr>
<td>Liability Anxiety</td>
<td>1) Do state statutes protect evaluators from liability on court-ordered evaluations and was the evaluation court-ordered? 2) Is the evaluator a private practitioner or public service agency employee?</td>
<td>Potential community rights bias - 1) In states where court-ordered evaluation liability is not protected or is protected but the evaluation was not court-ordered. 2) For private practitioners carrying their own liability insurance, especially if policy allows settlement without practitioner consent</td>
</tr>
<tr>
<td>Identified Client</td>
<td>Who does the evaluator consider to be their client (i.e., the youth, community or both)?</td>
<td>Potential community rights bias if evaluator considers the community their client. Potential client rights bias if evaluator considers the youth their client.</td>
</tr>
<tr>
<td>Evaluator Background</td>
<td>Does the evaluator have training or personal experience that could impact their objectivity?</td>
<td>Potential community rights bias if evaluator has long history as expert prosecution witness, has been a victim of sexual abuse or has a significant other who has been abused. Potential client rights bias if evaluator has a victim advocacy background and youth offender has also been a victim.</td>
</tr>
<tr>
<td>Evaluation assignment</td>
<td>How was the evaluation assigned?</td>
<td>Potential client rights bias if different evaluators hired to evaluate each youth in the same treatment setting (as opposed to having the same evaluator assigned to evaluate all youth in the same setting)</td>
</tr>
<tr>
<td>Missing Data</td>
<td>Does the evaluation document onset, frequency and intensity of abuse &amp; include data from all key informants? (See footnote 1)</td>
<td>If the evaluation precludes comparison to other evaluations, police reports or victim impact statements because there is no chronological victim list with a corresponding abuse behavior description, there is a higher probability of compensating with a community rights bias.</td>
</tr>
<tr>
<td>The Temporal Issue</td>
<td>How much time was devoted to the evaluation?</td>
<td>Abuse behavior evaluations that include all key informant data from (footnote 1) can take upwards of 10- 20 hours (i.e., about 2 hours per page). Less time spent, more missing data &amp; higher probability of a community rights bias.</td>
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</table>
Footnote 1.

Key informants that should be interviewed for abuse behavior evaluations include but are not limited to biological, adoptive and foster parents, probation and parole officers, human services caseworkers, client advocates and guardian at litems. Therapist input is a particularly important and rich source of behavior data that can be expected to add much to what is documented in police reports of placement incident reports. Since there is no comparison between the limited behavioral data that a forensic evaluator can gather in a single interview and the behavioral data that has been gathered by the youth’s therapist over months and sometimes years of treatment, evaluators who do not have time to interview the therapist or review treatment progress notes should at least administer a therapist questionnaire which taps important dynamic risk variables. A copy of a sample therapist questionnaire can be obtained from Dr. Yokley at the contact information listed on this webpage.