Volume 5, Issue 6　　　　　　　　　　　　　　　　　　　**June 2012**

Dear Colleague,

This month's issue provides an overview of the research on various risk assessment tools for sexually abusive adolescents. The meta-analysis examines what each of the tools offers and provides insights into the importance of looking at both static and dynamic risk factors. Overall, the research emphasizes the importance of looking at the whole child as well as the various external factors for adolescents (such as their family life and the supports offered by their surroundings) that might contribute to their success over time.

As always, if you have any questions, please don't hesitate to contact us at info@nearipress.org or call us at 413-540-0712 x14.

Sincerely,
Joan Tabachnick and Steven Bengis

Assessing risk in youth who have sexually abused: Are we there yet?

by Steven Bengis, David S. Prescott, and Joan Tabachnick

Question
Do the most commonly used risk assessment tools for youth provide reliable outcomes to assess the risk of sexual re-offense?
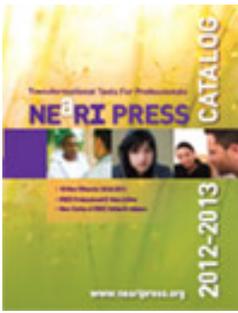
The Research
Jodi Viljoen, Sarah Mordell, and Jennifer Beneteau conducted a meta-analysis of three risk assessment measures for youth:

- Juvenile Sex Offender Assessment Protocol-II [JSOAP-II]
- Estimate of Risk of Adolescent Sexual Offense Recidivism [ERASOR]
- Juvenile Sexual Offense Recidivism Risk Assessment-II [JSORRAT-II]

The authors also examined one risk assessment tool designed for adults (Static-99) in the hopes that its inclusion would contribute to our field's knowledge about age-appropriate risk assessment approaches.

The authors found that each of the risk assessment measures performed equally well: those who re-offended had higher scores than those with lower scores 64-67% of the time. On average, the scales' accuracy was comparable to measures used with adults (although there are many more studies of the adult tools). Highlighting the need for further research, the authors found that the individual studies' results varied considerably and that this could be the result of many factors.

The authors found that no one risk factor predicted who would re-offend sexually. In fact, the total scores of the scales outperformed
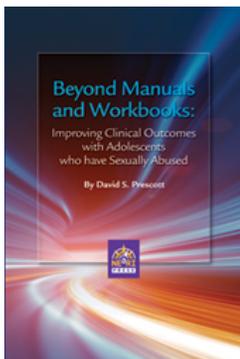
all of the risk factors studied. Further, the authors found that these measures, developed specifically for this population, outperformed risk assessments designed for a broader array of illegal behavior by adolescents. Taken as a whole, this meta-analysis demonstrates that the use of these tools is more effective than just a simple clinical judgment when evaluating adolescents. They cautioned clinicians to include their clinical judgment in their assessment, particularly when the evaluation may be used for cases which will affect a young person's placement.

Implications for Professionals

These findings point to the need for a high level of knowledge and training in order to use the instruments most effectively and without causing inadvertent harm. Of the instruments considered, only the J-SOAP II and the ERASOR examine such a large array of factors (25 and 28 respectively) and the only tools considered that include dynamic as well as static risk actors. If the tools are to be used to structure treatment and management decisions, then consideration of the dynamic risk factors (factors that can be changed) is essential to treatment decisions.

Risk is only one consideration in understanding youth who sexually abuse. As we have written previously, many questions remain about the most effective ways to assess and treat adolescents who have sexually abused. Given the heterogeneity of the adolescent population key question remaining is whether there is evidence to show that these instruments are more or less effective with sub-populations (e.g., autism spectrum disorders).

Implications for Professionals

A high percentage of children and adolescents who sexually abuse have experienced long-term trauma. Too often, the diagnostic labels of ADHD, Conduct Disorder, Sensory Disorder, Learning Disabilities, and others mask the long-term trauma that this population has experienced. The result is that professionals may ascribe intentionality as well as attitude and motivational deficits to what may actually be deeply ingrained, unconscious survival strategies. Professionals working with children and adolescents who have experienced long-term trauma must bring to each child a very high level of treatment skill, a deep understanding of all the manifestations of severe trauma as well as abuse-specific interventions. Only then are we able to both manage the sexually abusive behavior and heal the trauma. It is crucial that we honor this complexity and develop the skills to implement the most effective intervention strategies.

Implications for the Field

Adolescence is a period of life that is full of change (internal and external), and therefore, adolescent risk is subject to change. It is encouraging to note that many of the items in the ERASOR and JSOAP-II are dynamic risk factors and can be influenced through specific interventions. In fact, a review of the items in these measures shows how important family involvement and treatment of co-morbid conditions can be. This study adds to the knowledge

and concrete steps towards developing a truly evidence-based practice.

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The second webinar is scheduled for June 27th at 2 PM EST with Steve Bengis, who offers an "Introduction to Best Practices with Sexually Abusive Adolescents."

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about what works in assessing this most challenging population and using that knowledge to create plans to help prevent reoffense.

Finally, an important but easily missed finding was that although only 11% of the 6,196 adolescents re-offended sexually, roughly half of them came to the attention of the legal system for a non-sexual crime. This single finding illustrates the importance of assessing the entire person, over and above their risk for sexual re-offense.

Abstract
Several risk assessment tools, including the Juvenile Sex Offender Assessment Protocol-II (Prentky & Righthand, 2003), the Estimate of Risk of Adolescent Sexual Offense Recidivism (Worling & Curwen, 2001), the Juvenile Sexual Offense Recidivism Risk Assessment Tool-II (Epperson, Ralston, Fowers, DeWitt, & Gore, 2006), and the Static-99 (Hanson & Thornton, 1999), have been used to assess reoffense risk among adolescents who have committed sexual offenses. Given that research on these tools has yielded somewhat mixed results, we empirically synthesized 33 published and unpublished studies involving 6,196 male adolescents who had committed a sexual offense. We conducted two separate meta-analyses, first with correlations and then with areas under the receiver operating characteristic curve (AUCs). Total scores on each of the tools significantly predicted sexual reoffending, with aggregated correlations ranging from 0.12 to 0.20 and aggregated AUC scores ranging from 0.64 to 0.67. However, in many cases heterogeneity across studies was moderate to high. There were no significant differences between tools, and although the Static-99 was developed for adults, it achieved similar results as the adolescent tools. Results are compared to other meta-analyses of risk tools used in the area of violence risk assessment and in other fields.

Citation

- Viljoen, J. L., Mordell, S., & Beneteau, J. L. (2012, February 20). Prediction of Adolescent Sexual Reoffending: A Meta-Analysis of the J-SOAP-II, ERASOR, J-SORRAT-II, and Static-99. *Law and Human Behavior*. Advance online publication. doi: 10.1037/h0093938.

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