

**Understanding Juvenile Sexual Risk Assessment
Facts and Considerations for Practice
June 2019**



Facts

- 1. Sexual recidivism rates are low for juveniles who have previously engaged in sexually abusive behavior.** The most current research strongly suggests that rates of sexual recidivism for juveniles following treatment is somewhere between 3-12%, and most likely at the lower end. Most juveniles do not sexually recidivate after treatment. There is little research regarding recidivism rates for juveniles who have not received or completed treatment, although the limited research suggests sexual recidivism rates are higher.
- 2. Assessment must identify general risk factors and not just those that influence sexually problematic behavior.** Juveniles who have engaged in sexually abusive behavior are at greater risk for non-sexual recidivism. Juveniles who have committed a sexual offense are at 5-10 times greater risk for non-sexual/general recidivism than they are for sexual recidivism, with rates for non-sexual recidivism somewhere between 21-30%, compared to 3-12% for sexual recidivism. This suggests that treatment must target general risk factors, and not just those that influence sexually problematic behavior.
- 3. Unstructured assessments of risk have little predictive value.** Structured and guided clinical evaluations of risk are more accurate and valid than assessments that do not use a structured protocol or risk assessment instrument designed for the purpose of assessing juvenile sexual recidivism. Unstructured judgment often is described as no better than a flip of the coin. Structured evaluations use one or more instruments designed to guide professional judgment or provide actuarial estimates of risk and should always be used in assessments of sexual risk in juveniles.
- 4. Juvenile sexual risk assessment instruments should not be used in isolation as they lack strong statistical validity.** Despite their value, research suggests that juvenile sexual risk assessment instruments are nevertheless not sufficiently accurate at estimating or predicting future sexual behavior. They should not serve as the sole foundation upon which to base decisions that may have serious consequences for each juvenile assessed, or serve as the sole basis for public policy. Comprehensive and individualized assessment, in which the use of a risk assessment instrument is embedded within a larger evaluation, provide opportunities to learn about each young person within the developmental and situational context of their lives.
- 5. Estimates of juvenile sexual risk should be time limited, due to the fluidity and natural process of adolescent development.** Current research points to the developmental nature of child and

adolescent behaviors, attitudes, relationships, and emotions. It is important to understand and evaluate risk of any kind against this backdrop of expected developmental change. Estimates of risk for sexual recidivism in juveniles loses accuracy the further out it goes. It is recommended that estimates of risk remain in effect for no more than 12-18 months.

- 6. Dynamic risk factors are associated with sexual and non-sexual recidivism.** Research supports the importance of assessing dynamic elements of risk (identified as current risk factors that can be changed through the course of treatment). Research highlights the importance of assessing dynamic risks when estimating risk for recidivism and the importance of treating dynamic risk factors in order to reduce risk for both sexual and non-sexual recidivism. Static risk factors, or those factors that are historical or otherwise immutable to change, have predictive value, but are not amenable to, or targets for, treatment.
- 7. Juvenile sexual risk assessment instruments can be used to effectively recognize risk factors for continued sexual and non-sexual behavioral problems.** Despite weakness in predicting future sexual recidivism, research nevertheless provides empirical evidence for the types of risk factors implicated in juvenile sexually abusive behavior. Research also consistently shows a strong overlap and commonality between risks for general delinquent behaviors and those related to sexually abusive behavior. Accordingly, risk assessment instruments provide a structure for recognizing, identifying, and assessing general and specific risk factors in the life of each juvenile being assessed.

Considerations for practice

- 1. Juvenile sexual risk assessments should consider general psychosocial functioning and needs (emotional, behavioral, and interpersonal), and not just risk for recidivism.** The majority of juveniles who have engaged in sexually abusive behavior do not recidivate sexually or non-sexually, but may still struggle in their emotional, behavioral, and interpersonal lives. The assessment process should take into account factors and psychosocial needs that drive risk, recognizing that these must be addressed in assessment and treatment in order to help prevent recidivism.
- 2. Juvenile sexual risk assessments should evaluate protective factors (as well as risk factors), including strengths and assets that may protect against sexual and non-sexual recidivism.** Researchers and practitioners increasingly recognize the importance of assessing strengths and assets, as well as vulnerabilities and weaknesses. Several risk assessment instruments include protective factor scales and several instruments are available that evaluate protective factors independently of risk factors. Whereas, the role and effect of protective factors is not well understood in mitigating risk, best practice requires taking strengths, supports, and other protective factors into account when estimating risk for juveniles.

- 3. Juvenile sexual risk assessment instruments are useful tools for case management and treatment planning.** Sexual risk assessments provide a basis for developing risk-reducing and strength-building treatment targets that focus on positive change. Well-designed risk assessment instruments provide a foundation, not just for estimating risk, but also for making well-informed case management and treatment planning decisions, based on the identification of treatment needs, with the goal of reducing risk and preventing recidivism.
- 4. Assessment of juvenile sexual risk should be a comprehensive process, incorporating data from multiple sources.** The assessment of risk should not rely solely on the use of a risk assessment instrument, no matter how useful the instrument. Multiple sources may include interviews with collateral informants such as parents and clinicians, and historical, legal, and current case records. The use of juvenile risk assessment instruments should be embedded within a larger psychosocial and comprehensive approach that ensures risk assessment focuses on dynamic risk factors as well as strengths, protective factors, and other resources.
- 5. Juvenile sexual risk should be understood and assessed from a developmental and contextual perspective.** Juveniles are in the process of growth and development, and are not simply smaller adults. Research highlights the changeable and malleable aspects of development and the impact of the environment on child and adolescent general and sexual development and decision-making. Risk evaluation must take into account developmental experiences, expected maturation, and the impact of the social environment and context.
- 6. Juvenile sexual risk assessment should be individualized.** In order to best understand the nature of risk for each individual and to serve as a platform for treatment planning and case management, risk assessment must be individualized to fit the presentation, developmental age or level, and unique characteristics and history of each young person. For the purposes of treatment and intervention planning, the assessment should focus on the attributes, qualities, and psychosocial environment of each young person on an individualized basis, rather than comparing the individual against a larger pool of other adolescents who have engaged in sexually abusive behavior.
- 7. The ultimate goal of juvenile sexual risk assessment is to understand the nature of risk for each client in order to create well-informed interventions that aid in the process of change.** The goal of contemporary juvenile risk assessment is to understand risk on an individualized basis by gathering data about, and recognizing circumstances and conditions that drive, problem behavior, identifying strengths and protective factors that promote prosocial development and resiliency, and recommending interventions that enhance young people's responsivity to treatment. It is a proactive and solution-focused process, rather than simply containing or controlling behavior.