

Association for the Treatment of Sexual Abusers

RISK ASSESSMENT FOR MALES WHO HAVE ENGAGED IN HARMFUL OR ILLEGAL SEXUAL BEHAVIOR

November 2016

RISK ASSESSMENT FOR MALES WHO HAVE ENGAGED IN HARMFUL OR ILLEGAL SEXUAL BEHAVIOR

Prepared for the Association for the Treatment of Sexual Abusers

Katherine Gotch, M.A.

R. Karl Hanson, Ph.D.

November 2016

Foreword:

This document provides a comprehensive review of general and specific risk assessment procedures developed for use with adults convicted of sexual offenses. In the interest of comprehensiveness, the authors have included a section on adolescent risk assessment. Children (including adolescents) are different from adults and warrant separate consideration in all aspects of their care, including risk assessment. Nevertheless, readers will no doubt find the section on adolescent risk assessment a useful component of this paper. Additionally, although some of these tools are appropriate for individuals with intellectual disabilities, this is an unique population and it is recommended readers review the ATSA document on the assessment, treatment and supervision of individuals (adults and juveniles) with intellectual disabilities and problematic sexual behaviors for further guidance. As noted throughout this document, risk assessment is just one aspect of the assessment, management, and treatment of adults who have committed sexual offenses. ATSA provides comprehensive [practice guidelines for professionals working with adults](#) and separate guidelines for professionals working with youth who have engaged in harmful or illegal sexual behavior. ATSA also provides documents reviewing [appropriate practice with children who have sexual behavior problems](#). For these and other resources, readers are invited to visit www.atsa.com

Introduction

Risk assessment is one of the most important and most frequent tasks required of those working with adults convicted of sexual offenses. Formal risk assessments are needed for many important decisions, including sentencing, family reunification, conditional release, and civil commitment. Risk assessment also provides structure for the case management and treatment of adults convicted of sexual offenses. Community supervision officers routinely look for signs of imminent relapse and risk assessment provides information on what behaviors or factors are related to changes in a person's immediate risk. Risk assessment also provides guidance for level of supervision, intensity of services, and measuring changes in risk over time. Risk assessment additionally assists treatment providers in individualizing treatment interventions based upon a client's identified risk factors, provides guidance for treatment planning, and measures client change over time.

There have been notable advances in risk assessment in recent years, which have resulted in the development and application of empirically guided practices for adults convicted of sexual crimes, as well as other populations. Of key importance to the development of these practices are the Risk-Need-Responsivity (RNR) principles of rehabilitation, which provide guidance concerning how much service, what types of interventions, and how services should be

delivered to people who have committed crimes. In brief, the Risk principle indicates that the intensity of services should be determined by the risk level of the individual, with people at higher risk receiving more intensive services than people at lower risk. The Need principle maintains that interventions should focus on criminogenic (i.e., causing or likely to cause criminal behavior) factors associated with recidivism risk. The Responsivity principle states that interventions should be provided in a manner that incorporates the person's individual characteristics such as learning style, level of motivation, and other individual factors that may impact delivery of services.

Risk assessment is an integral aspect of the RNR principles. Interventions for people who have committed general offenses that adhere to the RNR principles are associated with significant reductions in recidivism, whereas interventions that fail to follow the RNR principles yield minimal reductions in recidivism and, in some cases, even result in increased recidivism (Andrews & Bonta, 2010a, 2010b; Andrews et al., 1990). The RNR principles are also applicable for adults convicted of sexual offenses, and sexual offense specific treatment which adheres to the RNR principles has been shown to be the most effective at reducing recidivism risk (Hanson, Bourgon, Helmus, & Hodgson, 2009).

The History of Risk Assessment

Risk assessment has undergone significant progress and development over the past twenty years. The first generation of risk assessment involved the use of "clinical judgment" which, by its very nature, was idiosyncratic, unstructured, non-replicable, and at the personal discretion of the assessor. Research has consistently shown that prediction of recidivism using clinical judgment is less accurate than structured risk assessments (Ægisdóttir et al., 2006; Hanson & Morton-Bourgon, 2009; Meehl, 1954). The second generation of risk assessment was based upon actuarial science, which uses purely statistical means to determine the best predictors of a specific concern, such as sexual recidivism. Actuarial risk assessments are highly structured, replicable, and completely based upon factors that are empirically related to recidivism. However, while actuarial risk assessment tools predict future recidivism reasonably well, most are incapable of measuring change in risk over time. As risk management and measuring change is an integral part of the management of people convicted of crimes, third generation risk assessment instruments were developed to assist in monitoring behavior, attitudes, relationships, and thoughts that are related to a person's risk for recidivism, but also either naturally change over time or can be changed through effortful processing (i.e., dynamic risk factors). As with actuarial risk assessment instruments, third generation risk assessment protocols are empirically derived, standardized, validated, and produce a level of predictive accuracy that is sufficient to reliably rank people on their risk factors. Additionally, because

dynamic risk factors can be observed to change, these factors can be used for repeated assessments and are able to measure changes in risk over time.

Another method for assessing risk is Structured Professional Judgment (SPJ) that involves scoring of empirically based static and dynamic risk factors, but the combination of these factors into an overall evaluation of risk is left to the judgment of the clinician. Proponents of SPJ argue that clinical judgment should be incorporated into risk assessment because the statistical approach of actuarial scales is not always appropriate in individual cases (Webster et al., 1997). However, other researchers have not viewed SPJ as a meaningful advance or alternative (Andrews & Bonta, 2010; Bonta, 2002; Quinsey et al., 2006) and classify it as a variation of the first generation of risk assessment (i.e., unstructured clinical judgment; Andrews et al., 2006). Meta-analytic research with adults convicted of sexual offenses suggests that SPJ predicts recidivism somewhere between unstructured clinical judgment and actuarial scales, although the accuracy of SPJ is not significantly different from either method (Hanson & Morton-Bourgon, 2009).

Limitations of Risk Assessment

Risk assessment instruments are designed to provide information about a specific type of recidivism risk. As such, it is integral to identify what type of recidivism risk will be assessed with any specific instrument. Some risk assessment instruments provide information about one category of recidivism risk (e.g., general violence, domestic violence, sexual, any criminality) while other instruments provide information about more than one category of recidivism risk (e.g., sexual and general violence, general violence and any criminality). No single risk assessment instrument or protocol will provide information on every type of recidivism risk potential. Additionally, risk assessment instruments are developed on groups of individuals and the resulting risk profile for any given individual is derived from groups of individuals with those risk characteristics. Therefore, a specific individual's risk may be higher or lower than the estimated probabilities depending on other risk factors not measured by the risk assessment instrument(s).

Types of Risk Factors

Static risk factors are non-changeable (on the whole) life events that relate to risk for recidivism. Static risk factors related to sexual recidivism are captured by the use of actuarial risk assessment instruments such as the Static-99R, Sex Offender Risk Appraisal Guide (SORAG), and Minnesota Sex Offender Screening Tool - R (MnSOST - R). Static actuarial risk assessment

instruments are also available for general violence (e.g., Violence Risk Appraisal Guide – VRAG), domestic violence (e.g., Ontario Domestic Assault Risk Assessment – ODARA), and any criminality (e.g., General Statistical Information of Recidivism Scale, Public Safety Checklist).

Dynamic risk factors come in two types, *stable risk factors* and *acute risk factors*. Each type of risk factor samples different behaviors and has a different implicit time frame. Both stable risk factors and acute risk factors have been informed by an empirical (scientific) process that involved observing these factors change over time in some individuals who have committed sexual offenses, watching the same factors not change over time in others, and then observing which group had lower recidivism rates.

Stable risk factors are personality characteristics, skill deficits, personal predilections, and learned behaviors that relate to risk for sexual recidivism. Stable risk factors can be changed or altered through effortful processing which generally means change occurs by making concerted efforts to learn new patterns of doing things or thinking about things and adopting these new ways or habits over the long term. Stable risk factors related to general recidivism risk are captured by the use of dynamic risk assessment instruments such as the Level of Service/Case Management Inventory – Revised (LS/CMI) and sexual recidivism risk factors are captured by instruments such as the Stable-2007, Sex Offender Treatment Intervention & Progress Scale (SOTIPS), Structured Risk Assessment (SRA), and others.

Acute risk factors are short-term factors of unstable temporal duration that can change rapidly, often as the result of environmental or interpersonal conditions outside the person’s control. Acute risk factors are current expressions of risky behavior and risk-relevant psychological propensities (e.g., sexual preoccupation), which provide information about the potential timing of a reoffense. Acute risk factors are captured by the use of acute risk assessment instruments such as the Acute-2007 and Dynamic Risk Assessment for Offender Re-entry (DRAOR).

Static, stable and acute risk factors are useful for different types of decisions (see Table 1). Static risk factors are particularly useful for estimating long-term recidivism potential, whereas stable risk factors help guide treatment goals. Acute risk factors are particularly important for managing people on community supervision. Although the static/stable/acute distinction has considerable utility, it is important to remember that all risk factors predict recidivism because they are a marker for risk relevant propensities (Mann, Hanson, & Thornton, 2010).

General Criminogenic Risk Factors

General criminogenic risk factors are applicable for all types of individuals who have offended, including adults convicted of sexual offenses, as these factors are related to general antisocial

behavior, attitudes, and cognitions. Additionally, adults convicted of sexual offenses are more likely to recidivate with a non-sexual crime than a sexual crime, so capturing general recidivism risk is important for risk management in the community. Some general criminogenic risk factors are static (i.e., historical) and other factors are dynamic (i.e., changeable). There are eight primary areas of general criminogenic risk which have been identified:

1. Antisocial attitudes
2. Antisocial associates
3. Antisocial pattern
4. History of antisocial behavior
5. Marital/family factors
6. Lack of achievement/education
7. Lack of prosocial leisure activities
8. Substance abuse

The first four factors, also known as the “Big Four,” are the most highly correlated with criminal behavior. The same risk factors predict general recidivism among people with sexual and non-sexual offenses (see Table 2).

The following are examples of general criminogenic risk assessment instruments (see Table 3):

Level of Service – Revised (LSI-R; Andrews & Bonta, 1995) is one of the most well established measures of general criminal recidivism (Gendreau et al., 1996). The LSI-R includes both static and dynamic factors, and measures the risk and need factors of late adolescents and adults who have committed offenses.

Level of Service/Case Management Inventory (LS/CMI; Andrews et al., 2004) is an enhancement of the LSI-R that, in addition to the measurement of static and dynamic risk factors, includes a case management component that assists professionals in the treatment planning and management of individuals served by justice, forensic, correctional, prevention and related agencies.

Inventory of Offender Risk, Needs, and Strengths (IORNS; Miller, 2006) is a self-report measure that assesses static risk, dynamic risk/need, and protective strength factors as they relate to recidivism, treatment need, and management of adults who have offended.

COMPAS Risk & Need Assessment System (Northpointe, Inc.; www.northpointeinc.com) is a computerized tool designed to assess individual’s needs and risk of recidivism. Normed for people starting at 17 years of age, it provides risk measures for general recidivism risk, violent recidivism risk and a variety of community non-compliance measures, including pretrial failure and supervision noncompliance. It is used by criminal justice agencies in the United States to

inform decisions regarding the placement, supervision and case management of people who have offended.

Dynamic Risk Assessment Scale for Offender Re-Entry (DRAOR; Serin, 2007) was developed to augment static risk scales by providing real-time changes in (dynamic) risk that can be used to inform case planning and risk management. It is comprised of three domains, which have demonstrated predictive validity: Stable (6 items), Acute (7 items), and Protective (6 items). The DRAOR was developed to assist parole and probation officers to systematically review changes in a person's community situation. It is used throughout New Zealand and in several jurisdictions within the United States.

Sexual Offense Specific Risk Factors

While information about an individual's general recidivism risk is useful, those working with adults convicted of sexual offenses should not rely solely on general criminogenic risk assessment measures as these instruments do not include items specifically related to sexual recidivism. A list of empirically validated risk factors for sexual recidivism is presented in Table 3.

Sexual offense specific risk assessment instruments can be separated into three different categories: static actuarial, dynamic actuarial, and structured professional judgment.

Static Actuarial

Static actuarial risk assessment uses empirically validated risk factors, which are combined into a total score using explicit rules. The total score is associated with a specific risk category (e.g., low, moderate, high) that provides corresponding recidivism rates for each risk category. Static risk assessment allows you to gauge an person's long-term risk for recidivism. Although largely unchanging, static risk increases when an individual commits new offences and decreases when the individual remains offence-free in the community for long periods of time. As static actuarial risk is based on historical factors, it does not provide information about dynamic risk factors and also fails to take into consideration the possibility of individual change over time and/or through effortful processing.

The following are examples of sexual offense specific static actuarial risk assessment instruments (see Table 5):

Static-99/R, Static-2002/R (Harris et al., 2003; Phenix, Fernandez et al., 2016, Phenix, Helmus & Hanson, 2016; Phenix et al., 2009) are the most commonly used sexual offense specific risk assessment instruments in the world. They contain 10-14 items based on demographics and

criminality history, and are periodically updated as new research becomes available (see www.static99.org). These STATIC measures are recommended for assessing the likelihood of sexual recidivism for adult men convicted of sexual crimes who are at least 18 years of age at the time of release to the community. These measures are not recommended for assessing the risk of individuals whose sexual offense(s) occurred during childhood (i.e., prior to age 18). Currently, the tests' authors recommend the use of Static-99R, Static-2002R, or both. For assessing the risk of general and (non-sexual) recidivism, the authors recommend using only age and the general criminality factor from Static-2002R, which they titled the **Brief Assessment for Recidivism Risk** (BARR-2002R; Babchishin, Hanson, & Blais, 2016).

Minnesota Sex Offender Screening Tool – Revised (MnSOST-R; Epperson et al., 2005) is a sixteen item instrument which assesses twelve historical or static risk factors and four dynamic risk factors related to sexual recidivism risk, and is one of the most widely used sexual offense specific risk assessment tools.

Minnesota Sex Offender Screening Tool – 3 (MnSOST-3; Duwe & Freske, 2012) is a research enhancement of the MnSOST-R, which contains nine items, six of which are new, and altered how items are scored. It provides information about sexual recidivism risk. However, as several of the items are specific to the Minnesota correctional system, its use is limited within other jurisdictions.

Sex Offender Risk Appraisal Guide (SORAG; Quinsey et al., 1998; Quinsey et al., 2006) was developed on the same sample group as the Violence Risk Appraisal Guide (VRAG) and is a 14-item actuarial scale designed to predict violent, including sexual, recidivism among men who have committed at least one previous hands-on sexual offense. The authors now recommend the **Violence Risk Appraisal Guide – Revised** (VRAG-R; Harris, Rice, Quinsey, & Cormier, 2015) in place of both the SORAG and VRAG.

Vermont Assessment of Sex Offender Risk – 2 (VASOR-2; McGrath et al., 2013) is designed to assess risk among adult males who have been convicted of at least one qualifying sexual offense. It is composed of a 12-item Reoffense Risk Scale and a 4-item Severity Factors Checklist. The Reoffense Risk Scale is statistically derived and is designed to assess risk for sexual and violent recidivism. The Severity Factors Checklist is clinically derived and is designed to describe the severity of sexual offenses. The VASOR-2 is a revised version of the VASOR (McGrath & Hoke, 2001).

Risk Matrix-2000 (Thornton, 2011) is a nine item static actuarial tool designed for males aged 18 or older who have been convicted of a sexual offense. It consists of three scales (Sex, Violence, and Combined) intended to assess risk for sexual, non-sexual violent, and any violent

recidivism, respectively. It has been shown to significantly predict all recidivism types (Helmus, et al., 2013) and is the most commonly used static risk tool in the United Kingdom.

Dynamic Actuarial

Dynamic actuarial risk assessment uses empirically validated risk factors which are combined into a total score using explicit rules and contain a significant number of dynamic risk factors. Unlike static actuarial instruments, dynamic actuarial protocols are able to measure change in risk over time and provide information about an individual's immediate risk management needs. Dynamic actuarial instruments also provide a total score associated with a specific risk category (e.g., low, moderate, high) that provides corresponding recidivism rates for each risk category.

The following are examples of sexual offense specific dynamic actuarial risk assessment instruments:

Stable-2007 (Hanson et al., 2007; Fernandez et al., 2014) is a 13-item instrument which measures dynamic risk factors and was developed for use in conjunction with the Static-99R, Static-2002R, or Risk Matrix -2000. It measures changeable factors which are empirically linked to sexual offending and assists clinicians, community supervising officers, and other professionals in assessing risk, treatment and supervision needs of adult males convicted of a sexual or sexually motivated crime.

Sex Offender Treatment Intervention and Progress Scale (SOTIPS; McGrath et al., 2012) is an empirically-derived dynamic measure designed to aid clinicians, correctional caseworkers, and probation and parole officers in assessing risk, treatment and supervision needs, and progress among adult males who have been convicted of one or more qualifying sexual offenses and committed at least one of these sexual offenses after their 18th birthday. The scale consists of 16 dynamic risk factors empirically linked to sexual offending. Each risk factor is potentially amenable to change and, therefore, is commonly a target for treatment and supervision intervention with adults who have sexually offended. The SOTIPS should be used in conjunction with a static risk assessment measure such as the Static-99R (Helmus et al., 2011) or VASOR-2 (McGrath et al., 2012). SOTIPS item scores are intended to reflect an individual's relative treatment and supervision needs on each risk factor. The SOTIPS total score is intended to provide an estimation of an individual's overall level of dynamic risk and need for supervision and treatment.

Violence Risk Scale – Sexual Offender Version (VRS-SO; Wong et al., 2003) identifies 7 static and 17 dynamic variables related to sexual and non-sexual recidivism. It is designed to integrate the assessment of risk, need, responsivity, and treatment change into a single tool. It assesses the client's level of sexual violence risk, identifies treatment targets linked to sexual violence, and assesses the client's readiness for change and their post-treatment improvements

on treatment targets. The VRS-SO can also be used as a stand-alone measure to assess a client's current risk for sexual violence.

The following are examples of sexual offense specific structured clinical judgment instruments (see Table 6):

Sexual Violence Risk-20 (SVR-20; Boer et al., 1997) is a 20-item checklist of risk factors for sexual violence that were identified by a review of the literature on adults who had sexually offended. It is a structured clinical guideline for the assessment of risk for sexual violence and assesses factors related to psychosocial adjustment, history of sexual offenses, and future plans. It is appropriate for use on adult males who have committed, or are alleged to have committed, an act of sexual violence.

Risk for Sexual Violence Protocol (RSVP; Hart et al., 2003) is an empirically based guideline for assessing and managing risk for sexual violence. It evaluates 22 factors that are broken into six categories: Sexual Violence History, Psychological Adjustment, Mental Disorder, Social Adjustment, and Manageability. The main task of the RSVP is risk formulation, not risk prediction.

Violence Risk Assessment

General Violence:

Violence Risk Appraisal Guide (VRAG; Quinsey et al., 1998; Quinsey et al., 2006) is a 12-item actuarial violence risk assessment instrument designed to predict violent recidivism among adults with mental illness who have offended. The authors now recommend an updated version of this tool, the **Violence Risk Appraisal Guide – Revised** (VRAG-R), which can be used with individuals who have committed violent and/or sexual offenses (Harris et al., 2015; Rice et al., 2013).

HCR-20: Assessing Risk for Violence, Version 3 (HCR-20 V3; Douglas et al., 2013) is a 20-item structured professional judgment instrument which includes a comprehensive set of professional guidelines for the assessment and management of violence risk for adults. Items are placed within three main areas – historical, clinical, and risk management – and it is the most commonly used violence risk assessment instrument in the world.

Domestic Violence:

Ontario Domestic Assault Risk Assessment (ODARA; Hilton et al., 2004; Hilton et al., 2010) is a static actuarial risk assessment tool that ranks men with respect to risk for domestic violence

recidivism. The higher the ODARA score, the more likely the man is to assault a female cohabiting partner again, the more frequent and severe future assaults will be, and the sooner he will re-assault. The ODARA was developed on a study of 589 men known to police in Ontario for physically assaulting their female partners. In an average follow up of approximately five years after an index incident of domestic violence, 30% of the men recidivated; recidivism occurred an average of 15 months after the index incident. The ODARA consists of 13 unique predictors of domestic violence recidivism, including domestic and non-domestic criminal history, threat and confinement during the most recent incident, children in the relationship, substance abuse, and barriers to victim support.

Spousal Assault Risk Assessment Guide (SARA; Kropp & Hart, 2000) is a structured professional judgment measure designed to help determine the degree to which an individual poses a domestic violence threat to his/her spouse, children, another family member, or another person involved. The authors consider it to be a quality-control checklist that both determines the extent to which the assessor has considered the risk factors of crucial predictive importance and yields information that is used to classify individuals into high or moderate/low risk categories.

Adolescent Risk Assessment

Adolescents who have engaged in sexually abusive behavior are a heterogeneous population. They differ in a variety of ways including, but not limited to, the motivation for their behavior, age and maturity level, family background, learning styles and learning problems, mental health issues, history of adverse childhood experiences and risk factors for reoffending. These youth also differ from adults convicted of sexual crimes cognitively, emotionally and developmentally. Adolescents who have engaged in sexually abusive behavior additionally have lower sexual recidivism rates, their sexual interests and arousal are more fluid, and they typically have less entrenched antisocial values and attitudes than adults convicted of sexual crimes. **Due to these differences, evaluations and risk assessments for adolescents differ from those utilized with adults.** Assessment of the adolescent should be developmentally appropriate and provide relevant information about risk, need and responsivity while also identifying strengths. Research related to risk and need assessment of these youth is evolving and ongoing, and professionals conducting evaluations are responsible for staying current on the research literature. There are evidence-informed, structured risk assessment tools that have been developed to assess the risk and needs of adolescents who have engaged in sexually abusive behavior, although it should be recognized that there are limitations to the current risk assessment tools that are available. Research provides preliminary support that existing instruments predict recidivism with better-than-chance accuracy (Viljoen et al., 2012; Worling

et al., 2012); however, there is still a great deal of variability between studies and further research is required to determine the extent to which group-based recidivism rates can be associated with specific scores or risk profiles.

Adolescence is a time of development and continuing change, which heightens the importance of periodically updating the risk assessment to ensure that it reflects the youth's current level of risk. A risk assessment is typically not considered current after six months and it is recommended that a youth's risk assessment be updated every 6 months. Research has also found that adolescents who have engaged in sexually abusive behavior are much more likely to re-offend non-sexually than sexually. For this reason, it is also recommended that a general risk assessment tool be incorporated into evaluations of youth involved in the court or juvenile justice system. For a more detailed discussion of the issues involved in the assessment of adolescents who have engaged in harmful sexual behavior, please see the ATSA Adolescent Treatment Guidelines (ATSA, in press).

The most commonly used sexual offense specific risk/need assessment tools are the ERASOR 2.0 (Worling & Curwen, 2001) and the JSOAP-II (Prentky & Righthand, 2003). Risk/need assessment is a component of a comprehensive evaluation and evaluators should be trained on the chosen instrument(s) prior to use. The Youth Level of Service/Case Management Inventory is a commonly used standardized and validated general risk assessment tool (see Table 7).

Estimate of Risk of Adolescent Sexual Offense Recidivism (ERASOR; Worling & Curwen, 2001) is a structured professional judgment (SPJ) measure for estimating the risk of sexual reoffense for an adolescent male, presently aged 12 to 18 years, who has previously committed a sexual assault. It includes 25 items covering five domains – Sexual Interests, Attitudes, and Behaviors; Historical Sexual Assaults; Psychosocial Functioning; Family/Environmental Functioning; and Treatment. Although the sum of the items predicts sexual recidivism, the authors recommend using professional judgment to determine the level of risk.

Juvenile Sex Offender Assessment Protocol – II (J-SOAP-II; Prentky & Righthand, 2003) is a 23-item checklist whose purpose is to aid in the systematic review of risk factors that have been identified in the professional literature as being associated with sexual and criminal offending. It is designed to be used with boys in the age range of 12 to 18 who have been adjudicated for sexual offenses, as well as non-adjudicated youths with a history of sexually coercive behavior. The authors recommend that the J-SOAP-II always be used as part of a comprehensive risk assessment, particularly as it is a scale that does not provide cut-off scores for categories of risk at this time and data on predictive validity is still being collected.

Juvenile Sexual Offense Recidivism Risk Assessment Tool – II (JSORRAT-II; Epperson et al., 2005) is a 12-item actuarial risk assessment tool developed to provide empirically-based

estimates of risk for future sexual offending by male youth in the juvenile justice system for prior sexual offenses. It can be used with male youth between the ages of 12 to 17.99 years at the time of their index (most recent) sexual offense. The items are generally behaviorally anchored and are scored by evaluators based on a review of relevant reports in juvenile justice case files. Two reliability studies confirmed that with appropriate training, the JSORRAT-II can be scored by evaluators with a very high degree of consistency. The JSORRAT-II has been validated in Utah and Iowa; additional validation studies are in the planning stage.

Structured Assessment of Violence Risk in Youth (SAVRY; Borum, 2006) is a violence risk assessment tool composed of 24 items in three risk domains (Historical Risk Factors, Social/Contextual Risk Factors, and Individual/Clinical Factors) drawn from the existing research and professional literature on adolescent development, as well as on violence and aggression in youth. In addition to the 24 risk factors, the SAVRY also includes six Protective Factor items. It is a structured professional judgment tool useful in the assessment of male or female adolescents between the ages of 12 and 18 years as it captures relevant risk factors and provides guidance for risk formulation.

Youth Level of Service/Case Management Inventory 2.0 (YLS/CMI 2.0; Hoge & Andrews, 2011) is a risk/needs tool that predicts general re-offending within male and female adolescent populations. It is appropriate for use with youth between the ages of 12 and 18. This inventory draws from interviews, official reports, and other collateral information to produce a detailed evaluation of the risk and need factors of youth. The results provide a linkage between risk/need factors and the development of a personalized case plan that may be continually reviewed and updated.

Recommendations

Current best practice for interventions with individuals convicted of sexual offenses involves the application of the RNR principles. Two of these principles, the Risk principle and the Need principle, require the use of validated risk assessment tools. The Need principle requires the assessment of dynamic risk factors (i.e., criminogenic needs). Consequently, professionals involved in the adjudication, management, and treatment of individuals convicted of sexual offenses should use an empirically validated method of risk assessment. This requires determining in advance the risk factors to consider, and using a validated method of combining these risk factors into an overall evaluation. The choice of the specific measure or measures will depend on the setting and the purpose for which the risk assessment is to be used. For example, certain measures are well suited to estimating long-term recidivism potential whereas others focus on the service needs of individuals on community supervision. It is also important to remember the introduction of a risk tool into a system does not necessarily mean that it will be used appropriately. For risk assessment to be implemented with high fidelity, evaluators

must be trained, motivated, and supported in the use of the risk tool. Good implementation requires methods for maintaining consistency in scoring and the time for (re)assessments, such as peer review processes, clinical supervision, encouragement to consult on scoring questions, mentorship for novice scorers, participation in inter-rater reliability exercises, and ongoing jurisdictional support for accurate and timely assessments.

References

- Andrews, D. A., & Bonta, J. (2010a). *The psychology of criminal conduct* (5th ed.). New Providence, NJ: LexisNexis.
- Andrews, D. A., & Bonta, J. (2010b). Rehabilitating criminal justice policy and practice. *Psychology, Public Policy and Law*, *16*, 39-55.
- Andrews, D. A., Bonta, J., & Wormith, S. J. (2004). *The Level of Service/Case Management Inventory (LS/CMI)*. Toronto, ON: Multi-Health Systems.
- Ægisdóttir, S., White, M. J., Spengler, P. M., Maugherman, A. S., Anderson, L. A., Cook, R. S., & Rush, J. D. (2006). The meta-analysis of clinical judgment project: Fifty-six years of accumulated research on clinical versus statistical prediction. *The Counseling Psychologist*, *34*, 341-382.
- Andrews, D. A., Bonta, J., & Wormith, J. S. (2006). The recent past and near future of risk and/or need assessment. *Crime & Delinquency*, *52*, 7-27.
- Andrews, D. A., Zinger, I., Hoge, R. D., Bonta, J., Gendreau, P., & Cullen, F. T. (1990). Does correctional treatment work? A clinically relevant and psychologically informed meta-analysis. *Criminology*, *28*, 369-404.
- Babchishin, K. M., Hanson, R. K., & Blais, J. (2016). Less is more: Using Static-2002R subscales to predict violent and general recidivism among sexual offenders. *Sexual Abuse: A Journal of Research and Treatment*, *28*, 187-217.
- Boer, D. P., Hart, S. D., Kropp, P. R., & Webster, C. D. (1997). *Manual for the Sexual Violence Risk - 20: Professional Guidelines for Assessing Risk of Sexual Violence*. Vancouver, BC: Mental Health, Law, & Policy Institute.
- Bonta, J. (2002). Offender risk assessment: Guidelines for selection and use. *Criminal Justice & Behavior*, *29*, 355-379.
- Borum, R. (2006). *Manual for the Structured Assessment of Violence Risk in Youth (SAVRY)*. Odessa, FL: Psychological Assessment Resources.
- Douglas, K. S., Hart, S. D., Webster, C. D., & Belfrage, H. (2013). *HCR-20V3: Assessing risk of violence – User guide*. Burnaby, BC: Mental Health, Law, and Policy Institute, Simon Fraser University.
- Duwe, G., & Freske, P. (2012). Using logistic regression modeling to predict sexual recidivism: The Minnesota sex offender screening tool-3 (MnSOST-3). *Sexual Abuse: A Journal of Research and Treatment*, *24*, 350-377.

- Epperson, D. L., Kaul, J. D., Huot, S., Goldman, R., Hesselton, D., & Alexander, W. (2005). *Minnesota Sex Offender Screening Tool-Revised (MnSOST-R) scoring guidelines—updated*.
- Fernandez, Y., Harris, A. J. R., Hanson, R. K., & Sparks, J. (2014). *Stable-2007 Coding Manual Revised 2014*.
- Hanson, R. K., Bourgon, G., Helmus, L., & Hodgson, S. (2009). *A meta-analysis of the effectiveness of treatment for sexual offenders: Risk, need, and responsivity* (User Report 2009-01). Ottawa, ON: Public Safety Canada.
- Hanson, R. K., & Bussière, M. T. (1998). Predicting relapse: A meta-analysis of sexual offender recidivism studies. *Journal of Consulting and Clinical Psychology, 66*, 348-362.
- Hanson, R. K., & Morton-Bourgon, K. E. (2004). *Predictors of sexual recidivism: An updated meta-analysis* (User Report 2004-02). Ottawa, ON: Public Safety and Emergency Preparedness.
- Hanson, R. K., & Morton-Bourgon, K. E. (2009). The accuracy of recidivism risk assessments for sexual offenders: A meta-analysis of 118 prediction studies. *Psychological Assessment, 21*, 1-21.
- Hanson, R. K., Harris, A. J. R., Scott, T.-L., & Helmus, L. (2007). *Assessing the risk of sexual offenders on community supervision: The Dynamic Supervision Project*. User Report, Corrections Research, Ottawa: Public Safety Canada.
- Harris, G. T., Rice, M. E., Quinsey, V. L., & Cormier, C. A. (2015). *Violent offenders: Appraising and managing risk* (3rd ed.). Washington, DC: American Psychological Association.
- Harris, A. J. R., Phenix, A., Hanson, R. K., & Thornton, D. (2003). *Static-99 coding rules: Revised 2003*. Ottawa, ON: Solicitor General Canada.
- Hart, S. D., Kropp, P. R., & Laws, D. R. with Klaver, J., Logen, C., & Watt, K. A. (2003). *The Risk for Sexual Violence Protocol (RSVP)*. Burnaby, BC: Simon Fraser University, Mental Health, Law, and Policy Institute.
- Helmus, L., Babchishin, K. M., & Hanson, R. K. (2013). The predictive accuracy of the Risk Matrix 2000: A meta-analysis. *Sexual Offender Treatment, 8*, 1-20.
- Hilton, Z. H., Harris, G. T., & Rice, M. E. (2010). *Risk assessment for domestically violent men: Tools for criminal justice offender intervention, and victim services*. Washington, DC: American Psychological Association.
- Helmus, L., Hanson, R.K., Babchishin, K.M., & Mann, R.E. (2013). Attitudes supportive of sex offending predict recidivism: A meta-analysis. *Trauma, Violence, & Abuse, 14*, 34-53.

Hilton, Z. H., Harris, G. T., Rice, M. E., Lang, C. L., Cormier, C. A., & Lines, K. J. (2004). A brief actuarial assessment for the prediction of wife assault recidivism: The Ontario domestic assault risk assessment. *Psychological Assessment, 16*, 267-275.

Hoge, R.D. & Andrews, D.A. (2011). *Youth Level of Service/Case Management Inventory 2.0 (YLS/CMI 2.0): User's Manual*. Toronto, ON: Multi-Health Systems.

Kropp, P. R. & Hart, S. D. (2000). The Spousal Assault Risk Assessment (SARA) Guide: Reliability and validity in adult male offenders. *Law and Human Behavior, 24*, 101–118.

Mann, R.E., Hanson, R.K., & Thornton, D. (2010). Assessing risk for sexual recidivism: Some proposals on the nature of psychologically meaningful risk factors. *Sexual Abuse: A Journal of Research and Treatment, 22*, 191-217.

McGrath, R. J. & Hoke, S. E. (2001). *Vermont Assessment of Sex Offender Risk*. Waterbury, VT: Author. (Original work published 1994)

McGrath, R. J., Hoke, S. E., & Lasher, M. P. (2013). *Vermont Assessment of Sex Offender Risk -2*. Waterbury, VT: Author.

McPhail, I. V., Hermann, C. A., & Nunes, K. L. (2013). Emotional congruence with children and sexual offending against children: A meta-analytic review. *Journal of Consulting and Clinical Psychology, 81*, 737-749.

Meehl, P. E. (1954). *Clinical versus statistical prediction: A theoretical analysis and a review of the evidence*. Minneapolis, MN: University of Minnesota Press.

Menzies, R. J., Webster, C. D., McMMain, S., Staley, S., & Scaglione, R. (1994). The dimensions of dangerousness revisited: Assessing forensic predictions about criminality and violence. *Law and Human Behavior, 18*, 695-700.

Miller, H. (2006). A dynamic assessment of offender risk, needs, and strengths in a sample of pre-release general offenders. *Behavioral Sciences and the Law, 24*, 767-782.

Phenix, A., Doren, D., Helmus, L., Hanson, R. K., & Thornton, D. (2009) *Coding rules for Static-2002*. Ottawa, ON: Public Safety Canada. Available at www.static99.org

Phenix, A., Fernandez, Y., Harris, A. J. R., Helmus, M., Hanson, R. K., & Thornton, D. (2016). *Static-99R coding rules : Revised – 2016*. Available at www.static99.org

Phenix, A., Helmus, L., & Hanson, R.K. (2016). *Static-99R & Static-2002R Evaluators' Workbook*. Available at www.static99.org

Prentky, R.A. & Righthand, S. (2003). *Juvenile Sex Offender Assessment Protocol-II (J-SOAP-II): Manual*. Washington, DC: U.S. Department of Justice.

Quinsey, V. L., & Ambtman, R. (1979). Variables affecting psychiatrists' and teachers' assessments of the dangerousness of mentally ill offenders. *Journal of Consulting and Clinical Psychology, 47*, 353-362.

Quinsey, V. L., Harris, G. T., Rice, M. E., & Cormier, C. A. (1998). *Violent offenders: Appraising and managing risk*. Washington, DC: American Psychological Association.

Quinsey, V. L., Harris, G. T., Rice, M. E., & Cormier, C. A. (2006). *Violent offenders: Appraising and managing risk* (2nd. Ed.). Washington, DC: American Psychological Association.

Rice, M. E., Harris, G. T., & Lang, C. (2013). Validation of and revision to the VRAG and SORAG: The Violence Risk Appraisal Guide—Revised (VRAG-R). *Psychological Assessment, 25*, 951-965.

Thornton, D. (2011). *Scoring guide for the Risk Matrix 2000.11/SVC*. Unpublished document.

Viljoen, J. L., Mordell, S., & Beneteau, J. L. (2012). Prediction of adolescent sexual reoffending: A meta-analysis of the J-SOAP-II, ERASOR, J-SORRAT-II, and Static-99. *Law and Human Behavior, 36*, 423-438.

Webster, C. D., Douglas, K. S., Eaves, D. & Hart, S. D. (1997). Assessing risk of violence to others. In C. D. Webster & M. A. Jackson (Eds.), *Impulsivity: Theory, assessment, and treatment* (pp. 251-277). New York, NY: Guilford Press.

Wong, S. C. P., Olver, M. E., Nicholaichuk, T. P., & Gordon, A. E. (2003). *The Violence Risk Scale-Sexual Offender version (VRS-SO)*. The Regional Psychiatric Centre and University of Saskatchewan, Saskatoon, SK, Canada.

Worling, J.R. & Curwen, T. (2001). *Estimate of Risk of Adolescent Sexual Offense Recidivism Version 2.0*. Toronto, ON: SAFE-T Program, Thistletown Regional Centre.

TABLE 1.

The importance of static and dynamic risk factors to different types of assessment.

CONTEXT	STATIC FACTORS	DYNAMIC FACTORS	
		STABLE	ACUTE
Long-term sanctions			
(sexual predator, life-time supervision)			
Imposition	√√	√	•
Release	√	√√	√
Community supervision			
(e.g., parole, probation)			
Placement	√√	√√	√
Revocation/change	√	√	√√
Treatment			
Identification of goals/needs	•	√√	√
Evaluating individual change	•	√√	√
Child protection			
Long-term safety (placement)	√√	√	•
Need for crisis intervention	√	√	√√

√√ very important

√ relevant

• relevant, but not required

TABLE 2.

Predictors of general (any) recidivism among adults who have sexually offended and those who have generally offended.

RISK FACTOR	SEXUAL OFFENDERS	GENERAL OFFENDERS
Companions	.12	.21
Antisocial cognitions	–	.18
Antisocial personality	.27	.18
Adult criminal history	.27	.17
Juvenile delinquency	.23	.16
Minority race	.10	.16
Age (young)	.16	.11
Substance abuse	.22	.10
Low intelligence	.01	.07
Personal distress	.01	.05

Note: Values are averaged correlation coefficients from Hanson and Bussière (1998), Hanson and Morton-Bourgon (2004) and Gendreau et al. (1996; general offenders).

TABLE 3.
Established risk factors for sexual recidivism.

Age (young)

Sexual Criminality

Sexual criminal history

- Prior sexual offences
- Early onset of sexual offending
- Diverse sexual crimes
- Non-contact sexual offences
- Victim characteristics (unrelated, strangers, males)

Deviant sexual interests

- Any deviant sexual preference
 - Sexual preference for children
 - Sexualized violence
 - Multiple paraphilias
- Sexual preoccupations

Attitudes tolerant of sexual assault

General Criminality

Lifestyle instability/criminality

- Childhood behavior problems (e.g., running away, grade failure)
- Juvenile delinquency
- Any prior offences
- Lifestyle instability (reckless behavior, employment instability)
- Personality disorder (antisocial, psychopathy)
- Grievance/hostility

Social problems/Intimacy deficits

- Single (never married)
- Conflicts with intimate partners
- Hostility toward women
- Negative social influences

Response to treatment/supervision

- Treatment drop-out
- Non-compliance with supervision
- Violation of conditional release

Poor cognitive problem-solving

Risk factors specific to sexual offenders against children

- Emotional congruence with children
 - Child molester attitudes
-

Sources: Hanson & Bussière (1998); Helmus et al. (2013); Mann et al. (2010); McPhail, Hermann & Nunes (2013)

TABLE 4.

Validated actuarial risk assessment tools designed for adults who have generally or violently offended.

SCALE	NUMBER OF ITEMS	TYPE OF ITEMS	TYPE OF RECIDIVISM PREDICTED
LSI-R	54	Criminal history, education/employment, financial problems, family/marital problems, poor accommodation, criminal companions, substance abuse, emotional disturbance, procriminal attitudes	general violent
LS/CMI	43	Similar to LSI-R with protective factors and case management components	general violent
VRAG	12	PCL-R, age, separation from parents, alcohol problems, childhood maladjustment, criminal history, marital status, mental health, victim injury, failure on conditional release	violent general
VRAG-R	12	Based on VRAG, PCL-R total score replaced with Facet 4 (antisociality), clinical diagnoses removed	violent
ODARA	13	Prior domestic violence, violence against others, prior correctional sentence, conditional release failure, threats to harm or kill, confinement of victim, number of children, victim concern, assault on pregnant victim, barriers to victim support	intimate partner violence

LSI-R Level of Service Inventory – Revised (Andrews & Bonta, 1995)

LS/CMI Level of Service/Case Management Inventory (Andrews et al, 2004)

VRAG Violence Risk Appraisal Guide (Harris et al., 2015; Quinsey et al., 1998).

VRAG-R Violence Risk Appraisal Guide – Revised (Harris et al., 2015)

ODARA Ontario Domestic Assault Risk Assessment (Hilton, Harris, Rice, Lang, Cormier & Lines, 2004; Hilton, Harris, & Rice, 2010)

TABLE 5.

Validated, actuarial risk assessment tools for adults who have sexually offended.

SCALE	NUMBER OF ITEMS	TYPE OF ITEMS	TYPE OF RECIDIVISM PREDICTED
Static-99R	10	Age at release, relationship history, prior sexual offenses, non-sexual violence, total sentencing dates, non-contact offenses, male victims, unrelated victims, stranger victims	sexual
Static-2002R	14	Age at release, persistence of sexual offending, deviant sexual interests, relationship to victim, general criminality	sexual
BARR-2002R	6	Age at release, prior convictions, community supervision violations, prior non-sexual violence, time-free prior to index offence	violent general
MnSOST-R	21	Prior sexual offenses, violation of conditional release, use of force, age of victim, stranger victims, juvenile delinquency, substance abuse, employment, treatment dropout, age	sexual
MnSOST-3	9	Predatory offense sentences, felony sentences, harassment/stalking/violate order for protection, recent disorderly conduct sentence, age at release, unsupervised release, treatment completion, male victims, public place	sexual
SORAG	14	Similar to VRAG (see below) plus phallometric assessment.	violent
VASOR-2	16	Age, prior sex offense convictions, prior sentencing dates, supervision violations, non-contact convictions, male victims, relationship to victims, sexual fixation, substance abuse, lifestyle instability, treatment history, offense severity	sexual violent
RM-2000	9	Age, sexual appearances, criminal appearances, male victims, stranger victims, relationship history, non-contact offenses, violent appearances, burglary	sexual violent
Stable-2007	12	Significant social influences, capacity for relationship stability, emotional identification with children, hostility towards women, social rejection/loneliness, lack of concern for others, impulsivity, poor cognitive problem solving skills, negative emotionality, sexual preoccupation, sex as coping, deviant sexual preference, cooperation with supervision	sexual violent general
SOTIPS	16	Sexual offense responsibility, sexual behavior, sexual attitude, sexual risk management, criminal/rule breaking behavior, criminal/rule breaking attitudes, stage of change, cooperation with treatment, cooperation with supervision, emotion management, problem solving, impulsivity, employment, residence, social influences	sexual violent
VRS-SO	24	Age at release, age at first sexual crime, sexual offender type, prior sexual offenses, relationship to victim, victim gender, prior sentencing dates, sexually deviant lifestyle, sexual compulsivity, offense planning, criminal personality, cognitive distortions, interpersonal aggression, emotional control, insight, substance abuse, community support, released to high risk situations, sexual offending cycle, impulsivity, compliance with community supervision, treatment compliance, deviant sexual preference, intimacy deficits	sexual violent

Static-99R	(Phenix, Fernandez, Harris, Helmus Hanson, & Thornton, 2016; Helmus et al., 2012)
Static-2002R	(Phenix, Doren, Helmus, Hanson, & Thornton, 2009; Phenix, Helmus & Hanson, 2016)
BARR-2002R	Brief Assessment for Recidivism Risk (Babchishin, Hanson, & Blais, 2016)
MnSOST-R	Minnesota Sex Offender Screening Tool — Revised (Epperson, Kaul, Huot, Goldman, Hesselton, & Alexander, 2005).
MnSOST-3	Minnesota Sex Offender Screening Tool – 3 (Duwe & Freske, 2012).
SORAG	Sex Offender Risk Appraisal Guide (Harris et al., 2015; Quinsey et al., 1998).
VASOR-2	Vermont Assessment of Sex Offender Risk – 2 (McGrath, Hoke, & Lasher, 2013).
RM-2000	Risk Matrix-2000 (Thornton, 2011)
STABLE-2007	(Hanson, Harris, Scott & Helmus, 2007; Fernandez, Harris, Hanson, & Sparks, 2012)
SOTIPS	Sex Offender Treatment Intervention and Progress Scale (McGrath, Cumming, & Lasher, 2012)
VRS-SO	Violence Risk Scale – Sexual Offender Version (Wong, Olver, Nicholaichuk, & Gordon, 2003)

TABLE 6.

Structured professional judgment risk assessment tools used with adults who have sexually offended.

SCALE	NUMBER OF ITEMS	TYPE OF ITEMS	TYPE OF RECIDIVISM PREDICTED
SVR-20	20	Sexual deviance, victim of child abuse, psychopathy, major mental illness, substance use problems, suicidal/homicidal ideation, relationship problems, employment problems, nonsexual violence, nonviolent, offenses, prior supervision failure, history of sexual offenses, lacks realistic plan, negative attitude toward intervention	sexual violent
HCR-20	20	Violence, other antisocial behavior, relationships, employment, substance use, major mental disorder, personality disorder, traumatic experiences, violent attitudes, treatment/supervision response, insight, violent ideation or intent, instability, living situation, personal support, stress or coping	violent
RSVP	22	Sexual violence history (chronicity, diversity, escalation, physical coercion, psychological coercion), psychological adjustment (denial, attitudes supportive of sexual violence, problems with self-awareness, problems with stress, problems resulting from child abuse), mental disorder (sexual deviance, psychopathy, major mental illness, substance abuse, violent/suicidal ideation), social adjustment (problems with intimate relationships, non-intimate relationships, employment, non-sexual criminality), manageability (problems with planning, treatment, supervision)	sexual
SARA	20	Criminal history (past assault of family members, past assault of others, past violation of conditional release), psychosocial adjustment (recent relationship problems, recent employment problems, victim or witness to family violence in childhood, recent substance abuse/dependence, recent suicidal/homicidal ideation, recent psychotic/manic symptoms, personality disorder), spousal assault history (past physical assault, sexual assault/jealousy, use of weapons/threats, violation of no contact orders, denial of history, attitudes supportive of spousal violence), and alleged [current] offense (severe and/or sexual assault, use of weapons/threats, violation of no contact order)	domestic violence
SVR-20	Sexual Violence Risk Scale – 20 (Boer, Hard, Kropp, & Webster, 1997)		
HCR-20	(Douglas, Hard, Webster, & Belfrage, 2013)		
RSVP	Risk for Sexual Violence Protocol (Hart, Laws, Klaver, Logan, & Watt, 2003)		
SARA	Spousal Assault Risk Assessment Guide (Kropp & Hart, 2000)		

TABLE 7.

Validated risk assessments tools commonly used with adolescents convicted of sexual offenses.

SCALE	NUMBER OF ITEMS	TYPE OF ITEMS	TYPE OF RECIDIVISM PREDICTED
ERASOR	25	Sexual interests, attitudes and behaviors; historical sexual assaults; psychosocial functioning; family/environmental functioning; and treatment	sexual violent
J-SOAP-II	23	Sexual drive/preoccupation , impulsive/antisocial behavior, interventions, community stability/adjustment	sexual general
JSORRAT-II	12	Number of sexual offenses, number of victims, length of sexual offending history, under supervision at time of sexual crime, location of sexual crimes, grooming behavior, treatment status, history of sexual/physical victimization, special education placement, school disciplinary issues, non-sexual criminal offenses	sexual
SAVRY	24	Historical risk factors, social/contextual risk factors, individual/clinical factors, and protective factors	violence
YLS/CMI 2.0	42	Prior and current offenses/dispositions, family circumstances/parenting, education/employment, peer relations, substance abuse, leisure/recreation, personality/behavior, and attitudes/orientation	general

ERASOR Estimate of Risk of Adolescent Sexual Offence Recidivism (Worling & Curwen, 2001)

J-SOAP-II Juvenile Sex Offender Assessment Protocol – II (Prentky & Righthand, 2003)

JSORRAT-II Juvenile Sexual Offense Recidivism Risk Assessment Tool – II (Epperson, Ralston, Fowers, & Dewitt, 2005)

SAVRY Structured Assessment of Violence Risk in Youth (Borum, 2006)

YLS/CMI 2.0 Youth Level of Service/Case Management Inventory 2.0 (Hoge & Andrews, 2011)