

# 8: Risk Assessment Of Youth Who Engage In Sexually Abusive Behaviours: An Overview



## Problem Sexual Behaviours and Sexually Abusive Behaviours age ranges

The SABTS system focuses on youth aged from 10 years to under 18 years (in process as of February 2018). However, in practice, the majority of services across Victoria also work with youth under 10 years of age. Based on the age of criminal responsibility in Victoria (and in Australia), the following language categories are used:

- Children aged up to under 10 years of age: Problem Sexual Behaviour (PSB),
- Youth aged 10 years through to under 18 years: Sexually Abusive Behaviours (SABs).

## Practitioner requirements

Practitioners working within the SABTS system are expected to have a level of expertise and capacity to undertake a risk assessment with the clients of the service, that incorporates sound theoretical knowledge of child development (including sexual development), trauma, attachment and brain development, family systems theory, risk, needs, responsivity (RNR), and assessment principles.

Those practitioners undertaking assessments should demonstrate a broad understanding of the goals of assessment, tools to be used, or being used in risk assessment - and the general tenets of risk assessment, including theoretical and ethical concerns regarding risk assessment limitations.

A considerable body of literature exists about all of the above, and practitioners should be able to access information on risk assessment easily. The reference list at the end of this document has a number of resources of value in learning what is required. A list of risk assessment tools and their descriptions is provided later in this document.

## 'Adequate' risk assessment

An adequate risk assessment should:

- Provide a level of risk that is contextual to the youth's unique circumstances,
- Link that risk level to a *needs analysis* – what needs to occur for the youth to manage the PSB/SABs,
- Consider any strengths or protective factors that are present and thus may moderate risk,
- Take into account the young person's personal circumstances (e.g.: potential individual pathology issues) as well as the youth's interpersonal situation (their familial, school, peer and romantic circumstances).

Risk assessments that focus very narrowly on the young person's life circumstances solely related to PSB/SAB issues would not be viewed as ethical nor adequate.

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The risk assessment outcome and recommendations should provide direction on how SABs will be managed by the youth, with treatment designed to bring those skill sets to the fore. The risk assessment should assist those around the sexually abusive youth to:

- Understand what is trying to be achieved,
- Highlight where risk exists,
- Assist the youth to manage these issues before the youth develops their own skill sets.

The goal is to eventually develop both internalised processes and more external environmental management, within, where necessary, a 'safety plan'.

At the conclusion of a risk assessment, the following should have been addressed and clear information provided to the youth and their family about:

- Consensus between the assessor and the client/family regarding 'what happened',
- Discussion and provision of potential basis for the behaviours,
- Management and treatment strategy/ies for addressing and managing risk,
- Risk level linked to needs (see above),
- Environmental management strategies (any issues regarding living arrangements, schooling, contact with children etc.),
- Timeframe for treatment,
- Roles and responsibilities of all involved.

### Conducting an assessment

The initial assessment is generally undertaken over a short period of time – 4 to 6 weeks. A referral should be provided to the assessor which has enough background information for a reasonable person to conclude "...something has happened". In other words, it provides an initial mandate for intervention. The assessor is not an investigator nor a police officer.

The referral **MUST** include what occurred, to whom and when (and how many times). It can be assumed that not all the details of what has occurred will be known at this initial stage, however enough must be known to provide a basis for assessment to occur. Particularisation is vital for moving forward.

Referrals which are vague, stating "...something was said or happened but nothing is known", for example (fishing expeditions) require discussion with the author of the referral. In line with the tenets of the law, when little is known, the benefit of the doubt must be given to the accused. In other words, if you don't have any information that something has occurred, it must be assumed that it did not. A common-sense approach to this, however, must be taken.

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The referral information must be read by the assessor before beginning the assessment. Here is a brief summary of what to achieve in each session.

### Session 1

The assessment begins with a session between the assessor and the caregivers/parents of the child. The purpose of this initial session is to gather as much information as possible about the child within the context of the family. Ensure the parents are aware that the session is for you to spend time with them, not the child. This session also allows you to talk the parents through the process of treatment and engage them in the therapeutic process.

### Session 2

The next session generally involves meeting with the young person and their caregivers/parent/s together for the first part of the session, and then moving to just the young person and the assessor in the room.

At the end of each of the sessions the caregivers/parents should be brought into the session for a short period to ensure all of you are on the same page, and any important issues are raised and understood by all. You should have a clear mandate with both the child and parents about what will be disclosed to them and what will not. Without this, the child may struggle to trust you with important information. Remember, this is a sensitive subject. Give a summary of the session, along with any information relevant to assisting the young person to manage between sessions.

If dysregulation and/or violence is present, this is also different for older adolescents. This can have a great impact on the therapeutic provider and a negative impact on the treatment potential (see **Guide 6: Potential exclusion issues: 15 – 18 year olds**).

### Gathering information

For the next 3-4 sessions, assessments start off broadly. Think of a wide funnel that tapers to a thin nozzle the further in you go. First, gather broad background information about the youth's general functioning across multiple domains.

By the third or fourth assessment session, the assessor is focusing in on the specifics of the sexually abusive acts undertaken. Of course, as a 'curious' assessor, you will always ask the child if they have any idea as to why these behaviours have occurred. Also remember, that just because they say it, doesn't mean it's true. You must decide whether the rationale 'fits'. In most cases it will be you enlightening the client and their family as to *why* and *how* the behaviours have developed.

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## After the final assessment session

- Finalise your report with the dynamic and static risk factors clearly articulated, as well as the reasons why these stand out in this case. These then inform the needs of the client in treatment. The identified dynamic risk factors become the treatment goals. The risk assessment level is reported, however this must be done in the context of treatment rather than the sole focus of the report.
- Talk with your clients; the child, their parents/carers about the report. At this point you should be able to provide a clearly articulated treatment plan.

**Important note:** At times we have to provide ‘bad news’ to clients regarding placement issues, and also information about restrictions and rules. This information should not come out as ‘bomb shell’ news. Ensure clients and families are provided with signs along the way of what is likely to occur as you formulate your views over the assessment period. For example, a client family who believes everything is going well and is compliant, who comes to the last session to hear for the first time that their child has to live elsewhere and attend a different school, will rightly be upset. Ensure this does not occur. Ensure you consult with your clinical supervisor when difficult decisions are required, to test the veracity of your recommendations.

## Tools

Assessors should consider which tools they are going to use for the assessment. Many assessment tools are designed to be completed whilst not in the presence of the client. Others require the client to complete various scoring sheets or to answer questions.

Assessors should be aware of any reading, writing and cognition deficits that a young person may have *before* engaging them to complete assessment tools.

Risk assessment tools include:

- J-SOAP II (Prentky & Righthand)
- ERASOR (Worling & Curwen)
- CI-J-RAT (Rich)
- PROFESOR (Worling)
- Interview Protocols.

These tools are quite comprehensive and intuitive, having strong face validity. Training is recommended before using them.

Below are brief details of each tool. Clinical competence in the use of each, as well as a firm understanding of the strengths and limitations of the tools *must* be achieved prior to using them with clients. Remember – your decisions about clients will have a marked impact on their lives. You must be well-equipped to make them.

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### J-SOAP II

**The Juvenile Sex Offenders Assessment Protocol – II (J-SOAP II: Prentky & Righthand, 2003).**

This tool is a checklist for 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 offences, as well as non-adjudicated youths with a history of sexually coercive behaviour. It can also be used with 11-19 year olds.

The J-SOAP II assists the assessor by neatly dividing the instrument into four different sub-scales, two static and two dynamic.

See <https://www.ncjrs.gov/pdffiles1/ojjdp/202316.pdf>

### ERASOR

**The Estimate of Risk of Adolescent Sexual Offense Recidivism Version 2.0 (ERASOR: Worling & Curwen 2001).**

The ERASOR is an empirically-guided, single-scale instrument designed to estimate the short-term risk of a sexual re-offence among young people aged 12 to 18. It looks at risk factors that fall under 5 headings:

- Sexual interests, attitudes, and behaviours
- Historical sexual assaults
- Psychosocial functioning;
- Family/environmental functioning
- Treatment.

The ERASOR is used widely in Canada, the United States and Australia and by a growing number of clinicians in other countries. There has recently been some discussion that the ERASOR is being *replaced* by the PROFESSOR. This is simply untrue. The ERASOR can continue to be used in assessment situations.

See: <http://djj.ky.gov/800%20Policy%20Manual/ERASOR%202.0.pdf>

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### CI-J-RAT (Ritch)

**The Juvenile Risk Assessment Tool (J-RAT), the Cognitively Impaired Juvenile Risk Assessment Tool (CI/J-RAT), and the Latency Age Sexual Adjustment and Assessment Tool (LA-SAAAT), All authored by Phil Rich (Note: all of these tools have an "IR" companion tool for "Interim Re-Assessment").**

These tools were developed at Stetson School by Dr Phil Rich. They are empirically informed, structured clinical instruments. They are copyrighted, but are available for use from the author or the school. Each has a "companion" tool for periodic interim re-assessment (IR).

These instruments are updated periodically by Dr Rich. Assessors should check his website (link below) to ensure they have the most current version by "version date" (shown on the cover page on each instrument).

See: <http://www.philrich.net/risk-assessment-instruments.html>  
or: <http://www.j-rat.net/>

### The PROFESSOR (Worling)

A new tool, developed in 2017, the **PROFESOR (Protective + Risk Observations For Eliminating Sexual Offense Recidivism)** has been developed by the lead-author of the ERASOR, Dr James Worling. Quoting directly from the online manual: the "Protective + Risk Observations For Eliminating Sexual Offense Recidivism (PROFESOR) is a structured checklist to assist professionals to identify and summarize protective and risk factors for adolescents and emerging adults (i.e., individuals aged 12 to 25) who have offended sexually.

*PROFESOR is intended to assist with planning interventions that can help individuals to enhance their capacity for sexual and relationship health and, thus, eliminate sexual recidivism.*

*PROFESOR is not intended to predict risk. Indeed, it is critical to stress that there is currently no empirical support to suggest that the PROFESOR could inform predictions of future sexual offending.*

*PROFESOR contains 20 bipolar factors (i.e., both protective and risk characteristics) that were chosen based on a review of the available literature and on clinical experience with adolescents and emerging adults who have offended sexually."*

<http://www.drjamesworling.com/profesor.html>

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## Interview Protocols.

Other tools related to risk assessment of sexually abusive young people:

- Dash-13 (Worling, 2013): <http://www.drjamesworling.com/dash-13.html>
- Weschler Intelligence Scale for Children: WISC-V: <http://www.pearsonclinical.com/psychology/products/100000771/wechsler-intelligence-scale-for-childrensupfifth-edition--wisc-v.html>
- Millon Adolescent Clinical Inventory (MACI): <https://www.pearsonclinical.com/psychology/products/100000667/millon-adolescent-clinical-inventory-maci.html>
- The Youth Level of Service/Case Management Inventory (YLS/CMI: Hoge & Andrews, 2002). [www.ncbi.nlm.nih.gov/pmc/articles/PMC4096938/](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4096938/)

## To conclude

The processes involved in risk assessment of sexually abusive youth have developed steadily over the past two decades. Practitioners working with sexually abusive youth should understand the purpose, meaning and process of risk assessment. This requires a good working knowledge of current risk assessment tools as well as an ability to consult and liaise with others, and an ability to meaningfully engage with youth who enter in treatment for sexually abusive behaviours.

The importance of a purposeful and focused risk assessment cannot be overstated. The risk assessment is the first step in the young client's journey towards understanding, overcoming and managing these serious behaviours.

## References

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