9: Assessment: The ERASOR

NOTE: This guide:
- Should be read in conjunction with the ERASOR manual and the other risk assessment guides*,
- Provides a commentary on the tool,
- Aims to assist SABTS practitioners to use the tool.

DO NOT use the ERASOR without:
- Reading the online manual,
- Being trained by a practitioner who is experienced in using the ERASOR.

Reading this guide does not provide training in using the instrument.

Access ERASOR at:

*Read this guide in conjunction with the following guides:
- 7: Assessment and treatment for SABs: A general overview,
- 8: Risk assessment of youth who engage in SABs: An overview,
- 10: Assessment: The J-SOAP II,
- 11: Assessment of females engaging in SABs.

ERASOR: An introduction
Authors: Dr James Worling, Ph.D. & (now) Associate Professor Tracy Curwen, M.A. in 2001.

The Estimate of Risk of Adolescent Sexual Offense Recidivism, Version 2.0 (ERASOR) is designed to assist evaluators to estimate the risk of a sexual re-offense for individuals aged 12-18 who have previously committed a sexual assault.

The ERASOR was developed in a similar fashion to the SVR-20 (Boer et. al., 1997). It must be stressed that the factors suggested in The ERASOR are certainly not exhaustive as there are, in many cases, unique risk factors specific to the particular individual being assessed. Furthermore, the guidelines provided in this document are based on the scientific knowledge to date.
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Use of the ERASOR by SABTS services practitioners

Most, if not all experienced practitioners working within the Victorian SABTS system are familiar with the potential to use the ERASOR as part of a comprehensive risk assessment of a client. Developed in 2001, and now over 16 years old, the ERASOR is, like the J-SOAP II – one of two of the most popular adolescent risk assessment tools currently existing – both being products of the late 1990s and early 2000s.

The theory and thinking behind the ERASOR reflects the state of the field at that time. Why is this important to understand? At that time, the field of adolescent sexually abusive behaviour treatment was moving from being heavily influenced by adult theories and practices of sex offender treatment, to being influenced by child development, attachment, trauma, and brain developmental theories.

The (different) authors of the ERASOR and the J-SOAP II constructed these tools via a process of:

- Review of the literature for factors relevant to the risk of sexually abusive behaviours (at that time referred to as juvenile sexual offending) occurring,
- Inclusion of ‘intuitive’ factors thought to be associated with risk of sexually abusive behaviours,
- Using several risk factors from the adult literature – again – that appeared to be intuitively associated with adolescent sexually abusive behaviours – given the state of the field at that point in time.

No formal qualifications are required to use the J-SOAP II and ERASOR, however clinicians should not attempt to use them without:

1. Reading and understanding the manual for both tools,
2. Understanding the theory and practice behind both risk assessment principles in general and adolescent risk assessment specifically, and
3. Being able to undertake a number of assessments with guidance from a supervisor or clinician experienced in this area and familiar with the tools.

Clinicians who undertake use of these tools and risk assessment without undertaking adequate training and supervision may be at risk of performing unethical practice.
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Research on the ERASOR

Much research has been carried out about the J-SOAP II and the ERASOR. The results are confusing because authors have found different outcomes on these tools’ effectiveness.

There is a comprehensive, concise review and critique of the research on US Department of Justice SMART website (Office of Sex Offender Sentencing, Monitoring, Apprehending, Registering and Tracking). [https://www.smart.gov/](https://www.smart.gov/)

There is an article in the juvenile section of the site by Phil Rich: ‘Assessment of Risk for Sexual Reoffense in Juveniles Who Commit Sexual Offences’, and several other useful items. Dr Rich’s article comments on the overall effectiveness of the tools, as well as giving more in-depth analysis of where issues exist. As an example of the potentially confusing commentary about risk assessment of adolescents, Worling and Långström (2003, 2006) contend that most risk factors commonly associated with juvenile sexual offending lack empirical validation.

Other research suggests that

- Some of the subscales of these two popular tools, the J-SOAP II and ERASOR predict risk of general or violence recidivism rather than sexual recidivism,
- Sexual recidivism is predicted by the overall score rather than individual subscale scores.

Practitioners assessing young people for the risk of sexual recidivism should keep in mind that current risk assessment instruments (e.g: J-SOAP II, ERASOR) may not be accurate enough to make predictions that require a high degree of precision (Viljoen et. al., 2012). The message to be taken away from all this is that the research findings are ‘confused’ to say the least.

‘Best’ use of J-SOAP & ERASOR for risk assessment

- The good news for practitioners using these tools is that they appear to be of the greatest assistance in assessment situations when paired with clinical interview by experienced clinicians.
- Use the J-SOAP II and ERASOR to ‘confirm’ your clinical interview outcomes. In other words, look for any disparity between what your clinical interview findings tell you and what your J-SOAP II/ERASOR findings tell you. Always discuss differences with your supervisor.
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- Understand what the subscales tell you:
  - **Subscale 1** (Sexual interests, attitudes and behaviours) comprises 4 items:
    1. Deviant sexual interests (younger children, violence or both)
    2. Obsessive sexual interests/preoccupation with sexual thoughts
    3. Attitudes supportive of sexual offending, and
    4. Unwillingness to alter deviant sexual interests/attitudes.

  - **Subscale 2** (Historical Sexual Assaults) comprises 9 items:
    5. Ever sexually assaulted 2 or more victims
    6. Ever sexually assaulted same victim 2 or more times
    7. Prior adult sanctions for sexual assault(s)
    8. Threats of, or use of, violence/weapons during sexual offense
    9. Ever sexually assaulted a child
    10. Ever sexually assaulted a stranger
    11. Indiscriminate choice of victims
    12. Ever sexually assaulted a male victim (male offenders only)
    13. Diverse sexual assault behaviours

  - **Subscale 3**, (Psychosocial Functioning) comprises 6 items:
    14. Antisocial interpersonal orientation
    15. Lack of intimate peer relationships/social isolation
    16. Negative peer associations and influences
    17. Interpersonal aggression
    18. Recent escalation in anger or negative affect
    19. Poor self-regulation of affect and behaviour (impulsivity)

  - **Subscale 4** (Family/Environmental Functioning) comprises 4 items:
    20. High-stress family environment
    21. Problematic parent offender relationships/parental rejection
    22. Parents not supporting sexual-offense-specific assessment/treatment
    23. Environment supporting opportunities to reoffend sexually

  - **Subscale 5** (Treatment) comprises 2 items:
    24. No development of practice of realistic prevention plans/strategies
    25. Incomplete sexual-offence-specific treatment

- The **ERASOR**, unlike the J-SOAP II, has **one more subscale**, called **Other Factor**. This allows the assessor to include any other factors they consider important to consider in a risk assessment of sexually abusive behaviours.
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- The J-SOAP II and the ERASOR scoring systems present assessors – in particular inexperienced assessors, with challenges:
  - ERASOR uses a non-numerical system. The user has to look for patterns and clusters of responses to determine risk, but there is no key or cut-offs to help you understand definitively what the scores mean.
  - J-SOAP II uses a numerical scoring system, which would seem to be easier to use than a non-numerical system. However there is no official scoring guide to what different scores may mean, or what cut-off scores might be.
  - Assessors using the ERASOR require some practice and training, along with some 'co-scoring' with a practitioner who understands the tool, to ensure they are able to achieve high inter-rater reliability.
  - Some items are derived directly from the adult literature and are not supported by child developmental theories or current research. For example 'item 12 – Ever assaulted a male victim (male offenders only), raises risk by one point where this is present, in spite of research indicating that access 'trumps' desire in adolescent sexually abusive behaviour situations.

The items used on the ERASOR

Items are marked as: Present, Partially/Possibly Present, Not Present, Unknown

**Sexual Interests, Attitudes, and Behaviours**

1. Deviant sexual interests (younger children, violence, or both)
2. Obsessive sexual interests/Preoccupation with sexual thoughts
3. Attitudes supportive of sexual offending
4. Unwillingness to alter deviant sexual interests/attitudes

**Historical Sexual Assaults**

5. Ever sexually assaulted 2 or more victims
6. Ever sexually assaulted same victim 2 or more times
7. Prior adult sanctions for sexual assault(s)
8. Threats of, or use of, violence/weapons during sexual offense
9. Ever sexually assaulted a child
10. Ever sexually assaulted a stranger
11. Indiscriminate choice of victims
12. Ever sexually assaulted a male victim (male offenders only)
13. Diverse sexual-assault behaviours

**Psychosocial Functioning**

14. Antisocial interpersonal orientation
15. Lack of intimate peer relationships / Social isolation
16. Negative peer associations and influences
17. Interpersonal aggression
18. Recent escalation in anger or negative affect
19. Poor self-regulation of affect and behaviour (Impulsivity)

**Family/Environmental Functioning**

20. High-stress family environment
21. Problematic parent-offender relationships/Parental rejection
22. Parent(s) not supporting sexual-offense-specific assessment/treatment
23. Environment supporting opportunities to reoffend sexually

**Treatment**

24. No development or practice of realistic prevention plans/strategies
25. Incomplete sexual-offense-specific treatment

**Other Factor**

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**Overall Risk Rating:**  Low  Moderate  High
Finally, when using the ERASOR for the first few times, until you become familiar and comfortable with the tool;

- Always discuss your scoring for both the subscales and the total score with a colleague or supervisor. Ensure you have - general - agreement regarding scoring. This overall agreement is referred to as inter-rater reliability,
- Inter-rater reliability assists us to ensure the veracity of our assessment findings.

Remember: The ERASOR is a risk assessment instrument that forms – overall – a small component of an overall risk assessment. The ERASOR on its own does not comprise a comprehensive risk assessment. Use this, or any other risk assessment tool, to inform your views and considerations formed through clinical interview and information gathering in other forums.