

Center for Sex Offender Management

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The Importance of Assessment in Sex Offender Management: An Overview of Key Principles and Practices

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Introduction

When the term “sex offender” is applied broadly to persons who commit such crimes, it implies that these individuals are alike in most or all ways. In reality, however, professionals in the field have long recognized that sexually abusive individuals are a heterogeneous group. Multiple variations exist, ranging from the types of victims they target, their reasons for engaging in such behavior, the degree to which they are motivated to change, the types of interventions that will be most effective for them, and their risk of reoffending.

Therefore, the ways in which sex offenders are managed throughout the criminal and juvenile justice process – not only at the individual intervention level, but also at the broader policy level – should take into account the diversity of this population. Practitioners and policymakers alike must consider how to develop and implement strategies that recognize the differences that may exist. This can be best achieved by appreciating the value of comprehensive assessments.

This policy and practice brief provides an overview of underlying principles and promising practices relative to assessments and emphasizes the integral role that assessments play in ensuring informed and effective management of this population. It is designed for all stakeholders who have a role in sex offender management, whether as gatherers or consumers of assessment data. These stakeholders include judges, release decisionmakers, evaluators, treatment providers, personnel within correctional facilities, probation and parole officers, and administrators at all levels.

Critical Decisions Are Best Informed by Assessments

Contemporary approaches to adult and juvenile sex offender management are based on the premise that representatives from multiple disciplines are jointly

responsible for interpreting and weighing important information about individual offenders in order to make the best management decisions possible. This occurs at numerous points throughout the criminal and juvenile justice processes and influences the following:

- Sentencing or disposition, including prison or probation terms and other court expectations;
- Levels and conditions of supervision for offenders in the community;
- Intensity and targets of treatment;
- Release and reentry decisions; and
- Compliance and progress with respect to supervision and treatment.

Individually and collectively, these types of decisions have significant implications for ensuring that public safety and rehabilitative goals are met. In the absence of current and accurate information about individual offenders, the range of professionals involved in managing adult and juvenile sex offenders are at a clear disadvantage, and their subsequent responses can have serious consequences. As such, successful outcomes hinge largely upon the careful use of assessment data on a case-by-case basis.

Early Assessments Enhance Disposition Decisions

Following an individual’s conviction or adjudication for a sex offense, the judge bears the responsibility for determining the most suitable disposition. Yet for a number of reasons, judges report experiencing more difficulty making disposition decisions in adult- and juvenile-perpetrated sex offense cases than in other types of criminal or delinquency cases (Bumby & Maddox, 1999; Bumby, Talbot, West, & Darling, 2006). Therefore, at this early phase of the criminal or juvenile justice process, formal assessments such as presentence reports and psychosexual evaluations

(which identify level of risk and intervention needs) can be helpful for judges as they consider the disposition of these cases.

It should be clearly understood that within the context of court proceedings, assessments should not be used as a means of determining guilt or innocence, which remains exclusively within the purview of the trier-of-fact. Nor are assessments designed to serve as a proxy for investigating additional or undisclosed sex crimes during the adjudication process. Moreover, there is no single assessment tool, nor combination of tools, that can determine whether an individual is a “sex offender.” Rather, assessments at this point in the criminal and juvenile justice process are most appropriately used to provide judges with an objective rationale for disposition orders, such as probation with special conditions, a period of incarceration or residential placement, and/or specialized treatment.

Snapshot: Commonwealth of Virginia Criminal Sentencing Commission

In 1999, the Virginia General Assembly requested that the Commonwealth’s Criminal Sentencing Commission (VCSC) develop an adult sex offender risk assessment instrument to be integrated into its system of criminal sentencing guidelines. Over a period of several years, VCSC conducted a comprehensive review of the risk assessment literature and specialized tools for sex offenders, empirically analyzed the population of convicted sex offenders within the Commonwealth, and subsequently validated a risk assessment tool specific to their offender population. The risk assessment findings offer a research-based framework for judges to make informed upward adjustments in sentence length for higher risk sex offenders.

For more information, see the Virginia Sentencing Commission Web site at www.vcsc.state.va.us.

Assessments Provide the Foundation for Initial Case Planning

Beyond judicial decisionmaking, formal assessments are essential when formulating initial case management plans for sexually abusive individuals. Practitioners often have at their disposal a wide range of treatment interventions, supervision and monitoring strategies, and other services that might be appropriate. But attempting to incorporate every strategy at the outset simply because it is available or because it intuitively makes

sense – or primarily as a safeguard from agency or individual liability – is impractical, exceedingly costly, and unnecessarily time intensive for staff.

Moreover, this “more is better” philosophy of initial case planning does not automatically translate into recidivism reductions. Depending upon how case plans are developed and implemented, the interventions and strategies that are put into place can lead to positive or negative outcomes, or may have no impact at all. To ensure the best use of limited resources, the prudent approach is to be selective about what should be included in the original case management plan, rather than employing a boilerplate method. This selectivity is best guided by comprehensive and accurate assessments.

Maximize Resources and Outcomes by Adhering to the Principles of Effective Correctional Intervention

To guide the initial case management process, policymakers and practitioners have the benefit of years of research in the correctional field. Specifically, experts have revealed that recidivism is reduced and offenders are more stable and successful when the following core principles of effective correctional intervention are followed (see, e.g., Andrews & Bonta, 2007; Cullen & Gendreau, 2000):

- Risk;
- Need; and
- Responsivity.

Broadly speaking, these principles indicate that treatment and supervision are most effective when geared toward higher risk offenders, when known crime-producing factors – also known as criminogenic needs – are targeted for intervention, and when individual variables that impact a person’s ability to respond most effectively to interventions (e.g., learning style, motivation, level of functioning) are taken into account when matching offenders to interventions and practitioners (Andrews & Bonta, 2007).

Initially, the research on the principles of risk, need, and responsivity focused on more “general” offenders, but recent evidence indicates that applying these principles also yields better outcomes with sex offenders (see, e.g., Gordon & Nicholaichuk, 1996; Hanson, 2006; Mailloux et al., 2003). Assessments will, therefore, be most beneficial for guiding initial case management plans if these underlying considerations are addressed. And ultimately, criminal and juvenile justice agencies and their staff will more efficiently utilize their time and resources, resulting in more successful outcomes.

From theory to practice: Applying the risk principle

Consider, for example, an adult who was recently placed on probation for a sex offense and who has been assessed as posing a high risk for sexual recidivism. An initial supervision or case management plan for this individual should reflect more intensive supervision and monitoring; strategies could include frequent face-to-face office contacts, unannounced home visits, polygraph examinations, and the use of global positioning system or other electronic monitoring surveillance. This is in contrast to an individual assessed as low risk to reoffend, for whom frequent supervision contacts and other costly strategies may not be necessary and likely will be less effective.

Along a slightly different vein, a youth determined to be high risk for reoffense may be most appropriately placed in a residential treatment program, whereas community-based interventions are likely to be more effective for a youth who is assessed as lower risk. This is particularly salient given the research that reveals that exposing lower risk youth to more delinquent youth within residential or institutional settings may result in negative outcomes (Dodge, Dishion, & Lansford, 2006).

From theory to practice: Applying the need principle

When an assessment reveals that an adult male with multiple child victims has strong deviant sexual interests in children and a significant substance abuse history, treatment interventions should prioritize these criminogenic needs. Targets such as esteem enhancement, childhood victimization, and generalized anxiety – while potentially important for some offenders – should not be the sole or primary focus of his treatment. This is because current research indicates that these factors are not correlated with sexual recidivism (Hanson & Bussiere, 1998; Hanson & Morton-Bourgon, 2005).

From theory to practice: Applying the responsibility principle

The challenges of managing a juvenile offender with low cognitive functioning and who is diagnosed with a co-occurring psychiatric disorder such as Attention-Deficit Hyperactivity Disorder may be offset by taking clear steps up front to design interventions around these responsibility factors. For example, prior to entering treatment, appropriate pharmacological intervention may increase the youth's attentiveness and ability to focus in the treatment setting. In addition, treatment may be more beneficial if the youth is matched to a therapist who is skilled in incorporating repetition and visual learning techniques into an intervention program. Finally, the youth may be more successful if provided

individualized instruction and shorter but more frequent treatment sessions, as opposed to being placed in an advanced cognitive-behavioral treatment group comprised of highly deviant and antisocial youth.

Ensure Comprehensiveness

As highlighted in some of the above examples, assessments may reveal several characteristics that are not solely indicative of sexual deviance and which may or may not be associated with reoffending. Although not all of these factors are criminogenic needs, an awareness of them is relevant for individualized case management planning nevertheless.

This highlights the importance of ensuring that, in addition to exploring sexual deviance and other risk-related variables (e.g., deviant arousal, interests, or preferences, sexual preoccupation, attitudes tolerant of sex offending), assessments take into account global issues (e.g., intellectual functioning, neurological impairment, psychological or psychiatric difficulties, psychopathy). These additional variables have implications not only with respect to responsivity, but also for enhancing individuals' overall wellness and functioning. After all, the assurance of productive, healthy, and successful offenders translates into community safety.

Comprehensive Assessments Include a Careful Review of Many Factors

- Developmental history
- Intellectual and cognitive functioning
- Educational achievement, academic performance
- Employment, recreation, leisure
- Physical health
- Psychological adjustment, mental health, personality
- Substance use and abuse
- Sexual development, attitudes, behaviors, interests, preferences
- Family structure and dynamics
- Interpersonal relationships, peers/associates, intimate relationships
- Prior legal involvement, history of delinquent and criminal behavior
- Response to prior interventions, motivation to change

The Ways in Which Assessments Are Conducted Can Improve Their Utility

Just as sexually abusive individuals are a heterogeneous group, so, too, are the professionals involved in managing them. Their diverse backgrounds, perspectives, and values – coupled with varied levels of training, skill, and expertise – can lead to individual assessments of the same offender that are considerably disparate. Some professionals weigh the importance of specific factors more than others, some may overlook or ignore other pieces of data, and some may misinterpret, misunderstand, or misuse information during the assessment process.

Not surprisingly, subjectivity and inconsistency decrease the accuracy of assessments. In turn, this can adversely affect the critical decisions that rely on assessments, which can ultimately undermine community safety. Therefore, all efforts should be made to increase the reliability and validity of assessments.

Use Research-Supported Tools

The ability to accurately assess reoffense risk among sexually abusive individuals is perhaps the most common concern raised by those with a stake in the sex offender management process. In order to make more informed decisions based on risk, practitioners and policymakers have increasingly come to rely on the use of research-supported risk assessment instruments.

Researchers have spent decades identifying specific factors associated with recidivism for both adults and juveniles, developing risk assessment tools based on those factors, and then conducting additional research on these tools with multiple samples of offenders and across various settings. This process of empirical validation is conducted in an effort to make sure that a given tool is maximally useful, by ensuring that it will:

- Measure what it is supposed to measure;
- Differentiate within or between groups of offenders;
- Lead multiple professionals to the same results when assessing the same offender;
- Yield the same finding if a given offender is reassessed at a later point and the variables of interest are static, or unchangeable; and
- Capture changes over time with a given offender, when the variables being measured are dynamic, or changeable.

Research-supported and empirically-validated measures offer structure, consistency, and objectivity to the risk assessment process with adult and juvenile sex offenders. This is an improvement over purely subjective “guesswork” or the use of a tool that simply “seems” to include the right kinds of items but that lacks the extensive research necessary to demonstrate its value (Hanson & Bussiere, 1998; Hanson & Morton-Bourgon, 2005, 2007). Certainly, when the stakes are high (i.e., community safety), the use of validated assessment instruments bolsters confidence that the key decisions made about each case are adequately supported.

Consider the Unique Risk Factors for Sexually Abusive Individuals

The accuracy of assessments is also improved by making sure that practitioners are aware that the risk factors associated with sexually abusive behavior do not overlap completely with those that predict other types of criminal or delinquent behavior, nor are these factors mutually exclusive (see, e.g., Hanson & Bussiere, 1998; Hanson & Morton-Bourgon, 2005; Prescott, 2006; Worling & Langstrom, 2006).

“General” risk assessment measures such as the Level of Service/Case Management Inventory and the Youth Level of Service/Case Management Inventory (Andrews, Bonta, & Wormith, 2004; Hoge & Andrews, 1997) provide very helpful information about risk for non-sexual recidivism. This is important because research demonstrates that non-sexual recidivism rates are higher than sexual recidivism rates among adult and juvenile sex offenders (Hanson & Morton-Bourgon, 2005; Reitzel & Carbonell, 2006). However, relying solely on “general” risk assessment measures will provide only part of the picture. As such, risk assessment tools and other types of assessment instruments must also include the types of variables that are distinct to this special population (e.g., deviant sexual arousal, interests, or preferences).

Several empirically-validated, sex offender-specific actuarial risk assessment tools have been developed for adult sex offenders and can be used to classify offenders into broad categories of risk for reoffending (e.g., low, moderate, high). The field is far less advanced with respect to specialized risk assessment for juvenile sex offenders. Only a few promising and research-driven tools have been developed thus far, making risk assessment with sexually abusive youth more challenging.

Common Risk Assessment Tools for Sexually Abusive Individuals

Empirically-validated tools for adults

- Minnesota Sex Offender Screening Tool-Revised (MnSOST-R; Epperson, Kaul, & Hesselton, 2000)
- Rapid Risk Assessment for Sexual Offense Recidivism (RRASOR; Hanson, 1997)
- Sex Offender Risk Appraisal Guide (SORAG; Quinsey, Harris, Rice, & Cormier, 1998)
- Static-99 (Hanson & Thornton, 1999)
- Vermont Assessment of Sex Offender Risk (VASOR; McGrath & Hoke, 2001)

Promising, research-based tools for juveniles

- Estimate of Risk of Adolescent Sexual Offense Recidivism (ERASOR; Worling & Curwen, 2001)
- Juvenile Sex Offender Assessment Protocol-II (J-SOAP-II; Prentky & Righthand, 2003)
- Juvenile Sexual Offense Recidivism Risk Assessment Tool-II (JSORRAT-II; Epperson, Ralston, Fowers, DeWitt, & Gore, 2006)

Recognize that Different Populations Require Different Tools

When selecting assessment tools, it is important to take into account the population on which the instruments have been validated. Simply because a tool is commonly accepted and seems to “work” for one group of sex offenders does not mean that it is applicable for all other groups of sex offenders. This is especially true when research reveals significant differences between groups of individuals who have committed sex offenses.

To illustrate, because contemporary research indicates that sexually abusive juveniles are distinct in some ways from their adult counterparts, risk assessment tools designed for adults should not be used with youth (see, e.g., Fanniff & Becker, 2006; Prescott, 2006). Rather, risk assessment tools for youth must be developmentally sensitive and tailored to the specific risk factors that have been identified for these youth.

Similarly, a growing body of literature demonstrates that women and adolescent girls who commit sex offenses possess several risk factors and needs that differ from sexually abusive males (see CSOM, 2007 for a review). Therefore, risk assessment tools for adult males should not be used with female sex offenders. Unfortunately, specialized assessment tools for female sex offenders have not yet been developed and validated.

Finally, an ongoing question involves the applicability of existing risk assessment tools for individuals who have diverse cultural backgrounds, who suffer from persistent mental illness, or who possess limited cognitive abilities. Only through well-designed research can their utility or lack thereof be supported. It may be that modifications to existing tools or the development of new measures

will lead to better decisionmaking and, ultimately, better outcomes with these special populations.

Rely on Multiple Sources of Data

An easy mistake to make when assessing individuals who have committed sex offenses – particularly when time and resources are limited and caseloads are high – is to rely on a single source of information. And with existing technology (e.g., physiological tools such as the plethysmograph, viewing time measures, and the polygraph) and the increased use of actuarial risk assessment tools, it can be tempting to become overly dependent upon a single source of data or assessment tool for decisionmaking. However, no single instrument or data source in and of itself should be used to make critical decisions. This caution is perhaps best understood when professionals are aware of some of the limitations of common data sources and techniques used in the assessment process with sex offenders.

Self-report is inherently unreliable

For multiple reasons, the information provided by justice-involved individuals cannot be considered fully reliable or comprehensive. Perhaps most notable is the understandable motivation to present oneself in an overly positive light during the pre-disposition assessment process, particularly when the findings have such significant implications on one’s life and liberties. In addition, guilt, shame, secrecy, and denial are common dynamics of sex offenses that can further contribute to the tendency for sexually abusive individuals to be less than forthcoming.

As such, practitioners and other consumers must be wary of assessments that rely solely on self-report. Collateral contacts such as partners, family members,

and employers are additional sources of data that can either support or refute the information offered by the offender. Another source that can offset the inherent difficulties with self-report is the use of physiological tools such as the plethysmograph, viewing time measures, and the polygraph.

Physiological assessment instruments can be valuable, but fallible

Although very different in their nature and scope, the assessment data collected via these technologies is driven by an individual's often involuntary physiological reactions. As such, these measures provide an independent and more objective means of collecting useful assessment information that is not reliant on the veracity of an offender's statements. At the same time, these tools are not without limitations.

Specifically, the penile plethysmograph, which relies on erectile responses that occur when the subject is presented with a range of stimuli, is arguably the most objective and reliable method of assessing deviant arousal; yet no established reference norms exist and it is possible for subjects to employ strategies to suppress their arousal (see, e.g., Harris & Rice, 1996; Laws, 2003; Marshall & Fernandez, 2003).

With the viewing time procedure, an individual views computer-generated slides of children, adolescents, and adults on a screen, enters self-reported ratings of attractiveness for each slide, and advances to the next slide. The amount of time spent viewing any given slide is believed to provide an objective measure of sexual interest (Abel, Huffman, Warberg, & Holland, 1998; Abel, Jordan, Hand, Holland, & Phipps, 2001). Viewing time research remains very limited, however, and additional independent examinations of its reliability and validity are needed (Fischer, 2000; Letourneau, 2002).

The polygraph measures specific physiological changes (e.g., respiration, blood pressure, heart rate) believed to be associated with deception. When used as a means of verifying an individual's sexual history, it tends to be associated with disclosures of information that may not have been provided via self-report alone (Ahlmeier, Heil, McKee, & English, 2000; Hindman & Peters, 2001). However, there remain ongoing questions about the reliability and validity of the polygraph, including the potential for some individuals to use countermeasures to control some of the very physiological responses that are measured (National Academies of Sciences, 2003).

It is important to note that with juveniles, research on the reliability, validity, and ultimate utility of each of these types of physiological assessment measures is scarce (Becker & Harris, 2004; Fanniff & Becker, 2006). Taken together, these limitations highlight some of the caveats

that must be taken into account when using these tools with any individual, particularly with juveniles who have committed sex offenses, and emphasize the importance of considering multiple sources of assessment data.

Actuarial risk assessment tools are not "magic bullets"

As noted previously, because of their increased objectivity and consistency, empirically-validated actuarial measures generally provide superior results when compared to unstructured clinical judgment (Hanson & Bussiere, 1998; Hanson & Morton-Bourgon, 2005, 2007). Even so, their predictive accuracy is far from perfect; generally, scores on these tools are only moderately associated with recidivism (Hanson & Morton-Bourgon, 2005, 2007), thus creating the potential for a proportion of risk predictions to be inaccurate.

Actuarial tools cannot determine if a particular person will or will not reoffend. Some individuals who are rated as high risk do not reoffend (i.e., false positives), while some who are determined to pose a low risk do reoffend (i.e., false negatives). In addition, individual risk assessment tools cannot realistically include all relevant risk factors for sexually abusive individuals or weigh them in the same ways and, as such, they may provide over- or under-estimates of the level of risk posed by any given person.

Put simply, actuarial tools can provide an initial foundation for decisionmaking as one component of an assessment strategy. Their usefulness and precision can likely be enhanced by taking into account additional risk-related variables that have been identified in the research, and by routinely monitoring changes in the specific dynamic factors associated with recidivism (Hanson & Morton-Bourgon, 2005).

Ensure Proper Staff Training

As is the case with the other key components of sex offender management (e.g., supervision, treatment), assessments are generally only as good as the training for and proficiency of those who administer the tools and interpret the data. With respect to training, several elements are particularly important to address.

First, it is important that administrators and staff fully understand why specific assessment tools are being used, and how information from these instruments will assist them in their day-to-day work with managing adults and juveniles who have committed sex offenses. Second, training should ensure that those who will be using specialized tools – or will be recipients of the results – appreciate the strengths and limitations of these instruments. Similarly, staff should be familiar with the populations on which the tools were validated, as

Checklist for Policymakers and Administrators

Does your assessment process:

- Incorporate research-supported, empirically-validated tools?
- Include measures that are specific to sexually abusive individuals?
- Recognize the limitations of various tools and approaches?
- Require the collection of multiple sources of data?
- Ensure that staff are adequately trained and guided by agency policies that clearly articulate the “who, what, when, how, and why” of the specific assessment tools and strategies?
- Utilize repeated assessments as a means of monitoring key changes and guiding case management decisions over time?
- Employ common tools across agencies and disciplines to promote a shared language for decisionmaking?
- Ensure that critical information is shared with other key stakeholders?

well as the associated applicability to the individuals that they are responsible for assessing.

A third vital aspect of such training should make clear the proper methods for administering, scoring, and interpreting results from assessment tools, including “hands on” opportunities to practice using the measures in order to ensure proficiency and inter-rater reliability. This also transfers to the issue of providing practical training on specific skills and techniques such as Motivational Interviewing with offenders (Ginsberg, Mann, Rotgers, & Weekes, 2002) that can enhance engagement and information-gathering throughout the assessment and intervention process.

Finally, it is essential that staff are trained to translate assessment findings into meaningful practice decisions with sex offenders. This is, in part, dependent upon having in place agency policies to guide staff, specifically regarding when these assessments are to be conducted, how they are to be used, and with whom information from these assessments should be shared.

Make Ongoing Case Management Decisions Assessment-Driven

Without question, formal assessments that are conducted early in the sex offender management process are invaluable for providing a rationale for disposition recommendations and sentencing decisions, and for crafting the original case management plans for offenders as they are admitted into correctional or residential facilities, enter treatment programs, or are placed on supervision caseloads. However, these initial assessments must not become the *only* or *final* assessments conducted on any given individual. Indeed, as adult and juvenile offenders move through the system, additional decisions must be made,

including readiness for release, the appropriateness and monitoring of family reunification efforts, adjustments to supervision intensity and supervision strategies, responses to non-compliance with supervision or release conditions, and progress in or completion of treatment. Only through the use of repeated and current assessments can these types of decisions be guided in an individualized, measured, and rational manner.

Assessments are Cumulative

The notion of assessment-driven case management throughout the course of offenders’ involvement in the justice system is not intended to suggest that the assessment process must start at “square one” each time an important decision arises. Quite the contrary. Rather, assessment data is cumulative throughout the sex offender management process. Information from the initial assessments provides important baseline data about each individual offender and establishes a solid foundation for ongoing case management efforts. The most current data continuously builds upon the initial assessment information to provide an updated and, therefore, more complete and accurate picture of the offender.

For instance, when reviewing the case of a release-eligible sex offender, a parole board may have at their disposal the risk rating from a sex offense-specific actuarial tool that was used prior to sentencing. This score, however, does not necessarily reflect the current level of risk posed by that offender, particularly if it is based only on static or unchangeable factors. Without considering information that captures specific changes that might result in a downward adjustment to the initial risk determination, the parole board may deem the offender unsuitable for release. Thus, in addition to the initial risk score, a careful review of risk-reducing data points – such as completion of a prison-based sex offender treatment program, participation in a substance abuse program within the prison, and the development

of a positive community support network – can increase the parole board’s confidence that the offender is more likely to succeed if released to the community under supervision.

Snapshot: The Juvenile Sex Offender Assessment Protocol-II in Practice

The Rhode Island Department of Children, Youth and Families and the Wisconsin Department of Corrections, Division of Juvenile Corrections are two state agencies that have adopted the Juvenile Sex Offender Assessment Protocol-II (J-SOAP-II) as part of their assessment processes for youth who have committed sex offenses. In both states, the J-SOAP-II is conducted at the point of institutional or facility intake and is used to inform program placement and individualized treatment planning. Prior to release, it is re-administered as a means of assessing change, identifying ongoing needs, informing transition and release efforts, and developing community case management plans for these youth. In the community, the J-SOAP-II is re-administered routinely (e.g., every three months). Treatment providers and supervision officers use the findings to monitor treatment progress and overall stability in the community. To support the effective implementation of specific policies, procedures, and protocols involving the J-SOAP-II, both states have provided intensive specialized training to staff members at all levels.

Fluidity with Individuals Requires Fluidity with Case Management

The various professionals who are responsible for managing sex offenders are keenly aware that circumstances change, both for better and for worse. Access to victims, family dynamics, the quality of intimate and peer relationships, and motivation to change are just a few examples of individual and contextual factors that can fluctuate over time. In turn, these and other changes call for modifications to case management strategies in order to be maximally effective. Put simply, case management plans should be fluid documents.

Monitor dynamic risk factors to provide focus for ongoing case management decisions

Naturally, the question arises, “So, how do we know if we need to do something differently?” The answer to this question is straightforward: supervision officers, treatment providers, and other key stakeholders must assess offenders on an ongoing basis. More specifically, they need to be in tune with the dynamic or

changeable factors associated with increased recidivism potential among individuals who have committed sex offenses (see, e.g., Hanson & Harris, 2000b; Hanson & Morton-Bourgon, 2005). Some of these dynamic variables can change quickly (i.e., acute dynamic risk factors) and are particularly salient for supervision officers, while others are more slow to change (i.e., stable dynamic risk factors) and have more implications for treatment providers.

To illustrate, supervision strategies for adult sex offenders will be most effective when they routinely consider the following examples of acute dynamic risk factors (Hanson & Harris, 2000a, 2000b, 2001; Hanson & Morton-Bourgon, 2005):

- Negative mood, primarily anger;
- Substance abuse;
- Sexual preoccupation;
- Victim access; and
- Non-compliance with supervision.

In the event that these or other acute dynamic factors surface, supervision officers must be ready to take action quickly with measures that may include modifying the nature or intensity of management strategies, such as increasing face-to-face contacts, adjusting supervision conditions, using electronic monitoring, or making referrals to programs or services (see, e.g., Cumming & McGrath, 2005; Hanson & Harris, 2000b).

The ACUTE 2000 – which originated from the Sex Offender Need Assessment Rating instrument (see Hanson & Harris, 2000a; Hanson, Morton, & Harris, 2003) – is a promising empirically-guided tool that can be used by supervision officers to monitor acute dynamic factors with adults. For similar assessments of acute dynamic variables for juveniles, the Community Stability/Adjustment Scale of the J-SOAP-II (Prentky & Righthand, 2003) holds considerable potential.

From a treatment perspective, some examples of stable dynamic factors specifically relevant for adult sex offenders include the following (see, e.g., Hanson & Harris, 2000a, 2001; Hanson & Morton-Bourgon, 2005):

- Intimacy deficits and conflicts in intimate relationships;
- Deviant sexual interests;
- Emotional identification with children;
- Pro-offending attitudes; and
- An antisocial orientation.

For sexually abusive youth, suggested stable dynamic risk factors include social competency deficits and social

Assessing Static and Dynamic Risk Factors to Guide Practice: Approaches from Two Jurisdictions

North Dakota – Department of Corrections and Rehabilitation

Prior to 2002, the North Dakota Department of Corrections and Rehabilitation (DCR) used the Level of Service Inventory-Revised (LSI-R) to assess all offenders, including those convicted of sex offenses. With the passage of legislation in North Dakota requiring sex offender registration and notification, policymakers determined that a specialized assessment was needed in order to estimate the risk levels of those who were required to register and to determine the most appropriate level of community notification. They selected the Minnesota Sex Offender Screening Tool-Revised (MnSOST-R)..

The MnSOST-R, the LSI-R, the Static-99, the Stable 2000, and the Acute 2000 are all integrated into the ongoing case planning and management process for sex offenders. For example, specialized officers use a number of these instruments when conducting pre-sentence investigations of sex offenders. Those who are determined to be higher risk are referred to one of the state's Human Service Centers for a more comprehensive sex offense-specific evaluation, which includes a clinical interview and extensive psychological and psychosexual testing. In combination, these findings provide valuable information to the court to inform sentencing determinations.

These assessment tools are also used to inform treatment planning in DCR's specialized institutional treatment program for sex offenders, develop reentry plans that are responsive to the level of risk and needs of sex offenders who are transitioning back to the community, and guide the efforts of probation and parole officers in DCR's Field Services Division. The Stable 2000 is re-administered every six months for sex offenders under community supervision, and the Acute 2000 is used for monthly reassessments; these tools allow supervision officers to make informed decisions about necessary adjustments to supervision strategies based on short-term identified changes.

Iowa's 6th Judicial District - Department of Correctional Services

In the 6th Judicial District in the State of Iowa, specialized offense-specific risk assessment tools are used to inform decisions at multiple points in the sex offender management process. For example, within 45 days of a sex offender's release from prison, a prison counselor administers the Static-99, as well as the Iowa Sex Offender Risk Assessment (ISORA8), an instrument that was developed and validated on a statewide population of sex offenders, to generate a "sex offender risk rating." These tools are also used to establish the risk rating for offenders placed directly under community supervision. The risk rating guides the notification process on the Department of Public Safety Sex Offender Registry Web site for sex offenders who have minor victims. It also impacts the intensity and type of treatment that they receive, the contact standards that are imposed in the community, and the kinds of monitoring, tracking, and surveillance tools that are utilized.

Additionally, the 6th Judicial District is one of several sites that is participating in the Dynamic Supervision Project of Drs. Karl Hanson and Andrew Harris, an initiative designed to explore the influence of changeable risk factors on recidivism with sex offenders and to support the ongoing validation of the STABLE 2000 and the ACUTE 2000. Repeated assessments using these tools provide important information for those responsible for community sex offender management, including identifying targets of treatment and assisting supervision officers in their day-to-day monitoring and case management efforts.

isolation, poor parent-child relationships, antisocial values and behaviors, deviant sexual interests, impulsivity, and non-compliance with treatment (see, e.g., Hunter, Figueredo, Malamuth & Becker, 2003; Longo & Prescott, 2006; Worling & Langstrom, 2006). Assessing these types of risk-increasing variables throughout the course of treatment can inform necessary changes to treatment plans by providing insight into progress made as well as areas that require new or increased focus.

Examples of promising tools for assessing stable dynamic variables include the STABLE 2000 (see Hanson et al., 2003) and the Sex Offender Treatment Needs and Progress Scale (McGrath & Cumming, 2003)

for adults, and the Intervention Scale of the J-SOAP-II (Prentky & Righthand, 2003) for youth.

Share Information and Use Common Tools to Promote Responsive, Efficient, and Collaborative Case Management

To be best positioned to make effective management decisions with sexually abusive individuals over time, the relevant system actors must be both willing and able to share critical information across agencies and disciplines. Indeed, without a commitment to interagency collaboration, practitioners tend to operate in fragmented ways and without the clear advantage of

having the full picture of offenders (see, e.g., CSOM, 2000; English, Pullen, & Jones, 1996).

For example, what a treatment provider observes with a given individual throughout the course of treatment may be quite different – and sometimes contradictory – from what a supervision officer observes during field or office contacts. If the differences in their ongoing assessments of the offender involve critical risk-related variables, practitioners may miss opportunities to adjust their interventions appropriately and intervene in a timely manner. And the consequences could result in compromised community safety (McGrath, Cumming, & Holt, 2002).

One strategy that can simplify the information-sharing process is for the different agencies to adopt common assessment tools and develop complementary policies and procedures regarding the use of these tools. In so doing, this approach can provide a shared language across agencies, minimize duplication of assessment efforts, and promote consistent and collaborative case management decisions.

To illustrate, if the key stakeholders in a jurisdiction agree to use a particular risk assessment instrument (e.g., the Static-99, J-SOAP-II), they should have a common agreement about the meaning or significance of the risk score/risk summary for any given offender, even though the implications for their respective roles and responsibilities are different. Indeed, information from the same tool can be used to guide sentencing or placement, prioritize correctional programming needs, inform release decisions, and determine the level of community supervision. Ideally, the use of common assessment tools, particularly within the context of a multidisciplinary team approach, can result in increased confidence in and understanding of the various decisions that are made throughout the management process.

Conclusion

The effective management of adults and juveniles who have committed sex offenses is no simple endeavor, particularly in light of their heterogeneity. With mounting pressure from constituents, heightened media attention, increasing caseloads, shrinking resources, and rising demands for accountability with zero tolerance for errors, the determinations about what should be done, with whom, in what manner, and when become paramount. Through the careful collection, synthesis, and sharing of assessment data, decisionmaking can be enhanced, outcomes can be maximized, and public safety can be increased. Undoubtedly, the investment required to ensure the initial, ongoing, and responsible use of assessments will yield immeasurable dividends.

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