Among the stable dynamic risk factors specific to adult sex offenders are intimacy deficits, pro-offending attitudes, pervasive anger, and deviant sexual interests; examples of acute dynamic risk factors are substance abuse, sexual preoccupations, access to victims, and non-compliance with supervision (Hanson & Harris, 2000b, 2001; Hanson & Morton-Bourgon, 2005). And for youthful sex offenders, similar dynamic factors (e.g., deviant interests, antisocial values, pro-offending attitudes, impulsivity) are associated with reoffending (see Prescott, 2006; Worling & Langstrom, 2006). Because of their relationship with recidivism both in the short and long term, identifying these criminogenic needs must be a key focus of assessment efforts. This will ensure that the efforts of practitioners are more efficient and effective. Applying the need principle assists supervision and treatment professionals with determining “what” to target and “when” to intervene (Hanson & Harris, 2000b, 2001; Krisberg, 2005; Lipsey & Wilson, 1998).

Responsivity Principle: How Should Treatment and Supervision Interventions for Sex Offenders be Delivered?

Assessments with adult and juvenile sex offenders should also be geared toward identifying specific client characteristics that may impact their response to interventions. Learning style, motivation to change, denial and level of functioning are key examples of these kinds of characteristics, which are known as responsivity factors. The responsivity principle indicates that when programs and services specifically take into account these factors, better outcomes are achieved (Andrews & Bonta, 2007; Cullen & Gendreau, 2000). Ways in which responsivity factors can be addressed include matching clients to specific services based on the content, format, modality, or “teaching approach” used, and by matching clients to specific providers or officers based on skill sets, personality attributes, or style. Responsivity factors are, therefore, an important consideration in the assessment process with sex offenders.

Taken together, the principles of risk, need, and responsivity provide a useful underlying framework for assessments with adult and juvenile sex offenders, as they can guide management approaches in a manner that will preserve limited resources, maximize outcomes, and reduce recidivism.
Unstructured Clinical Judgment

With the unstructured clinical approach, evaluators rely on their “instincts” or intuition about the individual who is the subject of the assessment. Although subjective judgments of some professionals may have some utility, research demonstrates that an unstructured method of assessing risk is not particularly reliable (Andrews, Bonta, & Wormith, 2006; Grove & Meehl, 1996; Grove, Zald, Lebow, Snitz, & Nelson, 2000). The purely subjective, and therefore inconsistent, nature of this assessment strategy means that different assessors may reach very different conclusions about a given offender. Because the potential implications of inaccurate assessments and the associated management decisions with sex offenders are significant (e.g., additional victims in the community, restricted liberties of an offender), all attempts should be made to increase the reliability of risk assessments within the context of sex offender management. Therefore, the exclusive use of unstructured clinical judgment is largely inadvisable.

Empirically-Guided

An alternative is the empirically-guided approach, in which the evaluator uses a structured scale or checklist to rate the presence or absence of specific risk factors associated with recidivism, and then makes an informed determination about the presumed level of risk. The Risk for Sexual Violence Protocol (RSVP), a modification of the Sexual Violence Risk-20 checklist (SVR-20) is one example of an empirically-guided approach to risk assessment with adult sex offenders (see Boer, Hart, Kropp, & Webster, 1997; Hart, Kropp, & Laws, 2004). The Estimate of Risk of Adolescent Sexual Offense Recidivism (ERASOR; Worling & Curwen, 2001) and the Juvenile Sex Offender Assessment Protocol-II (J-SOAP-II; Prentky & Righthand, 2003) are the primary examples of this approach with youthful sex offenders.

Although the empirically-guided risk assessment strategy tends to be more reliable than unstructured clinical judgment with sex offenders (Hanson & Morton-Bourgon, 2007), inconsistency between assessors remains a noteworthy concern. This is in part because no specific direction is generally provided regarding how much “weight” should be given to each of the risk factors that is being considered within the assessment.

Actuarial

Yet another risk assessment strategy commonly employed in the sex offender management field is the actuarial approach, in which an assessor uses an empirically-validated instrument with a fixed and relatively small number of research-supported items. Each item is assigned a specific weight, and the items are summed to yield a total score that is associated with a broad risk category (e.g., low, moderate, high). Risk categories are linked to the known recidivism rates of groups of sex offenders who were followed at routine intervals (e.g., 5, 10, and 15 years).

Actuarial tools are grounded in extensive research to ensure that the tools predict what they are designed to predict (i.e., sexual or violent recidivism) and that different assessors will reach the same conclusion about the same offender when using the tools. As a result, actuarial tools provide more accurate estimates of risk than both the unstructured and empirically-guided approaches with sex offenders (see Hanson & Morton-Bourgon, 2007; Quinsey, Harris, Rice, & Cormier, 2006).
Multiple actuarial risk assessment tools specific to adult sex offenders have been developed over the past decade. Sex offender-specific instruments are necessary because although there is some overlap between risk factors for sex offenders and non-sex offenders, several factors are uniquely associated with sexual recidivism (Hanson & Bussiere, 1998). As such, simply using a tool designed to estimate recidivism risk with “general” offenders will provide only part of the picture, whereas actuarial tools designed for sex offenders specifically can offer more accurate estimates. The following are key examples of actuarial tools developed for use with adult sex offenders:

- Rapid Risk Assessment for Sexual Offense Recidivism (RRASOR; Hanson, 1997);
- STATIC-99 (Hanson & Thornton, 1999);
- Sex Offender Risk Appraisal Guide (SORAG; Quinsey et al., 2006);
- Minnesota Sex Offender Screening Tool-Revised (MnSOST-R; Epperson et al., 2000); and
- Vermont Assessment of Sex Offender Risk (VASOR; McGrath & Hoke, 2002).

The actuarial approach is not without its own set of limitations. One of the most salient issues is that many of the most commonly used instrument, (e.g., RRASOR, STATIC-99) were constructed using only static or unchangeable factors (e.g., number of prior sex offenses, gender of victims). As a result, these tools do not take into account the various dynamic or changeable risk factors that are also associated with recidivism among adult sex offenders. This not only makes the assessment of risk less comprehensive, but also limits professionals’ abilities to assess important changes in risk over time. Additionally, because the actuarial approach is, by design, a structured and objective strategy for assessing risk, idiosyncratic characteristics of a given offender are generally not taken into account when arriving at the risk determination.

Another important caveat regarding the use of actuarial tools is that they cannot indicate whether a particular individual will or will not recidivate; rather, these tools are simply designed to offer “relative” risk estimates. In other words, actuarials can assist practitioners with considering whether a given individual poses a greater or lesser risk of recidivism in comparison to other offenders based on their score on the tool. The risk categorization (i.e., low, moderate, or high) may or may not ultimately prove to be an accurate reflection of the offender’s risk to recidivate. For example, it is possible that an individual categorized as high risk will not ultimately reoffend (false positive), and that an offender rated as low risk will commit a new sex offense (false negative).

In summary, actuarial risk assessment tools are an extremely important innovation in the sex offender assessment process, but practitioners must be cognizant of and carefully consider the following issues:

- **Reliability and Validity** – All tools are not created equally. Some include more (and different types of) risk factors than others, some are more easily and consistently scored across raters, some are better at differentiating groups of sex offenders based...
on known levels of risk, and some are better at predicting sexual recidivism than others. When agencies are considering which tool(s) to use, they should be familiar with the relevant research regarding the development of these tools, as well as the independent research that supports their utility.

- **Generalizability** – Available risk assessment instruments cannot be applied to all populations of sexually abusive individuals. The items on the majority of these tools, the cut-off scores used to determine risk categories, and the observed recidivism rates associated with scores on these tools were established primarily on research with adult male sex offenders. Risk factors, and the relative contribution of these factors to recidivism potential, often differ across offender populations (e.g., juveniles, females) and, therefore, using tools that are not specifically developed for those populations is inadvisable.

- **Agency Preparedness** – Incorporating an actuarial risk assessment tool into the sex offender management practices of an agency or jurisdiction cannot be done hastily. It requires an understanding of the tool and its strengths, limitations, and potential uses. There must also be commitment and buy-in from key leadership and staff, and clear policies regarding how it will be used and how information will be shared within and across involved agencies. Finally, adequate staff training for those who will be scoring and using the results from these tools is essential.

- **The “Magic Bullet” Phenomenon** – When new and promising innovations become available, it is possible that agencies and their staff may view these innovations as the “answer” to their problems. With respect to assessing risk among sex offenders, actuarial tools are undoubtedly a valuable resource. However, no instrument (or combination of instruments) can provide a complete picture of an individual sex offender, or provide all of the information necessary for effective management. Therefore, actuarial tools must be viewed as one of many key pieces of information to be considered as part of the assessment process.

### Assessing Risk with Juvenile Sex Offenders

Although research on risk assessment with adult sex offenders has advanced significantly in recent years, the state of risk assessment for juvenile sex offenders remains in its infancy (see, e.g., Prescott, 2006). Challenges with assessing risk among juvenile sex offenders are a function of the low base rates of juvenile sexual recidivism, a lack of controlled, empirical studies pertaining to risk estimation with this population, and limited efforts to develop risk assessment tools specifically for juveniles to date (see, e.g., Worling & Langstrom, 2006; Prescott, 2006).

These conditions have affected professionals’ abilities to make research-based risk estimates about juveniles who have committed sex offenses. Consequently, some agencies and organizations have either developed their own internal risk assessment tools for juvenile sex offenders or relied on more generic and non-sex offense specific risk assessment tools that were designed for “general” justice-involved youth. These approaches, however, are unlikely to provide accurate risk estimates, in that they have not been established as reliable or valid measures for this population and fail to take into account the specific variables associated with sexual recidivism among these youth.
It is important to recognize that because the actuarial tools listed above (e.g., RRASOR, STATIC-99) were developed to assess risk with adult sex offenders, they are not automatically generalizable for use with juveniles who have committed sex offenses. Youthful sex offenders differ from adult sex offenders in multiple ways, and the risk factors associated with recidivism for adults and youth are not identical (see, e.g., Longo & Prescott, 2006; Prescott, 2006; Worling & Langstrom, 2006). Unfortunately, the extensive research necessary to develop and validate actuarial tools has not yet been sufficiently conducted within the juvenile sex offender field. At present, the Juvenile Sexual Offense Recidivism Risk Assessment Tool-II (JSORRAT-II; Epperson, Ralston, Fowers, DeWitt, & Gore, 2006) is the only tool that can be considered an actuarial instrument for youthful sex offenders; however, it has not been independently validated and, as such, it is only an experimental or research tool (Epperson et al., 2006).

The next best alternative is the empirically-guided approach to risk assessment. As previously mentioned, two empirically-guided risk assessment tools (i.e., ERASOR, J-SOAP-II) are available for use with juvenile sex offenders. Although additional information is needed, the research conducted on these tools thus far is very promising (Prentky, Harris, Frizzell, & Righthand, 2000; Righthand, et al., 2005; Worling, 2004). As such, these tools are likely better than the alternatives (i.e., relying solely on a non-research supported tool or using clinical judgment alone). Over the next several years, because of the growing interest in and need for additional research in this area, advances in risk prediction with youthful sex offenders are likely to be made. Practitioners will be well served by remaining abreast of these developments.
Questions: Adult Sex Offenders

Risk Assessment

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1. O O O O Are formal risk assessments conducted as part of a broader assessment approach with sex offenders?

2. Do agency **policies or procedures** require the use of empirically-validated, sex offender-specific risk assessment tools (e.g., RRASOR, STATIC-99) to inform:
   - O O **Sentencing decisions**?
   - O O **Levels of community supervision**?
   - O O **Treatment intensity**?
   - O O **Release decisionmaking**?
   - O O **Reentry planning**?
   
   Which tools are used? ____________________________

3. **In practice**, are validated, sex offender-specific risk assessment tools used to inform:
   - O O O O **Sentencing decisions**?
   - O O O O **Levels of community supervision**?
   - O O O O **Treatment intensity**?
   - O O O O **Release decisionmaking**?
   - O O O O **Reentry planning**?
   
   Which tools are used? ____________________________

4. O O O O Are the results of validated, sex offender-specific actuarial risk assessments used to prioritize interventions for sex offenders (i.e., higher intensity services for higher risk offenders?)

5. O O O O Is specialized training provided to the agency staff/other professionals who are responsible for conducting and using actuarial tools?

6. O O O O Are the results of risk assessments shared with key stakeholders across disciplines or agencies to inform decisionmaking?

7. O O O O Are the same risk assessment tools used/accepted across agencies (thus reducing duplication of assessment efforts and providing a common language for practitioners)?
Questions: Juvenile Sex Offenders

Risk Assessment

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8. Are formal risk assessments conducted as part of a broader assessment approach with juvenile sex offenders?

9. Do agency policies or procedures require the use of empirically-supported, risk assessment tools designed specifically for juvenile sex offenders (e.g., ERASOR, J-SOAP-II) to inform:
   - Disposition/placement decisions?
   - Levels of community supervision?
   - Treatment intensity?
   - Release decisionmaking?
   - Reentry planning?

Which tools are used? ____________________________

10. In practice, are empirically-supported risk assessment tools designed specifically for juvenile sex offenders (e.g., ERASOR, J-SOAP-II) used to inform:
    - Disposition/placement decisions?
    - Levels of community supervision?
    - Treatment intensity?
    - Release decisionmaking?
    - Reentry planning?

Which tools are used? ____________________________

11. Is specialized training provided to the agency staff/other professionals who are responsible for conducting and using risk assessment tools (e.g., ERASOR, J-SOAP-II) for juvenile sex offenders?

12. Are the results of empirically-supported risk assessment tools designed specifically for juvenile sex offenders used to prioritize interventions for these youth (i.e., higher intensity services for higher risk youth?)

13. Are the results of risk assessments shared with key stakeholders across disciplines or agencies to inform decisionmaking?

14. Are the same risk assessment tools used/accepted across agencies (thus reducing duplication of assessment efforts and providing a common language for practitioners)?