Webinar Transcript: Juvenile Risk Assessment and Recidivism

Bethany Broida: Good afternoon everyone. My name is Bethany Broida and I am the Director of Communications. It's my pleasure to welcome you to What We Know About Sexual Offending and Sex Offender Management and Treatment, Juvenile Risk Assessment and Recidivism. This webinar is the third in a nine part series that is designed to provide policy makers and practitioners with trustworthy, up to date information they can use to identify and implement what works to combat sexual offending and prevent sexual victimization. Each webinar in this series focuses on evidence from state of the art research, knowledge gap, unresolved controversies and the implications of key research findings for policy and practice.

These webinars take place every three weeks or so and there's a schedule on the NCJA website. Registration is currently open for the next two webinars in this series and you can register right on the NCJA website. Also, if you missed the prior webinars in this series on incidence, prevalence and adult etiology, or internet facilitated offending, the webcast and slides from those sessions are also available on the NCJA website.

Before I go any further, I would like to thank our wonderful partners at the Smart Office in the Department of Justice Office of Justice Programs for making this webinar possible. Before we get started, I would like to quickly cover a few logistical items. First and foremost, we will be recording today's session for future playback. As I just mentioned, the recording and the slides from this session will be posted on the NCJA website at www.ncja.org\webinars and they will be emailed to everyone who registered for this session.

Today's webinar is being AudioCast to the speakers on your computer. If you do not have speakers or prefer to use the phone, please use the number contained in your registration email or under the event info tab which is located on the top, left hand side of your screen. If you have issues with the audio through your computer, please feel free to use the phone.

Due to the number of people joining us, we have muted all participants to reduce background noise. If you have questions for the presenters, we encourage you to submit them using the chat feature on the right hand side of your screen. Please select Host and Presenter from the drop down menu next to the text box. We've also included time for a question and answer period at the end of the presentation. If we don't answer your question during the main presentation, we will try and answer it during the Q&A, however you may submit your question at any time.

If you would like to communicate with NCJA staff during the webinar, please submit your comment using the chat feature either to Bethany Broida or Host. This session is scheduled for an hour and a half and we will end promptly at 3:30PM Eastern Time. If you have technical difficulties or get disconnected during the session, you can reconnect using the same link you used to join the session initially or call WebEx technical support which is 866-229-3239.

In the last five minutes of the question and answer period we will ask you to complete a short survey. The information you provide in this survey will help us to plan and improve future webinars. At this time I would like to briefly introduce our speakers for today's webinar.

In November 2014 Louis deBaca was appointed by President Barack Obama as the director of the justice departments office of sexual offenders sentencing, monitoring, apprehending, registering, and tracking, otherwise known as the smart office. Mr. deBaca previously coordinated US Government activities in the global fight against contemporary forms of slavery, as Ambassador at large, but the State Departments office to monitor, and combat trafficking of persons, and served as counsel to the house committee on a judiciary where his portfolio for chairman John Conyers, JR, included national security and intelligence immigration civil rights, and modern slavery issues.

At the justice department from 1993 to 2006 he lead the investigation and prosecution of crimes involving human trafficking, official misconduct, and hate crimes, as well as money laundering, organized crime, and alien smuggling. He is the recipient of the Secretary States distinguished honor award. The attorney generals distinguished service award. The Attorney Generals Marshall award, and directors award for the executive office of US States Attorneys. He has received the leading honor, given by the National Human Trafficking Victims Service Provider community. The Freedom Networks Paul and Sheila Wellstone Award and has been named the Michigan Law School Distinguished Alumnus.

Next, Scott Matson is a senior policy advisor at the SMART Office, where he advises thirty-seven states, and the District of Columbia on adopting the standards for the sex offender registration and notification act, otherwise known as SORNA. In addition he leads the offices efforts of a sex offender management and planning initiative. Before joining Smart, Scott was product manager at the jet foundation, where he developed and managed a criminal justice portfolio, that included sentencing and corrections policy, reentry, wrongful convictions, and the death penalty. Prior to joining [inaudible 00:05:35] he was the associate director of the Vera Institute of Justices Center on sentencing and corrections. He served as a research associate at the Center for Sex Offender Management, where he provided training and technical assistance to a wide range of international, national, state, and local audiences on issues related to sex offender management.

Next, Phil Rich, presents, trains, and consults nationally and internationally. Specializing in work with sexually abusive use. He holds a doctorate and applies behavioral and organizational studies, and a masters degree in social work, and has been a licensed independent clinical social worker for over thirty years. He was the clinical director of the step to the schools for thirteen years. A residential treatment program for sexually reactive children, and adolescence, and young adults sex offenders in Massachusetts.

He is the author of Understanding Juvenile Sex Offenders, Assessment Treatment and Rehabilitation as well as Attachment and Sexual Offending Understanding and Attachment Theory to the Treatment of Juvenile Sex Offenders, and Juvenile Sex Offenders: A Comprehensive Guide to Risk Evaluation, as well as The Four Stages of Accomplishment Workbooks for Sexually Abusive Youth. He has also contributed chapters and articles that address the work with adult and juvenile sex offenders, and [inaudible 00:06:56] work in general to numerous other publications. He is working on a second book addressing the Application of Attachment Informed Work with Sexually Abusive Youth.

Finally, Chris Lobanov-Rostovsky has worked with the Division of Criminal Justice in the Colorado Department of Public Safety as the program manager at the Colorado Sex Offender Management Board since 2006, where he is responsible for overseeing the development of standards for the treatment and management of Sexual Offenders Approving Treatment Providers, and providing legislative and policy input. Prior to his current position, Chris worked as a clinician and evaluator of adult sex offenders and juveniles who commit sexual offenses. He also works at a private consultant for a variety of federal, state, tribal, and private agencies in developing and enhancing sex offender management and treatment programming. He has been a project manager contributing author and editor for the SMART Office Sex Offender Management Literature Renew Initiative, which this webinar series is based upon, since the projects inception in 2010. I would like to now turn the presentation over to director deBaca.

Luis deBaca: Hello, everybody. Welcome to the webinar, today. We're thrilled to be able to start in on some of the issues having to do with juvenile offenders. As you know the issues of sexual assaults and sexual offenses in our society are often very emotional on the part of not only the legislatures and other policy makers that are trying to deal with the policies that this office and others in states and localities around the country are setting forth, but also in the survivor communities, the victim advocacy community, and the offender community. Emotions run high and especially when the offenders are juveniles, themselves, they affect on the parents, the affect on other family members, et cetera, are something that needs to be taken into account.

I think one of the things we're seeing the discourse over the last year, really grow around concerns of sexual assaults on campus, sexual assaults in schools, et cetera. Necessarily, in that discussion we need to be looking at what do we know? What have people been already thinking about and how do we respond to situations that are not perhaps the idea that people had twenty, or thirty years ago when many of these laws were first being put in place, which is that the biggest risk to a child is a stranger abduction, or an adult abuser. Instead, that it could very well be that the offender could be another juvenile at the time.

SOMAPI Project for us, stands very much with the idea that to do that, to look especially at the places where there are the biggest emotional flash points, and

gaps, and information, and misunderstandings is that bringing scientific evidence to bare is really the place, not just for policy making, but also to focus on the people involved, what they need to go forward, what they need as far as their lives, and their success in the future. Here at Office of Justice Programs we got a number of offices that are dealing with this, especially around the juvenile issue. We want to thank the Office of Juvenile Justice and Delinquency Prevention for being our strong partner on that.

I'm going to turn it over pretty quickly, here to Scott, and Phil, and Chris. One of the things that am particularly interested in, and I think that we'll hear a little bit about today is this notion of how we take the ideas that are out there, whether it's things that were developed for adults on risk assessment, or whether it's different models, different tools that have been developed, and I think that they've often been moved over into the juvenile setting because people, the market as it were, wants something that will work. Of course if you have something that kind of works there's that temptation to getting it, and then trying to apply it and seeing if it can work.

In the spirit of the scientific evidence that we're looking at under SOMAPI, that notion of whether it's an actuarial model, clinical model, what have you. How do you validate these uses? How do we validate these tools? This is not because the sample size is not so large. This is not like doing AIDS work or some of the other things where you can get big data and crunch them. This is is something that is happening in peoples therapists offices. This is something that's happening as juvenile probation, an juvenile courts are trying to supervise folks. This is something that's happening and playing itself out, whether it's in juvenile detention facilities or in treatment facilities, or other things.

We don't have the kind of big data number crunching that some of our cohorts have been able to take advantage of. We are wrestling, I think with how can we validate? How can we look at these models, and really take it to the next level? The risk factors, of course, are so overlapping with some of the other things that happen, and so it's hard to sometimes parse out whether we are looking at a risk factor for sexual offending, or whether we're looking at a risk factor for delinquency, or a risk factor for becoming a victim. That's something that I'm certainly looking forward to, and I hope that we're going to be opening up the conversation over the next hour and a half. I'm going to turn it over to Scott with my thanks for all the work that he's done on getting us to this point with the SOMAPI Project, but also in the last sessions. Bethany, thank you on behalf of NCJP. Scott, over to you.

Scott Matson: Thanks Lou. I also wanted to thank NCJA and the folks over there, for all the work they've done on this project. I couldn't have don't it with out you, and especially to Chris Lobanov-Rostovsky and Roger [inaudible 00:13:14] for their lead on this project and all the editorial, and subject matter expertise they provided.

I wanted to first start out our webinar here, by providing a little bit of a background about OJP, and SMARTS efforts in sex defender management and on the SOMAPI Project. For those of us that work in this field, and have been around for the last twenty-five years or so, we know that sex offenders and the crime they commit have received a lot of attention from law makers, the public, and practitioners in recent years. A lot of specialized programs have been developed to address the issues of sex offending, and sexual violence. There's also been this growing recognition, and it's become widespread, that crime control strategies, that are evidence based are more effective.

OJP, has been working in this field for the past twenty years or so in the sex offender management field to try to find out what's working, and to see the field in some ways for good programming, and sex offender management, and research. OJP has sponsored more than a hundred research projects, training curricula, publications, related to sexual assault and sex offender management through the comprehensive approaches to sex offender management grant program, or two hundred localities have started sex offender management programs.

In 2006 the SMART Office was started. We were established by the Adam Walsh act in 2006, and our primary mission is to assist states, tribes, and territories in implementing title one of that act, which is the sex offender registration notification act. The secondary mission of our office is to provide assistance around good sex offender management activities in the criminal justice field about the things that are necessary to protect the public from sexual violence.

We started the Sex Offender Management Assessment and Planning Initiative, which is the SOMAPI Project, about five years ago, now. The goal was to figure out what's going on out there with sex offender management programs, and what the research says about what works, and ultimately, use that information to inform our funding and research decision making here at OJP. We sat out through our contracts with NCJA, and a variety of subject matter experts who serve as consultants to [inaudible 00:15:51] literature, and figure out what the literature says about good sex offender management programs. What's working. What's promising. Where we should be thinking about investing our resources.

A number of chapters were developed on different topic areas and put together for a large literature review, and we also kind of asked NCJA to develop a survey, if you will, of professionals that work in this field. To find out what kinds of programs they're utilizing to manage sex offenders, and whether or not their collecting any data, or whether or not any of those programs were based on the evidence based practice, or are being evaluated. Then in 2012 we brought together about sixty national experts in this field to come and talk to us about our findings, the literature review drafts, and the survey findings, basically got the information provided peer review, if you will, and to provide suggestions and guidance to us about where we should be investing our resources and research activities.

All that information was put together in a large report, which consists of thirteen different chapters, it's really split up into two different sections. One on adults, and one on juveniles, there are very important distinctions between these two populations, and we wanted to make sure that was highlighted. The chapters are there, and we're covering all these chapters in different webinars as Bethany has alluded to in the beginning.

Just a word about some of the products that we're producing as a result of the initiative. We've produced these higher reports, it's up on our website, the links there on your screen. You can access all the content, the recommendations, the policy implications, excuse me, and our findings as well as some of the recommendations as I mentioned. We're also preparing research briefs for each of those chapters of the report, those thirteen different sections. These will be stand alone, five or six page briefs that are easily printable, and for insemination and really quick digestion of complex topic areas. We're providing these webinars, eleven of them in total, and we're releasing information at national and regional, and even state conferences.

With literature review, given that there were so many different authors involved, we wanted to insure consistency and methodology between all authors. We had them focus on current research, as in those studies that primarily were conducted in the last fifteen years. We had them use similar source materials, social science, abstract databases, consulting with subject matter experts, and key organizations in this field. Where possible we asked them to look at synthesis research for meta-analyses, and studies with rigorous research methods.

With that bit of background about the project, I wanted to now turn it over to Phil Rich, who will be talking about assessment and Chris Lobanov-Rostovsky, which will be talking about juvenile recidivism studies. Take it away, Phil. Thanks.

Phil Rich: Okay. Thank you, very much. I'm one of those authors, I did the chapter on risk assessment for juveniles and I don't have an awful amount of time, so I'm going to try to really, I am trying to condense everything that was in that chapter in really a few slides. I'll move through this fairly quickly, and again we're going to take questions after. You'll be able to get the handout, so anything you missed will be available to you.

Just to give an introduction, when we think about assessing really juvenile sexual recidivism, which we'll talk about risk assessment, we're really not looking to assess potential for a first time offense, we're really looking to assess the potential of the risk for recidivism, or reoffense. It's something we do those assessments, we can administer, excuse me, at several different points in time. One, of course we do it through some kind of an intake screening, it could be for court, it could be for any number of things, but intake screening can help authorities to make some decisions to plan the appropriate course of action before there's a adjudication, or through the adjudication process. It could also be of course administered after adjudication,

that can then help authorities make decisions about where to go from here, whether it's sentencing hearings, other forms of decision making case management, treatment planning.

We can also use risk assessment in the treatment context, itself. We consider baseline, assignment of risk upon entry into a treatment program, and we can periodically reevaluate risk during the course of treatment, I'll come back to that point, later. In treatment the risk assessment itself can be used to, not simply define a baseline for treatment, again, that we can use to measure treatment effectiveness against over time, but it can also be used to help us to determine the type of treatment that might be necessary, the intensity of treatment, and to define targets between them, treatment goals, case management targets.

Regardless, however, of the purpose of risk assessment, when we think about risk assessment in general, it's an inherently difficult process, it's not a simple process, it's complicated, and it's further complicated by the fact that it's a low base rate of juvenile sexual recidivism, meaning base rate is always the rate at which something occurs. The base rate would be the rate of which recidivism occurs, it's happily a low base rate, meaning that many kids do not reoffend after treatment. Unhappily, it makes it difficult to really base risk assessment processing off of base rates, because they're low. You really need a higher base rate in order to make better predictions of risk.

Happily we don't have a high base rate, but it complicates things for us. Of course, it's even further complicated by the fact that the kids we're assessing are really going through a process of development and maturation, even at the point where we're assessing them. Certainly, over the course of six months, nine months, a year, two years, kids are going through developmental process that make them different from the beginning of the process to the end of the process. When we think about risk assessment models, risk assessment instruments, and tools, they really need to account for those developmental factors, those contextual factors, those things that change and shift in the course of adolescent development in order for us to actually estimate risk. That's an important thing to really think about as we develop instruments, and as we assess their value and their use.

However, even though we got those complications and I'll talk a little bit more about those as we go. The filed of juvenile risk assessment has really developed in it's own right particularly over the last ten to fifteen years. I'm not sure that it ever was a really complete mirror of the adult risk assessment process, but it certainly is more closely approximated then number of years ago. In the last ten to fifteen years we've seen juvenile risk assessment force its own course, so to speak, and build its own research.

As a result contemporary juvenile risk assessment, it focuses on static and dynamic risk factors, just to take it aside, here, because there's a lot of you out there, just to make sure we're all talking the same language. Static risk factor are those things

that have happened. They're historical. There is nothing that we can do about them, they are unchanging. Whereas, dynamic risk factors are, if you will, the living, active current factors that place somebody at risk at this point in their life. That could be anger, or relationships, or substance abuse, or isolation. These are things that we can do something about.

We're interested in both static factors, which we cannot change, and dynamic risk factors, which are changeable, and they're particularly important because when we think about treatment we are really targeting treatment at those dynamic risk factors, because those are the changeable items that we can do something about.

When we think about models of assessment, which we'll touch on in just a moment, bare in mind that there's really a long standing contrology in the field about what is the best risk assessment model, what's the best process, and the capacity of risk assessment instruments to actually predict risk for sexual recidivism. Again, for the sake of time, there is so much material we really cannot touch on, but for now let's just say we'll come back to this. It's difficult to accurately predict risk, because all sorts of things may change from the moment we assess risk from that point on. Particularly when we think about juveniles who are in the process of developmental change.

Bare in mind there's an ongoing debate about what's the best risk assessment process, and also bare in mind that when we think about risk assessment for juveniles, the knowledge base that we build that risk assessment instrument on is primarily based upon average IQ, or kids in the average IQ range, from say low to high average adolescent males. That means that working with intellectually disabled kids, females, younger or pre-adolescent children, we have a much less develop knowledge base there. Bare in mind that model risk assessment and the processes we use are primarily diced upon studies of average IQ or in that range, adolescence.

There are two general models, one is the actuarial model, one is the clinical model. The actuarial model, very briefly, sets us on the path where we estimate risk really based on statistical comparison. Really a statistical analysis, initially, that generates the instrument itself, and then a comparison between the individual and the characteristics of prior known sexual recidivists. We're comparing an individual to a class or a group of individuals, actuarial assessments, of course are very common in the insurance business. They compare an individual to a class of individuals it's an inherently statistical and mechanical process.

What is clinical assessment really bases our estimates of risk on observation and professional judgement, and although in many ways there are lots of advantages to that. Clinical judgement is always potentially impaired, and creates its own difficulties. In contemporary applications of that clinical model, professional judgement, we use structured professional judgement instruments, or structured risk assessment instruments that can help us to guide our judgement, these are

sometimes known as structured or anchored clinical risk assessments, so structured professional judgement.

Those instruments are really important and that's where we're going to be spending some time talking about. Unlike the actuarial assessment, the clinical risk assessment evaluates static and dynamic risk factors. Static instruments always, excuse me, actuarial instruments, always, by necessity are focused on static elements of risk. Things that have happened. Things that are unchanging. Whereas clinical risk assessment is looking above static and dynamic risk factors. We see this increasing movement, I'll come back and talk very briefly about that, soon. Clinical models of risk assessment, also, sometimes assess protective factors. These are factors that can help either decrease risk for sexual reoffense or in someway buffer of the individual against risk.

When we think about risk factors, there's extensive literature that's developed over the last fifteen to twenty years, perhaps even longer than that. When we look at that literature we can see at least a hundred and one different risk factors that have been described in the theoretical or the clinical or the research literature, and that list in fact continues to grow. It's kind of mind boggling when you think about it. Nevertheless, having said that we can group those, we can see that in that list of really hundred and one plus risk factors, we see that we can group similar risk factors into different domains, and those domains are found in the most frequently used juvenile risk assessment instruments.

These domains, and there are typically ten of them. One of them involves sexual beliefs, sexual attitudes, sexual drive. Another is the history of sexual offending behavior, and that is of course the static, all of that stuff, as soon as you see the word, history, all of those elements become static elements. A history of personal victimization. That's another category, general domain, and here we're looking at domains within these domains we may find a number of different actual risk factors, but these are broad overarching domains. The history of general antisocial behavior. Social relationships, and social connections. Personal characteristics. General psychosocial functioning, and if you start looking from five, six, and seven what we see are areas that look more at general psychosocial functioning in general, how people interact with other people, how they engage, their social skills, their personal characteristics. Number eight, family relationships and the functioning of the family. Nine, general environmental conditions, that may support or inhibit the potential for further offending. If somebody has been in treatment previously what was their response to prior treatment, or current treatment? If we are doing a reassessment while somebody is in treatment.

However, having said all that a hundred and one plus risk factors, it's very clear that it's multiple risk factors that work together, it's not a single risk factor. Here's a research article from Casey and colleagues, and all these notes will be available to you including the reference list have noted that it's difficult to clearly implicate any single item in risk assessment, in absence of other related risk factors. This

highlights the idea that it's multiple risk factors that count. It's not a single risk factor. No matter how powerful a single risk factor may be it's never powerful enough, it's is a combination of risk factor that counts. Risk factors tend to amplify and catalyze other risk factors. Having said that, when we look at risk factors, and research into risk factors we find that the research is pretty variable and inconsistent across different studies, most of the literature on risk factors is really theoretical and descriptive, rather than empirical. By empirical I mean really objectively derived through statistical research.

Typically the research in general is characterized by a lot of methodological problems as well as other limitations, which can help us to explain why we see inconsistency. Short follow up periods of less than three years. We really know about recidivism over three years, four years, five years, ten years, not necessarily six months or a year. Samples that are very small in size, we like to see large samples. Risk factors that are studied vary from one study from another, so we see inconsistency that really to some degree are based upon the interests of particular researchers, so we see these limitations that get in the way.

However, having said that when we look at most of the identified risk factors that considered to be risk for sexual reoffenders, they actually lack empirical validation. At least it's in consistent. Jim Worling, and Nick Langstrom, who in 2003, and 2006 already these articles are somewhat dated, because of course it's 2015, now. These were the important study they put out, they noted that amount twenty-one commonly sited risk factors, meaning typically showing up in risk assessment instruments, only five of them actually had empirical support.

In this case empirical support was determined through at least two independent research studies that arrived at the same conclusions. They identified, again of those twenty-one, two additional risk factors that had support in at least one published study, which isn't too much, for one study, but at least had some public support. The other fourteen risk factors that are identified as either possible, because they showed up in a great deal of the theoretical literature, are even as unlikely because they lacked any empirical support, or they were contradicted by empirically derived evidence. We can see that even the risk factors that we really think of as empirically validated really have poor validation, inconsistent, sometimes contradictory.

Thought the literature was fluid, it keeps changing, nevertheless at the current time it's mixed, and it's inconsistent, and we see evidence that's developed even since Worling and Langstrom's articles from 2003, 2006. Additional evidence has come out from empirical studies, some of which supports what they've said, some of it contradicts what they've said, so it adds new risk factors that have a empirical support. We see a changing field. Without being able to go into this, there's at least thirty risk factors that are partially validated through the literature, and you can see this in citations there that point to what those are. These thirty risk factors have partial validation in the sense that there's at least some support for them in the

empirical literature.

However, as I said, research for risk factors for recidivism it's inconsistent, it's sometimes contradictory, it's disconnected and it's varied with very little to unify it. Depending on the study you read, you may come out with a very different result. It's also likely that risk factors operate differently, of course, in different individuals, but also at different points in child and adolescent development. That's really important to be aware of. [inaudible 00:33:25] van der Put, and colleagues they found that the effects of static and dynamic risk factors on recidivism in juveniles varied by the age of the adolescent. In other words, some risk factors acted one way for children who were say thirteen or fourteen. The same risk factors had a very different effects on children who we'll say were seventeen to eighteen.

We can see there's lots of complications that make this a difficult task. Our field is evolving. We know more about risk factors and domains of risk factors that acknowledges really still expected at this time. It's provisional. If we think about it as empirically validated that would be a mistake. It's partially validated. It's more, I think, relevant to say that it's inconsistently validated. Evidence is weak, it's inconsistent. It's likely, in fact that there are different complex interactions that work differently among different risk factors that work at different times and individuals life, in their development. It's a complicated process.

We see that there are similarities between risk factors at place. Juveniles at risk for sexual offending, and also those that place juveniles at risk for other problem behaviors, that makes life even more complicated, because in some ways juvenile sexual offenders, in terms of risk factors look very much like most sexual offenders, so we see these similarities, and that makes it more complicated because we need more research to really identify, and understand, and pick out those static and dynamic variables linked specifically to juvenile sexual recidivism.

Moving on a little bit, now, to the instruments themselves. Those instruments give us a structured and anchored means for assigning risk. They're important. They help to define the risk assessment process, they also help to identify the risk factors that the assessment is based upon, and how you as the evaluator are going to be actually assessing those risk factors. There is again, like with the risk factors themselves, with the instrument, there is some empirical support for the capacity of these instruments to accurately and statistically identify risk factors as well as their predictive validity, but it's really mild. It is not possible for us at this time to definitively assert that any instrument is empirically validated. When I hear that, and I hear that an awful lot, it's a misstatement. We see the same kind of inconsistencies, and in some cases outright contradictions between different kinds of study. It's not possible for us to say that any risk assessment instrument is validated, in terms of its capacity to really accurately predict juvenile sexual recidivism.

The most commonly used instruments in North America, some of you will know of

these, is J-SOAP, Juvenile Sex Offender Assessment Protocol- II, it's the second revision. The ERASOR, the Estimate of Risk of Adolescent Sexual Offense Recidivism, which is also actually a second version. These are both structured, empirically informed instruments, or instruments for structured professional judgement. They're designed for clinical assessment. Increasingly in certain states we see the one actuarial assessment instrument that has been developed for assessing juvenile sexual recidivism, and that's the JSORRAT-II, Juvenile Sexual Offense Recidivism Risk Assessment instrument, but it's normed, and that says avail, but it should actually say, available, which is normed and available for use only in limited locations. It's a tool that can only really be used, because it's an actuarial tool, and because it has to be statistically normed in a couple of different locations.

For instance, it is in use in Utah, and Iowa. It's being validated in both California, and in Georgia, so it can be used in those four places. Although, interestingly the scoring rules are a little bit different in those different places, based upon the statistical norming studies. However, none of these instruments have produced any strong or consistently supported predictive validity. Again, to some degree it's going to depend on what study you use, or you read. If you read all of them, as we did, for the SOMAPI report you'll find that there's a global inconsistency.

When it comes to inter-rater reliability, which is to say how two or three different evaluators would evaluate risk when using the same instruments, there's always differences in opinion. For instance, the J-SOAP, the ERASOR, and JSORRAT II, each been reported to have pretty good inter-rater reliability, but then when you take a look elsewhere you'll see Vitacco and colleagues, who reported an absence of well-designed studies, that really look at inter-rater reliability in the field overall. It's difficult to draw any firm conclusions about predictive validity, as a result.

There's few validation studies of sexual risk assessment for juveniles. There are a number, they've grown, but there's relatively few, and research is produced inconsistent, and contradictory findings. Some have reviewed and compared multiple instruments, but some of those instruments weren't even intended to actually measure risk for juvenile sexual recidivism. Other research has evaluated simple one instrument, rather than comparing it to others. Sometimes research has looked at the capacity for juvenile risk assessment instruments to look at nonsexual recidivism, which again is a potential error, because none of those instruments are really designed for that purpose.

There's little consistency across validation studies in terms of, the definition of recidivism, is it one year? Is it five years? Is it arrest? Is it convictions? Over the time period studied. Over the selection of the actual sample of a cohort. The design of the study, or the ways in which we interpret statistics. If these things created difficulties, there's currently well-validated risk assessment instruments for the prediction of sexual recidivism, they don't perform in a manner that provides confidence regarding their ability to predict juvenile sexual recidivism. Again, you

can see the references, here, and you can look at the reference list to see where these ideas are drawn from.

Independent research has been consistent, excuse me, inconsistent, produced poor results for those three when we look at the research as a whole. A quote, "At this time, research does not support the use of any of the specialized juvenile risk assessment instruments due to inconsistent and overall limited predictive validity; no instruments have yet emerged as an empirically validated approach to juvenile sexual risk assessment." We want to be cautious when we use these instruments, they're the best we have, some of them are quite well developed, but they're still limited. Protective factors, risk factors, of course are the basis for risk assessment instruments, but recently we started to pay attention to protect the factors I mentioned very briefly before.

These have been long described in the general child and adolescent development literature. These are the protective factors that help to in the general literature, got against, or protect against, or buffer against things like high school dropouts, or unwanted teen pregnancy, or drug use. We're applying these now to the assessment of juvenile sexual offenders, it's not yet clear to us, it's new in our field relatively speaking. It's not yet clear to us which protective factors are the most significant or how to really evaluate their function and role, and the balance between risk factors and protective factors. It's not even quite clear to us how we should be defining the concept of protective factors. For those of you who are aware of [inaudible 00:40:40] associated with the treatment of sexual abuse, their recent juvenile, I think it was the last issue, or maybe in the issue before, the entire issue was dedicated for the first time, was a special theme issue to look at the development of our ideas and empirical studies looking at protective factors in both juvenile and adult risk assessment.

Moving on to conclusion. What have we learned? For one thing, research about instruments and about risk factors for juveniles is still in its infancy. We have developed important insights. First, the range of risk factors is actually fairly well defined. I showed you those ten categories. The range, it's fairly well defined and we have a pretty clear sense of the types, and the classes of risk factors that we should be looking at. Secondly, current risk assessment instruments they're far from being empirically validated. It makes it difficult to conclude with any degree of confidence that those instruments are scientifically valid. I love risk assessment, let me just say that now, I love risk assessment instruments. I say this with a heavy heart. The fact is that the evidence about the predictive accuracy of juvenile risk assessment instruments is mixed, it's inconsistent, it's contradictory.

Third, there's a clear need for juvenile risk assessment instruments and processes to focus on estimates of short-term rather than long-term risk. That's impart because of the developmental changeability of adolescence. Increasingly, even though we want to look at recidivism over three years, five years, ten years, in terms of risk assessment we really want to recognize that the longer we go, the

further out we go with our risk assessments the less likely we are to be correct when it comes to juveniles. The adoption, however, with short-term assessment model means that the way in which we use risk assessment instruments is going to have to change.

Fourth, regardless of the strength of the instrument, sound good professional professional risk assessment requires evaluators who are well trained, who do not simply rely upon risk scores that are derived from those instruments. We're making these really important decisions, particularly those that have potentially lifelong consequences for the juvenile as well as potentially for the community. Evaluators have got to understand strength, and limitations of current instruments including the lack of empirical evidence.

Fifth, we got to integrate risk assessment instruments into a much broader, more comprehensive assessment process. The instruments play an important role in the process, but they may play a more important role for case management, treatment planning, than their actual accuracy in predicting risk. The role that instruments play in identifying dynamic risk is a particularly important area, because as I said before, those are really the targets for treatment. Equally important, building what I said just a couple of slides ago is the role of risk instruments in identifying protective factors, because that provides the basis for strength based, and not simply deficit based treatment.

Sixth, broad life transforming decisions about juveniles should only be made in the context of comprehensive broad psychosocial assessment, and not based solely on the use of a risk assessment instrument. Social and legal policies should not hinge on the result of a single juvenile risk assessment instrument, at this time.

Epilogue. Research continues to evolve. It's fluid. New material is going to augment or outdate current material in the next three to ten years, perhaps even less. We need increased and continued funding to establish empirical validity for instruments. Reliability for instruments. We need independent and replicated studies. We need better instruments. We need better trained evaluators. In the meantime, juvenile risk assessment instruments are valuable tools for case formulation, for treatment planning, for case management, as well as pointing to the present of risk and protective factors.

Last couple of slides, which of course I'm not going to go through, just as you'll happen will be the notes that are identified in there. Then, the references. With that I will pass you over to Chris. Chris, over to you.

Chris: Thank you, very much, Phil. I appreciate that, very much. I appreciate, very much, Phil's work on the chapter related to risk assessment. As you can see from Phil's discussion, there's a great deal going on in the field of risk assessment for juveniles that commit sexual offenses. I think it's, even though, maybe we're not where we want to be, yet, I still think it's terribly exciting in terms of how far we've come as a

field. I'd also like take this opportunity, again, to thank NCJA for their support of this project, as well as the SMART Office, and particularly director deBaca, and Scott Matson in terms of shepherding this project. I think it's terrific that we're talking about what works, and talking about research, and talking about developing practice and policy based on that rather than as sometimes occurs unfortunately when we develop policy and practice based more on what we think works, than what actually does work.

I'm going to spend a few minutes, now going through and talking about the chapter on recidivism of juveniles who commit sexual offenses. These are two separate chapters in the SOMAPI report, but we wanted to combine the two of them, because we felt like they were fairly closely related, still just discussed in terms of how recidivism and how these studies fit in to the delineation of risk factors as well as in the development of those instruments.

In terms of this field, and in terms of how we gotten here, I'm going to take a quick step backwards, in that this field is really not that old as a whole. Really the last twenty-five, thirty-five years or so we're talking about all this research has developed, because prior to that really we tended to view juveniles who commit sexual offenses much more from a place of curiosity, experimentation, and boys will be boys. Then, we got some information from our adult sex offender populations in the '80s, which I'll talk about in just a second, that indicated that they may have begun their sexual offending as juveniles. This lead us to focus much more on the issue of juveniles who commit sexual offenses.

Unfortunately, though I think initially as director deBaca talked about maybe we borrowed some of those models from adults in terms of how we assess and how we treat this population, initially, because we really view them fairly similarly to the adult sex offender population. I think the thing that's very clear throughout this entire SOMAPI report is that there is significant differences between the juvenile and the adult populations, and that really we need to look very carefully at how we apply policies and practices to this specific population, and not just kind of have similar and consistent policies across the two populations.

Since the 1980s we've learned much more as still went through in terms of some of the risk factors and the risk assessment data. We've learned a lot more too, about their propensity to reoffend or to recidivate [inaudible 00:47:34]. When we talk about recidivate that is being detected for a reoffense. What we know, and what you'll see later in the slides is that certainly there are many cases of sexual offending that do not come to the attention of the authorities, so we always have to be careful in languaging when we're talking about recidivism verses reoffending. We have learned things about what characteristics contribute to or what characteristics are risk for future sexual reoffending behavior. We've learned more about the population of juveniles that commit sexual offenses, and we're able to use that information, I think, both in terms of risk prediction, as well as for treatment and management of this population. I think this research is very

important to all of us in terms of our work.

In terms of a summary of the research findings, there's two different types of studies that are going to be referenced in that chapter, and here. That is single studies, those are studies that are done by a researcher or collection of researchers on a specific population of juveniles looking at certain outcome measures. Sexual recidivism, general, or just general criminal recidivism, those type of things. Also, looking at those from a certain period of time, following up over one year, three years, five years. We have many studies out there from people who have looked at a certain sample, perhaps samples that they were working with and have made some conclusions about what has happened to those samples after they were done with some type of an intervention, a treatment, a supervision, a management, whatever it might be. We have that collection of research studies.

We also have meta-analyses too, a more recent development in the research literature, which has the ability to kind of pull together a variety of different single studies into one larger study. That's something that's very helpful to overcome that low base rate issue that Phil described in terms of juvenile sexual recidivism. If we're looking at a hundred kids, the distinctions between those who reoffend and those who don't are much less than if we're looking at a thousand or ten thousand kids. It allows us to tease out those subtle differences in those populations to a much greater extent. Meta-analyses has been something that's been very helpful in our field, in overcoming those challenges of having small sample sizes and low base rates. It also gets us away, or helps us to deal with the fact that each of these single studies may be looking at measures of recidivism differently in terms of sexual recidivism, nonsexual recidivism, arrests, reconviction, or adjudication.

Again, all these measures are very different across these studies, and the differences in followup periods. How do you compare a study that does a five year followup verses a study that does a five week followup? Those are very different studies, and so there's got to be ways to pull those together, statistically. These meta-analyses do a really good job of doing that. I'm going to go through and talk real briefly, here, about the different types of studies. Before I do that, even though as Scott indicated at the beginning, we talked about the notion of looking at things that are within the last fifteen years. I think there are a couple of studies that are worth noting, just in terms of the history of our field to put it in a proper context, so they were included in the chapter.

The first were these studies done on adult sex offenders where they basically interviewed the offenders, and the offenders were saying, "Yeah. We started this behavior as a juvenile and nobody every did anything about it." Those studies occurred in the '80s and I think that's what led to the raising of the level of concern related to juvenile sexual offending. Unfortunately, it also led, I think, in some ways to us equivocating and seeing that juveniles and adults are very much the same in terms of their offending, in terms of their characteristics, in terms of their treatment needs, et cetera. It maybe led to a false proposition that sort of all

juveniles are destined sort of to become these adult sex offenders.

What we've learned from the recidivism studies on juveniles going forward is that many most do not end up in a recidivism situation. I think this early study lead us down a certain road in terms of taking this problem more seriously, which was probably good, but maybe lead to, at least early on, some maybe over application in terms of some of the adult models of doing things. I think it's important to keep those things in mind, and to realize that the basis for this in our field is really, I wouldn't say that it's a very rigorous research study to just interview a selection of adult sex offenders, because it's not interviewing juveniles going forward, it's interviewing adults going backwards. I mention that just in terms of putting in a context how we got to where we got.

Then, this study I think is very interesting. This is not a sex offender or a juvenile who commits sexual offenses, recidivism study, per say, but it is a study that ends up looking at juveniles who commit sexual offenses, who for the most part where never detected and identified by the juvenile justice system, and made some findings in terms of the frequency with which these juveniles were doing this behavior again. Again, the limitations of this study that they're not talking about recidivism and when we thing of recidivism typically we think of somebody who has been detected, identified, adjudicated, had some type of an intervention, and now we're looking to see what's happened since then.

This study is looking at kids, well a section of people over a course of their lives, and what has happened to them and what are their self reports are in terms of their behavior. Again, I think it's interesting because it certainly isn't outlier in terms of the extent of sexual recidivism that these people are self reporting. This study looks at seventeen hundred and twenty-five youth who were then between eleven and seventeen and it interviewed them every so often, and continues to do so. In the 1992 interview, and consistently they've been asked about violence, criminality, sexual offending, et cetera. In the 1992 survey 6% of this overall sample of seventeen hundred, and twenty-five said they had done a sexual assault, and they used the term sexual assault there, they're talking about a single incident of sexual assault whereas the serious sexual assault, which 2% of the population in this study said they had done, means two or more, so actually, technically, there's a group that had already done it twice.

Then, the other thing that I think is really interesting there is to look at the detection rate, or the identification rate with the sexual assault group 3% were arrested, and the serious sexual assault group 10% were arrested. Again, this speaks to the notion of sort of a large volume of undetected sexual offending that is going on out there that we're unaware of. Again, in terms of the recidivism information that these self reported interviews provided, the sexual assaulters, again those that had one sexual assault at the time of the interview then when they were reinterviewed they said that, 58% of them said that they had done that again subsequently including 10% had done that as an adult. That's where often times

our recidivism data comes up short is in that transition between juvenile and adult. For the serious sexual assaulters, those who had done the sexual assault twice, they reported a sexual recidivism of 78% including 17% as adults.

The final think I would point out in terms of this is that almost all of the youth who were involved in sexual assaults were also involved in other types of criminal activity. I think this study is a very interesting study, just to kind of frame the discussion again, it's an outlier in terms of the level of offending that's being reported in this study verses some of the other that I'll show you, but I don't think we can just dismiss it, and I think it provides us some interesting information.

In terms of the meta-analyses information that we do have, I will focus on three of them that are pretty much well known in our literature, today. The first was by Alexander in 1999, and she looked at seventy-nine studies from over a fifty year period, and you'll see the recidivism rate here for one year followup studies, three year followup studies, and five year followup studies. The reason why those numbers look that way and you would think that the five years would include the three years, but they don't , it's the way Alexander did her meta-analysis was to combine studies with similar followup periods, so all of the studies that had the one year followup study. One year followup period, the overall mean average rate of recidivism was 5%. For those with three year followup studies 22%. 7% for the five year followup studies.

Again, giving you some general indication of sort of the likelihood or frequency with which this population is likely to sexually recidivate. The second one is by [inaudible 00:56:44], and this probably one of the more standardly excepted, widely cited meta-analysis in our field. They looked at nine different studies with a total of twenty-nine hundred, and eighty-six youth, over a five year followup period, they came out and they did combine all of the followups and came up with that average of fifty-nine months of followup. They came up with a 13% sexual recidivism rate.

The other thing that I would put out, here, is I mentioned the general recidivism rate in the previous study you will note here, as well, and this is thematically one thing we see in the recidivism literature is the notion that the nonsexual recidivism rates tend to be higher than the sexual recidivism rate. For nonsexual violence, one out of four. For the nonsexual, nonviolent 29%. Again, giving us some indication of what the overall sexual recidivism rate is for juveniles who have been identified as having committed a sexual offense and what happens to them in the future. At least over a five year period.

The third meta-analysis study is, this is by Caldwell, and this looks at eleven thousand youth over, again, that same five year period, and he found a mean sexual recidivism rate of about 7% and a general recidivism rate of about 43%. You can see from these rather large scale studies in terms of what we're looking at. We're talking about a rate of sexual recidivism here that is somewhere in the single digits or in the teens, typically, not withstanding that one perspective self reported

interview study that I talked about before.

I will now look at some of the specific single studies. The chapter looks at single studies within a variety of different sort of comparisons and these are the four comparisons that we are looking at in terms of this. The institutional verses community based, if somebody receives an institutional sentence they're placed in a correctional facility or a locked facility, a hospital facility some type of an institutional facility what happens to them when they receive some sort of an intervention in that situation verses a community based outpatient type of a program.

These studies were typically done on one population or the other in other words none of these studies were comparing these two groups, but I think many people are interested particularly now with a lot of the pressure upon say social services, and other organizations to keep kids out of institutional care, and things like that. Many people are interested to look at the results of institutional verse community based treatment, and what are the relative success as measured by sexual recidivism. That is one cluster of studies that are looked at. I'll say something about what that found in just a second.

The second group looked at the different victims selection of this population. Those where rape is defined as having a peer aged or an adult victim, not to say that child molestation can also take that form as well. When we're talking about rape verses child molestation in these studies we're talking about the age of the victim, basically. Is the victim a younger child or is the victim someone of the same age or older? Several studies have looked at the differences in terms of the propensity or likelihood of those populations that sexually recidivate. Then, we've also seen studies that have looked at what are called specialist verses generalist. Specialist are those individuals who have committed a sex crime only, in terms of not been before the juvenile justice system for another nonsex crime, whereas the generalists are the people who have a sex crime and a nonsex crime within their history. Studies have looked at, is there significant differences between those youth who have committed sex crimes only verses those who have committed sex and nonsex crimes.

Then, finally some of the studies have looked at sexual verses nonsexual offending amongst juveniles. Again, that notion of is there a significant difference between juveniles who commit sexual offenses verses those who commit nonsex offenses, and there's been several studies that have made the point to cut to the chase on that, that there was not a significant difference in terms of the recidivism results based on looking at whether someone had a juvenile sex crime or a juvenile nonsex crime. The supposition is that perhaps those two populations may have had some things in common.

In the time that we have here, today, I'm not going to go through all of those individual studies, I would refer you to the chapter related to that, but what I will

say is that generally speaking the rates of sexual recidivism where not significantly different by and large across a large number of studies for any of these four groups. We're not seeing significant differences in terms of is an institutional setting verses a community based setting, which one has higher or lower recidivism rates, victim selection in terms of peer, older victim, verses a child victim. Specialist verses generalist.

What I will say and this gets into some of sort of the findings of the research as a whole is that I think there's not a lot of information in these studies that tell us other things about the populations being studied. For example, I think it would be one thing to think perhaps those in institutional settings, those in youth correctional facilities would be at a higher risk group, and those in a community based setting would be a lower risk group. However there's not risk information typically reported in those studies, and so it's hard to know whether we're really looking at the same group across the two settings, so that it's unrelated to risk, where someone ends up in an institutional verses community based setting, or not.

I think what we need in the future is better research that really controls for risk as part of looking at the differences across these populations, because again one would think that those who are going to be in our youth corrections facilities presumably would be higher risk, and therefore the likelihood of maintaining or keeping them away from sexual recidivism would be more challenging, and yet what we found in these single studies were some real inconsistencies across them, in terms of being able to conclude that. I think for right now we have some general rates of sexual recidivism that we're seeing across all of these different single studies. I think in the future if we look at some of those characteristics of the individuals within those studies it might allow us for a better comparison. I will allow you to kind of do some reading on that if you're more interested in that.

In terms of the overall limitations, in terms of the research I think as we both have said today, certainly this issue of small sample sizes is a challenge. We have a small number of studies to date, although that is continuing to grow, as we go along, here. The under reporting issue, I think has to be consistently mentioned when we are talking about sexual recidivism and that sex crimes are consistently under reported compared to most other types of crimes, and therefore we're only seeing the crimes which are reported, detected, identified, and either adjudicated or prosecuted. I think our ability to have a true understanding of this population is still limited based on that.

Most of our followup periods are relatively short-term, at this point, based on the fact that this is relatively young field. There's one study at this point, a Worling study that's looking at youth twenty years out. All the rest of the studies we're seeing are typically in that five to ten year range. The one study with Worling, he had seen the gains in terms of the treatment effect, and the positive outcomes related to treatment carried out over a longer time frame. Although, the level of recidivism does continue to increase slightly over that period of time.

We need longer time frames. I think particularly juveniles move into the adult years, because the supposition is in terms of how we're dealing with juveniles who commit sexual offenses is again are these going to be our future adult sexual offenders? Do we need to be doing things in terms of dealing with that? Are we trying to manage something that can be managed as a juvenile and then the likelihood that someone continues on into adult. Sex offending is less. What we've seen is it seems to be that, again, small percentage of the population, and I use the word small relatively speaking not in any way to minimize the fact that any recidivism is bad recidivism. We're talking somewhere, maybe one, maybe two out of the ten juveniles who perhaps is likely to continue on and reoffend, perhaps to continue on and offend into adulthood. Those are things that are still relatively unknown and can need of additional study.

Again, dealing with a measurement variations across study continues to be a challenge, that will always be a challenge, because you're dealing with it based on the population you have and based on what you're looking at. There will always be differences in that. Having things like meta-analysis can help us to bridge some of that. The more consistency in terms of measurement the better our research will be. Then, I think what's really critical for our field is to get information about the youth that are being studied. What is it about the youth that maybe is contributing, or leading to their recidivism? What is it about the interventions that are maybe diminishing that likelihood or not? Unfortunately many of the studies that we look at don't talk a lot about the population being studied, or the interventions that were provided.

I think having research that really studies specific components of intervention, study the treatment effect if you will a supervision effect those types of things would be very beneficial. We do have some of that and we'll be talking in our next webinar about juvenile treatment. It's still a big need for our field. I've said that we need studies that are longer term followups in terms of particularly into being an adult. Comparing the different types of juveniles is really important. As Phil indicated, really all of our research to date is on those juvenile males who are within the relative average in terms of intelligence, so we need more information about juvenile females, and I don't think anything we're saying today probably can be conclusively applied to juvenile females, unfortunately.

We really need research on, that is policy relevant, and what I mean by that is that as we identify specific strategies, specific policies for dealing with this population, we need to know and have research and information about the efficacy of those policies. Again, as I indicate at the beginning, it seems like often time we're sort of establishing a policy first and then doing unfortunately the research second. We really need to turn that around, and get good research upfront before we sort of rush to judgement on how to deal with things.

If that's not possible at the very least then all policy development should have a

requirement that research occur as part of that so we can be studying that and making sure that what we're doing is making a positive impact, and is not having a negative, or detrimental impact. Because we know in particularly in the juvenile field that some of the things that we do, not only can be neutral to a juvenile in terms of risk and protective factors, but can actually be detrimental or have iatrogenic effects. We really want to make sure that our policies and our practices do not do that.

In terms of conclusions, and policy implications. Overall for what we've seen in the meta-analysis, and again there are outliers, but in the meta-analysis that we've discussed on that recidivism rate of about seven to thirteen percent over a five year period seems to be about sort of what we know at this point in time. That recidivism rates are generally lower for juveniles than for adults. If you've seen the adults meta-analysis research the rates tend to be higher, but again there's not been anybody who has done that statistical comparison that's just an eyeball, this is what the juvenile rates are generally looking at. This is what the adult rates are generally looking at. That a small percentage of juveniles will sexually reoffend, missed typos there, I apologize for that, as adults, and that research shows significant differences, so again, from where we started out in the 1980s where our juveniles were become our future adult sex offenders, we now see there's a fairly significant difference between these populations. That the juvenile population is a very diverse population.

Certainly some of them the older teens may look very much like adult sex offenders, but not all of them do, so we're seeing this diversity, and we cannot just sort of conclude that the juveniles are one in the same with the adults. Again, what we are seeing is that higher general and sexual recidivism rate, so our interventions, our policies, our treatment need to consider looking at sort of a holistic approach, and really looking at nonsexual type of offending. It's not enough to just say we're going to keep this youth from committing another sex offense, we really need to be working on all types of criminal behavior, and trying to manage that. I think that's been a development in our field, which you'll see more in the treatment approaches, et cetera, on taking a more holistic approach.

Again, in conclusion, I think one of the things that we've heard consistently across the literature, we heard from the national forum that we held in Washington, DC, et cetera, that this notion of a juvenile is a sex offender for life is really a misnomer. It's important that we not do that. I think that's a real challenge when we're talking about policies like registration and notification, et cetera. You'll note that I use the term juvenile who commits sexual offenses to try and sort of maintain that separation between person and behavior with the juvenile population. I think it's really important that we be thoughtful about how we develop policies and practices acknowledging the fact that so much can happen in terms of change, that maturation and development process that Phil was talking about. That plays a significant role in the juveniles lives, so we have to account for that in how we conceive of this problem.

We need to evaluate the policy impact, again of recidivism as well as that iatrogenic effect. It's not just enough to look at, does this stop a bad from occurring, but does it have a negative impact on the juvenile? What effect does that have? Individual interventions must be individualized based on risk and need. Again, juveniles come across a broad spectrum and some may need relatively minor types of therapeutic and management interventions, others may need very extensive interventions. That should be driven based on risk and need.

We need to focus on general and sexual recidivism. Not automatically use adult policies on juveniles, it certainly can give us some guidance, or we can look at it, it's something that might be helpful, but we need to make sure that, that application is true and not just to assume that the juvenile populations are synonymous.

There we go. Here are the notes for this presentation. They're footnoted, so you can go back. We didn't want to put the names in the slides, so you'll see that they're footnoted. If you're interested in any of the specific studies, you can go back and review those. Here's the overall reference list from this presentation, here. That includes all of the studies that have been looked at in terms of this chapter on juvenile sexual recidivism. With that I'm going to turn it back over to I believe this may be going back to Scott or Bethany. I'm sorry. I don't recall which one. Thank you.

Scott Matson: I guess I'll take it. This is Scott again. We've opened the Q and A session. We're going to try to answer some of the questions that have come in and they came in during the registration process. Again, there's the dropdown chat function that allows you to send questions to us that we can ask the presenters, here. I just wanted to note that we received a lot of questions, and some of these questions that were submitted will be covered in some of the later webinars. As we mentioned there will be eleven in total. The next two are actually focused exclusively on youth and juveniles that commit sex offenses. We'll ask you to hold those questions and resubmit them at a later date.

At this point, I just want to start with a quick question. I think this is a good one. I think folks are wondering about the data and the samples from some of the studies. Where they based on US populations or Canadian, or worldwide samples. I guess, either Phil or Chris you can answer that one.

Phil Rich: This is Phil. Somebody had emailed me directly, so I responded to that, I mean it went to everybody. For the studies I was referring to they are mostly North American studies. They certainly look at Canadian and US. Increasingly over the last few years we've seen research on European samples, particularly Holland, some from Sweden, Switzerland, so we've seen some increasing stuff coming from Portugal, Australia, New Zealand. Certainly the United Kingdom. The data that we're drawing from are getting larger. Typically, for those instruments though, for instance the ERASOR, certainly for the JSORRAT, which is the actuarial instrument,

that's all US. That's in those in states that I described, Utah, Iowa, California, Georgia.

For ERASOR, and JSORRAT those are really North American. The ERASOR is really a Canadian instrument. [inaudible 01:15:27] the developers are Canadian. In general, things are changing and shifting. I would just add a note of caution, we should be careful, though, when we start to look at all of those data from different countries because we don't want to assume that kids in, for instance, Norway are the same as kids in Ontario. Anyway, hopefully that gave a broad answer. A useful answer to that question. Chris, may want to add something, as well.

Chris: I would just concur that the recidivism studies that I looked at were across the United States, but certainly included Canada, and Europe as well, and other countries. I would say that this is fairly a cross sectional of variety of different countries that is included.

Scott Matson: Okay. Great. Thanks, guys for clearing that one up. A good specific question came in related to cognitive distortions, and attitudes, or beliefs that are supported with sexual reoffending. Phil, do you know if there are any good measures to assess those?

Phil Rich: I don't think they're really good measures. There are measures, they're not typically standardized, so that is to say someone, ideally, has done a fairly good job of researching, and putting together an inventory or checklist, but they're not typically standardized. Typically there's no empirical validation for it. Some folks would be familiar with the Abel assessment. The Abel assessments, if you do Abel assessments part of the assessment is in fact administering a checklist, or a self report questionnaire that looks at cognitive distortions, that is a standardized, meaning that, that has a database behind it.

The MSI, Multiphasic Sex Inventory, the adolescent version of that. I know for a lot of folks these are going to be perhaps instruments that you've never heard of, but MSI's are also standardized in that it has a pretty big database to compare that individual against. For the most part, most of the measures of cognitive distortions and attitudes for adolescence beliefs are not really standardized. Some folks would be aware on the rape and molest scales, which are aimed at adult sexual offenders, but they're also often used with juveniles who sexually abusive behavior. They are not standardized at all. Even though they are in very, very common use. A very broad answer, but in general they're not, the MSI, they only use the Abel assessment. The MSI as a variable, but you have to do it through the MSI folks. I'm not sure how to get that information out, now. [inaudible 01:18:01] out of Washington state. All the rest are pretty much non-standardized. They vary. Hopefully, at least partially I answered the question.

Scott Matson: Thanks, Phil. Another question came in during the presentation having to do with reassessing. If an assessment is conducted upon adjudication, or admittance to a

program, is it generally recommended to reevaluate a youth with a new assessment prior to release from custody, or completion of program requirements upon reentry?

Phil Rich: This is Phil, again. Yeah. The answer would be, yes. That's best practice. All the reasons that both Chris and I touch on. We're talking about developmental process. We are really talking about a process that's dynamic change. If we really do an assessment coming in the door, we are not going to have any way of really reassessing whether or not there's been any change over time. Partly because we want to have a baseline against which we can measure change, but also because we believe that we have to take into account, the developmental process. Which itself will potentially produce change. Yes. This is a best practices answer would be yes we want to do reassessments, not necessarily just upon intake, and then again at discharge, although that would be minimally the case, but even during treatment. Yeah. We want to reassess. We always simply reassess exactly the same way. We want to really particularly focus upon those dynamic risk factors. The static risk factors are not going to change absent of new information coming in about them. Because those are historically changing. In a reassessment we really want to be focusing on those dynamic risk factors, as well as protective factors, and the development of additional protective factors, of the strengthening of existing ones.

Scott Matson: Thanks, again, Phil. I'll just get this one out of the way, because I think it's come up a couple of times. I'm going to ask Chris this one. What is your opinion on the usefulness of polygraph testing with youth?

Chris: Somebody wants to bring up the P word, okay. What you'll note is that there was a chapter in the SOMAPI report consisting of sex offender management strategies for adults. That included a section and polygraph, there is not a comparable one on the juvenile side, and the reason for this is because the research and the data is so limited on this population. We don't know a lot about what impact the polygraph is having on the juveniles in general, or specific to these juveniles who commit sexual offenses population. I think we have to be very cautious in terms of how we use polygraph. What I would say, is this is now, I'm going to speak anecdotally and not from the research, is that really the use of polygraph should be individualized based on the specific youth, and say if you have a seventeen year old male, who has multiple victims and somebody who is looking very concerning from a risk assessment perspective, then a polygraph might be helpful in that regard. However, you want to be very careful about using polygraph with younger youth, youth who have some kind of intellectual disabilities, intellectual limitations, et cetera.

What I would refer you to is the Colorado Sex Offender Management Board, has some standards for youth who commit sexual offenses, and in that there's a section on the use of the polygraph, and the Sex Offender Management Board talks about exclusionary criteria, what exists within a youth, whether you should not be tested,

and also appropriateness criteria, when is it appropriate to use a polygraph with a youth. I really encourage anybody who is considering using polygraph, it can be a valuable tool to assist in some cases, but to make sure to use it on an individualized basis. I'll post a link here in the chat box to all with a link for those standards, so you can take a look at that. Thanks, Scott.

Scott Matson: Yeah. Thank you, Chris. Thanks for handling that, that tough one. I think we're about to open up a poll just to get your feedback on the webinar. It's very valuable to us, so I'd appreciate if you take the time to fill it out. Let's see, there's another one that came in, so I hope that you might be able to at least try to tackle this one. What are the typical medical and forensic questions asked in a referral to a child, or an adolescent forensic examination?

Phil Rich: I'm not quite sure. Can you, the medical and forensic questions, can you just state it again?

Scott Matson: Yeah. Someone asked about typical medical and forensic questions, when children or youth [crosstalk 01:22:41].

Phil Rich: Okay. Yeah. Not quite sure about the medical, not sure that focus on the medical question. I'm not quite sure what that focus is. The forensic piece would be again, making sure that we have a developmental focus, that we understand kids who go through processes and change, and development and understanding about adolescent development and how that may influence and effect adolescent behavior. With the background to all adolescent forensic evaluation, the background being the context of adolescent development, the forensic questions are really going to be looking at a broad understanding of what it is that happened. The youths ability, to expecting too much in an initial assessment, because after disclosures, and acknowledgements come much later in treatment. It's a lot to expect that a kid is going to reveal everything through the course of the assessment.

In fact we should expect that they're not going to, but the forensic questions are really going to look upon, piecing together as fast as we can a full understanding of what it is that happened, what was the sequence? What were the precursors to that? What was the knowledge base of the adolescent engaging in the sexual abusive behaviors, his or her, but probably his capacity to understand what was happening. Whether or not it was a statutory offense, meaning some apparent level of less reciprocity of whether or not it really involved a complete lack of consent.

A range of questions about their understanding of the consequences of the behavior to themselves, and the other person. Really ensuring that we piece together a full understanding of what it is that happened, based upon gathering information from multiple sources, not simply the youth, not simply for instance the police record, there's many sources that's possible. Really embedding the

forensic questions within a broader psychosocial assessment so that we get a broad understanding of the behavior, the context of that youths life. Again, I'm not really sure that I'm answering the question, but the forensic part of it really wants to, would like to understand as well as we can the actual events that occurred, and what sequence? What were the precursors to those events and how well did the youth engage in those behaviors understand the consequences. The medical piece, I'm obviously not quite sure what the person asking the question is referring to.

Scott Matson: It could be outside the scope of what we're talking about.

Phil Rich: Yeah.

Scott Matson: Anyway. Okay. Thanks, Phil. I think we have time for one more, and this one probably isn't fair, and I'll just preface this with, by that statement. To either of you, there's a lot of interest in this transition age youth question on kids that are aged sixteen to maybe twenty-five are there any good assessment tools or any suggestions on how one might engage in assessing that population? Either of you guys?

Phil Rich: Chris are you going to? Do you want to take that?

Chris: Yeah. Let me unmute myself, and then I'll take that. I just actually posted a link, or a chat comment about that, because I wasn't sure we were going to get to it or not. The Colorado Sex Offender Management Board has looked at this population, it's really as being maybe a third population, they are sort of the youth population, the adult population, and then there's this sort of tweener group, if you will. I think there was some unique considerations related to that population.

Now, obviously the way that the adults and the juvenile risk assessment instruments they delineate pre eighteen, over eighteen. However, what we've seen on some of the adult risk assessment instruments is that some of the characteristics of being a young adult are then characteristics that lead to an assessment of higher risk. The developers of the instruments would say this is because that population is a higher risk, but I think, again, it's a very diverse population, and I think we need to be careful in terms of how we view this population, and certainly how we intervene with this population. It seems like many of the young adult folks don't end up doing very well in treatment, and supervision, based on some of those developmental, and naturalization factors. I think we need to gear what we're doing towards that. The Colorado Sex Offender Management Board wrote a chapter related to that, or appendices to the standards related to that, so I would refer people to that.

We also did, somebody asked a question too, and I'll just sneak it in really quick. Someone asked about how do you assess people, maybe who are now adults when the crime was a juvenile crime? The Sex Offender Management Board also tried to take that one, because you probably in that situation shouldn't be using the J-SOAP

or the ERASOR, and you probably should not be using the adult tools, either. There's a protocol that the board developed for some of those cases, where either the person is being adjudicated after the age of eighteen, or perhaps coming back before the court for a nonsex crime with that history of adjudication as a juvenile. Really the upshot is really looking at dynamic risk factors, and using some to the adult dynamic risk assessment processes to gauge that, so I would refer you to those two things on the Sex Offender Management Board website. It's possible explanations, but I think the group is really honed in on probably some of the most challenging components to our work. For sure.

Scott Matson: Thank you.

Chris: Yeah.

Scott Matson: Thanks, Chris. I think that was a pretty good answer. I think that's all the time we have. I want to thank Phil, and Chris, as everyone in the audience, and NCJ for hosting the webinar. Everyone for joining us, today. We hope you will join us for the next webinar in the series, which is going to be June 1st. That one is going to focus on juvenile treatment. There's another one lined up for June 22nd, on juvenile ideology, and typologies. The registration is currently open, I believe for both of those webinars, at least for the treatment one. You can register at www.ncja.org/webinars. Thanks, again, for joining us. Have a great afternoon, and we hope to have you join us on June 1st.