



Assessing Youths with Illegal Sexual Behaviors: Should I Do a Clinical Assessment, a Risk Assessment, or a Needs Assessment?

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LEARNING OBJECTIVES

- ✓ Participants will be better able to identify the components of high-quality holistic assessments of youths who have engaged in illegal sexual behaviors,
- ✓ They will be able to identify differences and similarities between clinical assessments and forensic (e.g., court ordered) assessments, and how professional roles and boundaries may conflict,
- ✓ They will be better able distinguish the process of risk assessment and using risk assessment tools from "the" assessment, and recognize the importance of case formulations.

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WHY ASSESS?

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SO, WHY ASSESS?

- To understand the youth,
- What lead up to the problem behavior, and
- What is needed to stop it.

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MOST YOUTHS DON'T ENGAGE IN ILLEGAL OR ABUSIVE SEXUAL BEHAVIOR

➤ Infrequent:

- < 3% among children,
- 4 to 9% in teens¹.

(e.g., Borowsky , Hogan , Ireland, 1997; Carpentier, et al., 2006; Finkelhor, Ormrod, Chaffin, 2009; Friedrich, 1992; 1997; Kjellgren, 2010; Seto, et al., 2010; Ybarra & Mitchell, 2013)

¹Ybarra & Mitchell, 2013 included behaviors ranging from sexual harassment to rape in this 9% rate.

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WHY DO SOME?

➤ Pathology theories:

- Sexual deviance,
- Severe psychopathology.

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WHY DO SOME?

➤ Developmental theories are considered less often.

- Child & human growth and development,
- Developmental psychopathology,
- Developmental life course criminology.

(e.g., Cicchetti & Toth, 2009; Lussier, 2015)

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DEVELOPMENTAL MODELS RECOGNIZE:

➤ **BEHAVIOR IS MULTI-DETERMINED!**

- Involves an interplay of biopsychosocial individual & socioecological factors,
- That contributes to maladaptive & adaptive functioning,
- Across the life span.



(e.g., see: Belsky, 1980; Bronfenbrenner, 1977; Cicchetti & Toth, 2009; Lussier, 2015)

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DEVELOPMENTAL APPROACHES IDENTIFY

- *Risk factors, i.e., factors that may increase the likelihood of negative outcomes,*
- *Protective factors, i.e., factors that may mitigate or buffer risk factors, i.e. promote positive youth development, &*
- *The influences of these factors, and their interaction, on the individual's development & behavior.*
- ✓ *Objectives: Prevent & ameliorate negative outcomes (e.g., psychological or behavior problems).*

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RISK FACTORS?

- Factors that increase vulnerability,
 - The possibility of problems, (i.e., *not causal*),
- Timing, duration, intensity of exposure to such factors may affect outcomes.

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WHAT DO WE KNOW ABOUT JSO RISK FACTORS?

- ✓ Not as much as we think!
- Research is limited,
- ✓ Findings are often mixed,
 - Research challenges, such as small samples & the low frequency of sexual reoffending.
- ✓ We need more studies, (Spice et al., 2013),
 - Yet, few are forthcoming.

(e.g., McCain & Lussier, 2008; Prentky et al., 2016; Righthand, et al., 2014; Righthand, et al., 2017; Weinrott, 1996; Worling and Långström, 2003, 2006)

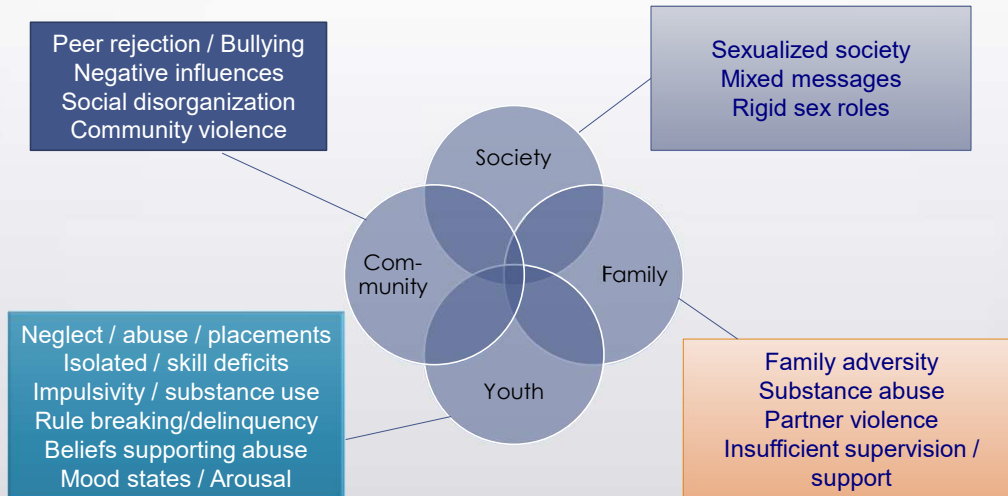
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NONSEXUAL DELINQUENCY & VIOLENCE

- Nonsexual rule breaking, delinquency, & violence may precede or co-occur with sex offending,
- It may indicate the possibility of further illegal behavior,
- Research regarding general offending, and desistance, is much more developed and warrants our attention.

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POSSIBLE JSO RISK FACTORS



<https://youth.gov/youth-topics/violence-prevention/risk-and-protective-factors>,

<https://www.cdc.gov/youth-violence/risk-factors/index.html>

<https://www.cdc.gov/sexual-violence/risk-factors/index.html> although not focused specifically on youth

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IT'S NOT JUST ABOUT RISK!

- The absence of risks may be protective,
- Some factors mitigate risks, and may protect against negative outcomes,
- Some factors may buffer risks and *promote* positive outcomes.

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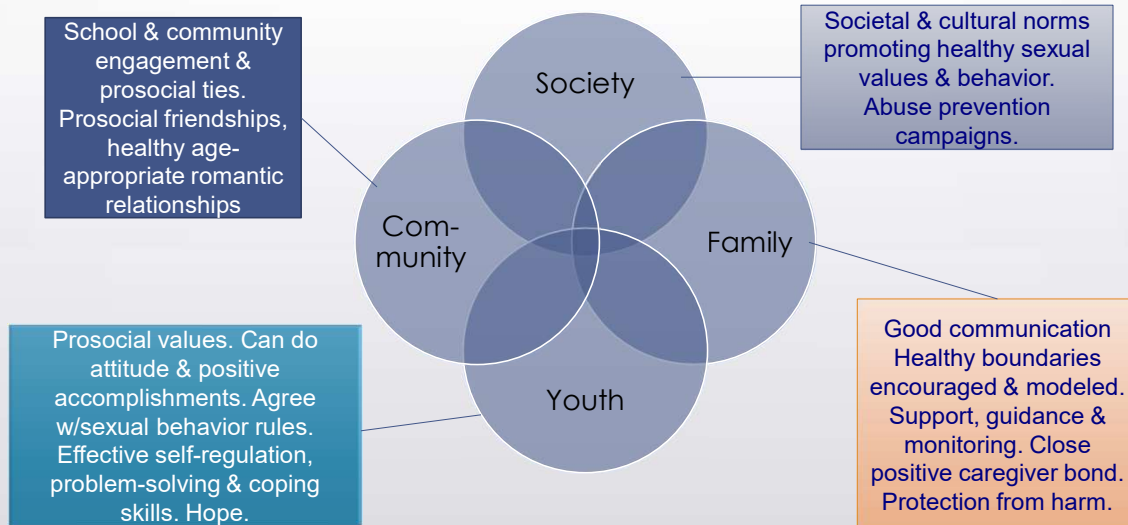
WHAT DO WE KNOW ABOUT JSO PROTECTIVE FACTORS?

- ✓ *Even less, studies regarding JSO have been relatively few.*
- ✓ *Some debate:*
 - Absence of risks,
 - Buffer and/or mitigate risks,
 - All of the above.
- ✓ *Research challenges, as with risk factors,*
 - Recent studies, especially with a general violence focus, support prosocial involvement; strong positive attachments & bonds.

(e.g., Langton, et al., 2023, 2024; Langton, & Worling (Eds), 2022; Prentky et al., 2016; Righthand, Baird, Way & Seto, 2014; Righthand, et al., 2017; Spice et al., 2013)

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PROTECTIVE FACTORS



<https://youth.gov/youth-topics/violence-prevention/risk-and-protective-factors>,
<https://www.cdc.gov/sexual-violence/risk-factors/index.html> although not focused specifically on youth

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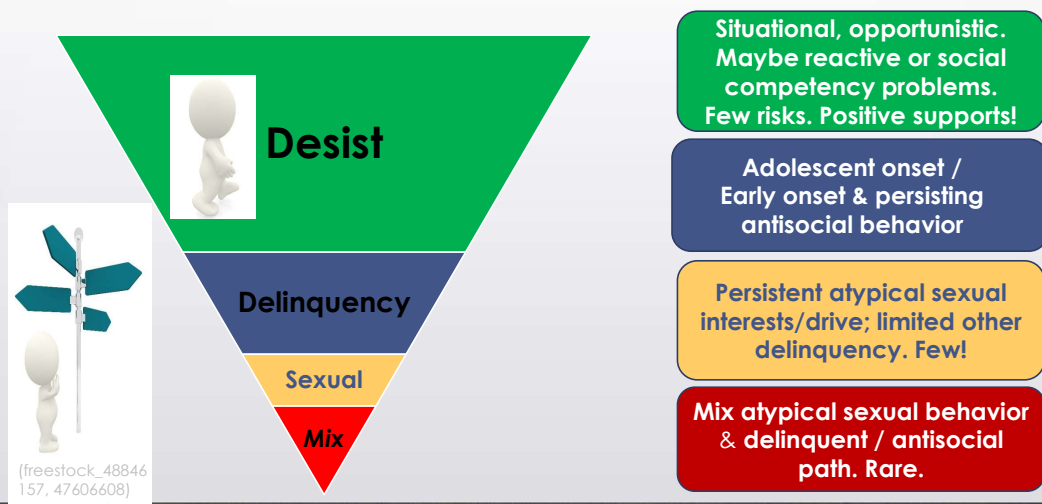
THEY INTERACT!

- Multiple risk factors increase the possibility of problems & negative outcomes,
 - ✓ *Even one severe contributor may enhance vulnerability,*
- While protective factors may mitigate or buffer risks,
- In general, the more protective factors & the fewer the risks, the greater the likelihood of positive functioning.

(e.g., Burton, et al., 2002; Goodson, et al., 2021; Griffin, et al., 2008)

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POSSIBLE FUTURE PATHWAYS



(e.g., Becker & Kaplan, 1988; Caldwell, 2016; Chaffin, 2006; Hunter et al., 1994; Hunter & Becker, 1994; Hunter, 2006, 2008)

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HIGH QUALITY ASSESSMENTS GUIDE EFFECTIVE INTERVENTIONS

- ✓ DESISTANCE FROM OFFENDING.
- ✓ POSITIVE DEVELOPMENT & GOOD LIVES

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PRINCIPLES OF EFFECTIVE INTERVENTION

- *Model of Assessment & Crime Prevention Through Human Services*
 - Risk-Need-Responsivity Model (RNR)
- **R**isk Principle,
 - ✓ Focus on those with most risks, fewest protective factors.
- **N**eed Principle,
 - ✓ Address dynamic criminogenic factors (needs).
- **R**esponsivity Principle,
 - ✓ Match interventions to individual (and family) characteristics (e.g., learning styles).

(Andrews & Bonta, 2010, p. 45; Andrews, Bonta & Wormith, 2011; Bonta & Andrews, 2023; Gendreau & Ross, 1987; Hoge, 2016; Smith, Gendreau, & Swartz, 2009; also see Miller, 1989 re "nothing works" debate)

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R-N-R MODEL RESEARCH SUPPORT

- **Support with general criminal behavior**, (e.g., Andrews & Bonta, 2010; Andrews, Bonta, & Hoge, 1990; Bonta & Andrews, 2016; Smith, Gendreau, & Swartz, 2009).
- **Support with juveniles**, (e.g., Hawkins et al., 1998; Hoge, 2016; Lipsey, 1995; Lipsey, 1999, Pealer & Latessa, 2004).
- **Support for sex offense specific treatment**, (e.g., Hanson, Bourgon, Helmus, & Hodgson, 2009 (RNR); Blais, Hanson, & Harris, 2024, (Risk & Need Principles).

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R-N-R MODEL - AN ASSESSMENT GUIDE

- **Risk**: *Identify static & dynamic risks, & the presence of strengths & protective factors,*
- **Need**: *Evaluate risk-relevant dynamic factors, (criminogenic needs),*
- **Responsivity**: *Assess factors that may impede / facilitate participation in interventions & resilience.*

(Andrews, Bonta, & Wormith, 2011)

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R-N-R MODEL - AN INTERVENTION GUIDE

- Who?
 - ✓ “Engage” those with the most risk factors, and fewest protective ones, and provide necessary treatment intensity.
- What?
 - ✓ Address “criminogenic needs,”
 - ✓ Mitigate risks, enhance strengths and protective factors.
- How?
 - ✓ Tailor interventions to individual (and family) characteristics and preferences. Promote engagement.

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WHAT KIND OF ASSESSMENT IS NEEDED?

- A Psychosexual Assessment?
- A Risk Assessment?
- A Needs Assessment?

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“HOLISTIC” PSYCHOSOCIAL / CLINICAL ASSESSMENTS

- Examine the interplay of biopsychosocial & socioecological risk & protective factors,
- With the goals of:
 - ✓ Ameliorating & preventing negative outcomes,
 - ✓ Promoting positive youth development.

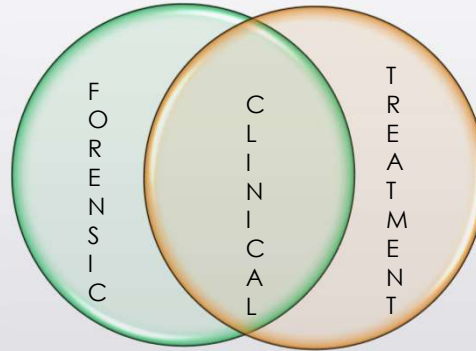
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WHAT KIND OF HOLISTIC ASSESSMENT?

- *Context matters!*
- ✓ Treatment Settings:
 - *Treatment needs, appropriate interventions.*
- ✓ Forensic Situations (e.g., court, child welfare, school):
 - *Information relevant for psycho-legal or administrative decisions,*
 - *e.g., placement, diversion, sentencing, transfer to adult court, & other specialized evaluations (e.g., competency, criminal responsibility).*

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CLINICAL ASSESSMENTS



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Roles	Treatment - Clinical	Forensic – Clinical
Who's the client?	<i>Child/Family</i>	Referral source (e.g., courts, attorneys, schools, child welfare)
Goal	<i>To help the client therapeutically</i>	Objective evaluation & conclusions relevant to legal issues
Role of practitioner	<i>Advocate for client</i>	Advocate for data/findings
Approach	<i>Supportive, accepting, empathetic</i>	Neutral, objective
Assumptions	<i>Often, may trust in client's subjective reality</i>	Scrutinizes, collateral reports
Methods	<i>Therapeutic/ confidential</i>	Legally defensible/ Open forum

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OUR ROLES ARE NOT ALWAYS CLEAR

- Treatment clients are or could be involved in the legal system, or other public service agency.
 - *Is treatment truly voluntary?*
 - *What are the limits of confidentiality, e.g., MDTs?*
 - *Is there an increased possibility of negative consequences (e.g., prosecution, registration, notification)?*

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MAINTAIN APPROPRIATE BOUNDARIES

- Know relevant laws and policies,
- Ensure role clarity,
 - ✓ *Treatment provider,*
 - ✓ *Forensic evaluator / examiner, or...*
- Begin by clearly discussing
 - ✓ *The purpose of the assessment, with youth & guardian,*
 - ✓ *The limits of confidentiality,*
 - ✓ *Their rights, e.g., not to answer questions, to confer with their attorney,*
- Follow relevant ethical & practice guidelines.



<https://www.apa.org/practice/guidelines/forensic-psychology>;
<https://www.nofsw.org/code-of-ethics-draft-for-review-com>)

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*Shared with permission: Joel A. Dvoskin, Ph.D., ABPP (Forensic)
University of Arizona College of Medicine (PsyLaw Listserv, January, 26, 2025)*

- "I tend to think about confidentiality in 2 seemingly contradictory ways. On one hand, I don't share anything with anyone unless I'm pretty sure that I'm required to do so (extreme confidentiality.) On the other hand, whenever I put pen to paper I'm always aware of the likelihood that the information will eventually find itself in places I did not intend or foresee (zero confidentiality.)"

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Q & A, DISCUSSION

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WHAT IS, PERHAPS, THE #1 REFERRAL QUESTION RE YOUTHS WITH HARMFUL SEXUAL BEHAVIORS?

RISK ASSESSMENT

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BE AWARE!

THERE ARE PROBLEMS WITH RISK ASSESSMENT!

- ✓ Often, there is an expectation of risk prediction,
 - ...and a willingness to provide projections.
- ✓ Such forecasts are often suggested,
 - By risk levels and labels that are not scientifically grounded,
 - Inconsistent with practice guidelines,
e.g., not sufficiently noting limitations of our abilities,
our findings & their research base.

(c.f., ATSA, 2017; Lehmann, et al., 2016)

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OTHER PROBLEMS?

- Over-rely on history,
- Insufficient attention to strengths and protective factors,
- Insufficient regard for family, social, & environmental influences, & individual differences.

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SOCIOECOLOGY

- Research related to risk and needs assessments is limited
(e.g., Barra, et al., 2018; Barroso, 2020; Fix et al., 2019; Fix et al., 2022; Ikomi et al., 2009, Molnar, et al., 2020; Thorne & Fix, 2020; Ybarra et al., 2022).
- Such studies are needed to inform our assessments & manage various assessment challenges, such as:
 - *Unreliable information, e.g., misleading criminal history records,*
 - *Disconnects in clinical interviews,*
 - *Unrepresentative assessment measures,*
 - *Misinterpretation of assessment findings,*
 - *Unsuitable and ineffective treatment recommendations.*

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EVALUATOR "THINKING ERRORS"

- *Information processing challenges:*
 - ✓ *Our preference for vivid Information,*
 - ✓ The use of illusory correlations; defining truth by what we feel, independent of, and even in opposition to, objective findings,
 - ✓ *The tendency to recall and interpret information in ways that are consistent with one's prior beliefs or values,*
 - ✓ Assumptions of individual permanence and cross situational consistency,
 - ✓ *Overconfidence.*

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FORECASTING SEXUAL REOFFENDING BY YOUTHS IS ESPECIALLY DIFFICULT

- ✓ *Developmental immaturity,*
- ✓ *Individual & situational flux and maturation,*
- ✓ *Positive intervention responses,*
- ✓ *Research challenges, e.g., small unique sample, divergent findings, retrospective research designs,*
 - & the *"Base-rate Problem"*.



(e.g., see: Belsky, 1980; Bronfenbrenner, 1977; Cicchetti & Toth, 2009; Lussier, 2015, 2017, Martinez et al., 2015; Viljoen, et al., 2018)

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THE BASE RATE PROBLEM?

- Base rate (BR) = Frequency of the event,
- Accuracy of prediction is *reduced* as the BR departs from .50 (Meehl & Rosen, 1955),
 - ✓ BR below 50% > False Positive errors go up,
 - ✓ *More predictions / assumptions of violence are wrong.*

RISK DOES NOT USUALLY RESULT IN OFFENDING...

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BASE RATES?

- Caldwell's (2016) meta-analytic study of 33,783 juveniles adjudicated for sexual offenses.
 - Average follow-up period of approximately 60 months,
 - **Sexual recidivism base rate was 4.97%,**
 - Even, lower rates in more recent years:
2.75 for years 2000 - 2015; 10.30% for 1980-1995,
 - **Nonsexual recidivism base rate was 39.40%.**
- Lussier et al., (2023) meta-analytic study of 30,396 adolescents with prior sex offenses (74.1% with justice system involvement),
 - Followed between 1940 and 2019, average follow-up 65 months,
 - **Sexual recidivism = 8%, and a 44% general recidivism rate,**
 - Lussier & McCuish (2024) confirmed a decline in rates since the 1970s.



(<https://www.needitpix.com/>)

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HOW DO WE ASSESS RISKS & NEEDS?

- Unstructured professional judgment,
- Actuarial assessment,
- Empirically-informed assessment scales,
 - *Checklists,*
 - *Structured Judgment,*
- Integrated, holistic assessments that employ risk anchoring assessment scales ("tools).



(www.pexels.com)

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**JUST AS THERE ARE PROBLEMS
WITH RISK ASSESSMENT OVERALL**

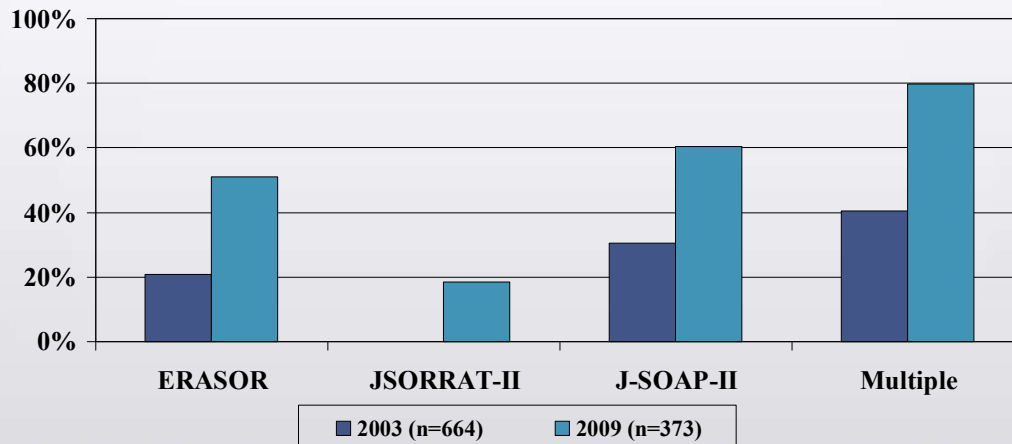
...there are problems with risk
assessment scales!

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MOST RESEARCHED RISK INSTRUMENTS

U. S. Programs for Adolescent Males

McGrath, Cumming, Burchard, Zeoli & Ellerby (2009). Safer Society Survey



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ARE THEY USEFUL?

- These and some other scales are empirically-informed or derived assessment protocols,
- Some have increasing empirical support, several have been evaluated by independent researchers,
- Yet, research findings are generally mixed, and limited to moderate "predictive validity".

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SCALE LIMITATIONS MAY INCLUDE

- *Over-focusing on historical/static factors,*
- Ignoring developmental immaturity & maturation,
- *A lack of focus on possible cognitive or emotional differences challenges,*
- Insufficient attention to strengths and protective factors,
- *Neglect family, social, & environmental influences,*
- *Little or no research reflecting our heterogenous society,*
 - ✓ *Yet, some risk/protective factors (criminogenic needs) may be relevant for individual youth regardless of demographics.*

(e.g., Righthand, Vincent, & Huff, 2017; Worling, <https://www.profesor.ca/history--rationale.html>, Viljoen et al., 2012)

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RESEARCH PROBLEMS & CHALLENGES

- Relatively few studies; especially by independent researchers,
- Often have small samples of convenience,
- May have inadequate "predictors," (i.e., items with insufficient support),
- Some use non-representative outcome measures, e.g., probation violations,
- Generally, employ retrospective designs,
- Mixed study findings,
- *The base rate problem.*

(https://modelsforchange.net/publications/346/Risk_Assessment_in_Juvenile_Justice_A_Guidebook_for_Implementation.pdf)

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META-ANALYSIS (Viljoen et al., 2012)

- ✓ Examined J-SOAP II, ERASOR 2.0, J-SORRAT, & STATIC 99 (33 published & unpublished studies, 6,196 male juveniles),
- ✓ Effect sizes (*the strength of the relationship with sexual recidivism*), indicate moderate predictive validity,
 - They are better than individual risk factors or general delinquency risk assessment tools, though individual study findings varied,
 - Clear benefit over unstructured judgments,
- ✓ Yet they stated the predictive validity rates (*moderate*) were “insufficient” for decisions requiring high degrees of precision...

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SMALL TO MODERATE ASSOCIATIONS ARE NOT UNUSUAL

- Adult sexual risk assessment instruments
(e.g., Hanson & Morton-Bourgon, 2009),
- Adult criminal recidivism (e.g., Fazel, et al., 2022)
- General recidivism risk in adolescents
(e.g., Olver et al., 2009; Schwalbe, 2007),
- Self-harm and suicide
(e.g., Mcmillan, Gilbody, Beresford, Neilly, 2007),
- Suicide, driving problems, and adverse medical outcomes (c.f., Viljoen et al., 2012, p. 12).

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A “CEILING EFFECT?”

- Given, the less-than-ideal predictive validity of risk assessments & risk assessment tools,
- Might there be a “ceiling effect” for predictions, due to the complexities of human behavior?
(e.g., Skeem and Monahan 2011; Viljoen, Jonnson, & Shepherd, 2020),
- If not prediction, what purpose does risk assessment serve?
 - ✓ *Help promote risk mitigation & safety,*
 - ✓ *Guide effective resource & service allocation.*

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SHOULD WE USE RISK-RELEVANT SCALES?

- First, determine if they are any good, (e.g., See: Vincent, et al., 2012),
 - ✓ Note strengths & limitations.
- Use scales appropriately, & as components of short-term, holistic assessment of risks, strengths, and protective factors to:
 - *Improve our professional judgments & decision-making,*
 - *Identify risk-relevant intervention needs,*
 - *Monitor progress (if items are dynamic),*
 - *Facilitate effective interventions.*
- As Viljoen, et al. noted in 2020:



(<https://pixabay.com>)

Because validated risk assessment measures have outperformed unstructured judgements, “using these tools is clearly preferable to the alternative, namely clinical intuition.” (p. 236)

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NEW & PROMISING ASSESSMENT SCALES

- Protective + Risk Observations For Eliminating Sexual Offense Recidivism (PROFESOR) - <https://www.profesor.ca/>
- Violence Risk Scale–Youth Sexual Offense Version (VRS-YSO) - <https://psynergy.ca/>
- AIM-3 Assessment - <https://aimproject.org.uk/>
- Youth Needs and Progress Scale (YNPS) - https://www.ncsby.org/sites/default/files/2024-04/Youth%20Needs%20and%20Progress%20Scale%20%20July%207th%202020%20-%20Final_0.pdf

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RATHER THAN PREDICTION→

RISK ASSESSMENT:

A COMPONENT OF HOLISTIC ASSESSMENTS

- *Assess individual & socioecological vulnerabilities & situational factors that contributed to offending,*
- Ascertain whether those, similar, or other risk factors are present now, or may be expected,
 - *Identify factors that may buffer & mitigate risks, &*
- How these risk & protective factors (criminogenic needs) interact currently, & may do so during the foreseeable future.

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REMEMBER: RECONSIDER SUBJECTIVE RISK LEVELS!

- Absolute labels, such as: High, Medium, Low risk:
 - *Imply certainty & predictive accuracy,*
 - *They are subjective, lack norms, and don't address individual differences,*
 - *Ignore false positives & negatives,*
 - *They are interpreted as indicators of "dangerousness,"*
 - Labels & levels can lead to significant negative & unwarranted life changing consequences.



(e.g., <https://nicic.gov/raised-registry-irreparable-harm-placing-children-sex-offender-registries-us>)

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INSTEAD...



- ✓ Present risk assessment findings, your case formulation,
 - Contrast risks & needs with those of youths who have reoffended,
- ✓ Describe relevant base rates for sexual & nonsexual reoffending (the problem behavior),
- ✓ Discuss developmental immaturity, maturation, & resilience,
- ✓ Prioritize best strategies to address criminogenic needs,
- ✓ Tailor interventions to promote safety, individual & family engagement, & positive outcomes,
- ✓ Integrate findings; your case conceptualization.

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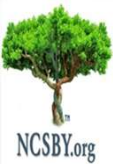
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ASSESSMENT IS A PROCESS, NOT AN EVENT

ADOLESCENTS ARE GROWING UP!

- Timely, holistic re-assessments are needed to:
 - Assess intervention needs & progress, or the lack thereof,
 - Inform current case conceptualizations & professional decision-making,
 - Update individually-tailored case and treatment plans,
 - Stimulate positive youth development & safety for all,
 - Program evaluation.

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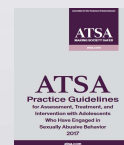


HIGH-QUALITY HOLISTIC ASSESSMENTS



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- Are good psychosocial / clinical assessments that respond to appropriate referral / assessment questions,
- ✓ Use multiple sources of information and samples of behavior; evaluate convergent & divergent information,
- ✓ Employ relevant & best validated clinical &/or risk-relevant assessment measures appropriately,
- ✓ Identify individual strengths & vulnerabilities, socio-ecological risks & protective factors, & current circumstances; their presence & interactions,
- ✓ Recommend (or provide) appropriate, responsive & doable, evidence-informed interventions, & timely reassessments.



(e.g., ATSA Adolescent Practice Guidelines, 2017:

https://www.atsa.com/Mentoring/Assessment/ATSA_2017_Adolescent_Practice_Guidelines.pdf

NCSBY: Preamble: Our Core Beliefs, accessed 2022: <https://www.ncsby.org/content/guiding-principles-0>).

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Q & A, DISCUSSION

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THANK YOU FOR ALL YOU DO!

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