

NEARI NEWS:

TRANSLATING RESEARCH INTO PRACTICE

An Essential Tool for Professionals Working with those who Sexually Abuse or... A Great New Way to Stay Current with Cutting Edge Sexual Abuse Research.



Greetings!

Welcome to the first issue of NEARI NEWS!

Our **free** e-newsletter will help you stay current with emerging, cutting-edge research and help you to integrate this new information into your practice.

Our goal is to give you a short easy-to-read newsletter that you can easily digest over that first cup of coffee in the morning. Give it a try--we believe that NEARI NEWS will become an essential supplement to your own professional growth.

Enjoy!

Steven Bengis and Joan Tabachnick
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Featured Website



The Association for the Treatment of Sexual Abusers website (www.atsa.com) is well worth the visit! Fact sheets and policy statements cover many of the issues affecting children and youth with sexual behavior problems. In particular, look at ATSA's fact sheet about children with sexual behavior problems at <http://atsa.com/ppChildren.html>.

About the Author:

THE INHERENT DANGERS OF ASSESSING RISK AMONG YOUTH: New Research and Old Dilemmas

by David S. Prescott, LICSW

Overview of the Issue

Sexual abuse by children and adolescents has captured the public's imagination and concern in recent years (Zimring, 2004). As the USA prepares for implementation of the Adam Walsh Act (Sex Offender Registration and Notification Act; U.S. Department of Justice, 2007), many professionals are concerned that American public policy towards these youth has not kept pace with the available research (e.g., Letourneau & Miner, 2005; Prescott & Levenson, 2007). Worse, it seems that the research we do have points to an age-old problem: Adults are rarely able to predict the behavior of young people.

Research Study and Analysis

A new study in the journal, *Criminal Justice and Behavior*, has rightfully been gaining attention. Jodi Viljoen from Simon Fraser University and colleagues from Nebraska and Western New England College studied risk assessment scales developed for youth who have sexually abused (Viljoen, Scalora, Cuadra, Bader, Chavez, Ullman, & Lawrence, 2008). From the abstract:

This study examined the ability of the Juvenile Sexual Offense Recidivism Risk Assessment Tool-II (J-SORRAT-II), Structured Assessment of Violence Risk in Youth (SAVRY), and Juvenile Sex Offender Assessment Protocol-II (J-SOAP-II) to predict violent behavior in 169 male youth who were admitted to a residential adolescent sex offender program. Total scores on the SAVRY and J-SOAP-II significantly predicted nonsexual violence but none of the instruments predicted sexual violence. The J-SOAP-II and SAVRY were less effective in predicting violent reoffending in youth aged 15 and younger than in older youth.

Among the authors' conclusions:

Furthermore, it may even raise some questions about the legal system's current focus on placing youth on public sex offender registries and transferring them to adult court based on judgments that they pose a high risk of subsequent violence. There is a critical need for further research to examine developmentally appropriate approaches for assessing violence risk among adolescents who have committed sexual offenses.

This study, like nearly all the others that have examined this most challenging population, presents numerous dilemmas. On the one hand, it confirms once again that the development, study, and scoring of risk measures for adolescents is not a straightforward process. At present, there remains no empirically validated means by which to assess the risk of young people for future sexual violence. On the other hand,

David S. Prescott, LICSW



[David Prescott website](#)

A nationally recognized expert in the field of sexual abuse assessment, treatment, management, and prevention, Mr. Prescott has published numerous articles and authored, edited, and co-edited books on risk assessment, interviewing, and providing residential treatment to youth. He is the President of ATSA and is currently the Treatment Assessment Director at the Sand Ridge Secure Treatment Center in Mauston, WI.

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one has to wonder about the difficulties involved in conducting this research. This sample's sexual recidivism rate was only 8.3% (14 youth out of 169) after an average follow-up period of 6.58 years. That is not many recidivists by which to examine the utility of these scales. In addition, the sample had received treatment in an inpatient setting for approximately one year, although the type of treatment and response to intervention are unreported. Recidivism occurred an average of 100.90 months after the beginning of the follow-up period, with a median of 146.13 months. It is interesting that total scores above and below the mean on these instruments did not significantly predict recidivism.

Impact on Clinical Practice

It is tempting to view this study as evidence that nothing works in predicting sexual recidivism for youth, or that the authors of the scales have overstated their scales' abilities, yet neither is true. What everyone agrees is that no scale has proven effective, and that society has an obligation to study the issue further. After all, the future of our young people is at stake, and the few studies that exist have small sample sizes. The authors of these scales have been the first to acknowledge this, to call for further study, and to make their scales and data available to all for further study. Whether there will ever be an appropriate risk measure for sexual recidivism in adolescence is open to speculation. With that in mind:

Professionals have an obligation to structure their clinical judgment around the existing research. If you are assessing risk, this means adopting a modest and humble approach to the task, and communicating the limitations of our field's knowledge to those making decisions that affect the lives of young people, their families, and communities. It is not enough to know what factors are predictive in the literature, it means knowing what factors aren't predictive and forming opinions accordingly. Just as it is important to note the limitations of one's assessment, it is also vital to include an explicit "expiration date" for one's assessment. For those treating young people, it means understanding that what may appear important in the short term may not be so in the long term. To these ends, professionals may wish to develop structured interview protocols in order to anchor themselves in what is known-and not known-with this population.

Society has an obligation to be aware of the low rate of sexual recidivism among young people. Studies consistently show rates of known sexual re-offense to be much lower than the public realizes (e.g., Caldwell, 2002; Reitzel & Carbonell, 2006).

Given this low base rate and the absence of validated scales, the state of our science indicates that professionals are currently more accurate when they predict that no juvenile will re-offend sexually than when they predict that a particular juvenile will. It may be that professionals working with limited resources may wish to focus more on case prioritization and needs assessment than attempts to evaluate a young person's long-term underlying propensity to re-offend sexually. After all, the future of our youth requires our attention to all areas of their health, wellness, and behavior.

Professionals can benefit from further consideration of what risk and needs assessments entail. American jurisprudence has long had different expectations of juvenile and adult courts (Coffey, 2006). While there is no question that professionals evaluating the risk of adults across a given time period are engaging in risk assessment (Doren, 2002), it seems that professionals assessing young people are answering a different fundamental question: What can the adults in this young person's life do to ensure the safety and well being of all? To this end, professionals have more resources available than the lay public might expect (Prescott, 2006; Rich, 2003). Although this may seem largely academic, a recent study by Zoe Hilton and her colleagues found that "non-numerical descriptive terms do not aid effective communication of violence risk and that contextual information might artificially affect estimated risk" (Hilton, Carter, Harris, & Sharpe, 2008, p. 171). In other words, if we are unable to provide an exact numerical appraisal of likelihood for re-offense, we are more likely to err in both our understanding and communication of risk.

Conclusion

Our field has a long way to go to fully understand the likelihood that a young person will continue to engage in sexually abusing behaviors. Much of the emerging research points to many areas where we can improve our practice with this population and our communication with other concerned adults. However, this study illustrates that the current risk assessment tools for adolescents are not the best way to determine what is needed for adolescents. The best strategy from what we know today is a comprehensive and empirically informed approach that emphasizes the strengths of the adolescent while attending to the specific controls that are needed to maintain a safe arrangement.

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