The "ERASOR"

Estimate of Risk of Adolescent Sexual Offense Recidivism
Version 2.0

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> There is considerable controversy concerning the best approach to conducting risk assessments with sexual offenders. Everyone agrees that evaluators should consider valid risk factors, and that evaluations based on multiple sources of information are more likely to be reliable than those based on a single source (particularly when that source is the offender). Disagreement arises, however, on the best method for combining risk factors into comprehensive evaluations. Many of these debates will remain active pending future research. (Hanson [for the Association for the Treatment of Sexual Abusers], 2000, pp. 4-5).

Introduction

In addition to treatment planning, one of the goals of a comprehensive adolescent sexual offender assessment is to make some determination regarding the risk of future sexual offenses. In a recent publication of the Association for the Treatment of Sexual Abusers regarding guidelines for risk assessment, Hanson (2000) noted that formal sexual offense risk predictions are required for a number of reasons including sentencing, conditional release, and decisions regarding family reunification.

Boer, Hart, Kropp, and Webster (1997) and Grubin (1999) point out that there are two traditional approaches to the prediction of future sexual violence: unstructured clinical prediction and actuarial assessment. In forming unstructured clinical predictions, professionals utilize an accumulation of their anecdotal experiences to make a determination of risk level. Although there is evidence that unstructured clinical judgements of risk for future sexual violence are, on average, slightly better than chance (Hanson & Bussière, 1998), there are a number of serious concerns with this approach (see Monahan, 1995, for a complete critique). For example, it is often very difficult to ascertain just how clinical risk ratings are made and, as such, these predictions are difficult to question, challenge, or support. It is also likely that other raters using the same method would end up with different risk ratings for the same individuals. Even if different raters arrive at the same overall risk rating, it is likely that they will be based on different factors. The most serious concern, of course, is the poor level of accuracy. Boer et al. (1997) comment, however, that the main advantage of the unstructured, or "professional judgement", method is its flexibility to consider and combine a variety of potential risk factors.

In actuarial risk assessments, on the other hand, a fixed number of risk factors are evaluated using a structured and objective rating system. Scores for each risk factor are summed, and this typically yields an overall risk score that can be linked to a probabilistic statement of risk (e.g., 30% chance of a sexual reoffense within the next 5 years). The development of most actuarial risk assessment tools is based on research that links recidivism to the variables of interest. Some of the benefits to actuarial risk assessment include a high degree of agreement between different raters, ease of administration and scoring, retrospective empirical support for each risk factor considered, and the ability to test the accuracy, or predictive validity, of the numerical algorithms that are proposed to predict risk.

Despite the many advantages of the actuarial method (see Loza & Dhaliwal, 1997), there are a number of potential drawbacks. One of the most significant limitations of the actuarial method is the fact that no actuarial instrument could possibly include *all* potential risk indicators

(Hanson, 2000). Another criticism is that many of the variables included in existing actuarial systems are static, or "fixed" (such as gender), and are of little use to those who are devising a treatment program to manage risk of sexual reoffending. Once deemed "high risk" using such static factors, an offender will necessarily always remain at high risk.

A recent development in the prediction of sexual recidivism is a third method that Hanson (1998) has called the empirically-guided clinical judgement. This is the approach used by Boer et al. (1997) in the development of the Sexual Violence Risk-20 (SVR-20). In this approach, raters base their predictions on a fixed list of risk factors that have been suggested by existing research and professional opinion. Unlike actuarial scales, there are no fixed rules for tallying risk scores. As such, the overall determination of risk remains a clinical judgement, and Hanson (2000) noted that this is one of the most significant limitations of this approach. However, the advantage of empirically-guided clinical judgement in comparison to clinical prediction is that there is the promise of higher accuracy given the scientific evidence to support the risk factors being evaluated. Furthermore, the empirically-guided approach is more systematic and should lead to better agreement among professionals (Boer et al., 1997).

To date, most research regarding the prediction of sexual recidivism has been based on retrospective studies of *adult* male sexual offenders. Indeed, Hunter and Lexier (1998) recently noted that clinicians making risk predictions regarding adolescent sexual offenders must rely on "unproved theoretical assumptions about factors that increase risk of dangerousness" (p. 344). Although there are a number of existing risk-prediction checklists or guidelines for adolescent sexual offenders (Bremer, 1998; Calder, Hanks, & Epps, 1997; Epps, 1997; Lane, 1997; Perry & Orchard, 1992; Ross & Loss, 1991; Steen & Monnette, 1989; Wenet & Clark, 1986), there are no empirical data regarding their validity.

Prentky, Harris, Frizzell, and Righthand (2000) recently published an actuarial scale for assessing risk with juvenile sexual offenders. In their investigation, they used 12-month follow-up data from a group of 75 offenders, aged 9-20 years. The authors note that the number of sexual recidivists was too low (likely due to the brevity of the follow-up period) to warrant any statistical comparisons between sexual reoffenders and sexual non-reoffenders. Therefore, there is currently no empirical support regarding the use of this measure to predict sexual recidivism for adolescents. Prentky et al. (2000) acknowledged that this scale represents an initial contribution to the field of risk prediction for juvenile sexual offenders and that further refinement and data collection is necessary to develop a valid scale.

We decided to address the need for an empirically-guided clinical judgement methodology to predict adolescent **sexual** recidivism. The result was The Estimate of Risk of Adolescent Sexual Offense Recidivism (The *ERASOR* [Version 1.2]; Worling & Curwen, 2000b). The present version of The *ERASOR* (2.0) replaces the previous manuscript.

Purpose of The *ERASOR*

The *ERASOR* is designed to assist evaluators to estimate the risk of a sexual reoffense ONLY for individuals aged 12-18 who have previously committed a sexual assault. Those interested in predicting *nonsexual* criminal reoffending for adolescents are encouraged to use established and empirically validated instruments such as the Youth Level of Service/Case Management Inventory (Hoge & Andrews, 1994). Those interested in predicting sexual recidivism for adults are encouraged to use instruments such as

the Rapid Risk Assessment for Sexual Offense Recidivism (RRASOR; Hanson, 1997), the Sex Offender Risk Appraisal Guide (SORAG; Quinsey, Harris, Rice, & Cormier, 1998), or the Static-99 (Hanson & Thornton, 1999) and to review the informational package regarding risk assessment published by the Association for the Treatment of Sexual Abusers (Hanson, 2000). Those interested in predicting the risk of sexual violence for children under 12 with sexual behaviour problems should consult the body of literature regarding this issue.

The *ERASOR* was developed in a similar fashion to the SVR-20 (Boer et al., 1997) and we are most grateful to the work that was done by the authors and reviewers of that document. As Boer et al. (1997) stated in the SVR-20, it must be stressed that the factors suggested in The *ERASOR* are certainly not exhaustive as there are, in many cases, unique risk factors specific to the particular individual being assessed. Furthermore, the guidelines provided in this document are based on the scientific knowledge to date; therefore, it is *certain* that, with the advancement of knowledge, new risk factors will be identified, and some factors herein will no longer be supported.

Using The *ERASOR*

We would suggest that when using The *ERASOR*, evaluators follow the guidelines suggested by Boer et al. (1997) [and adapted and augmented slightly herein]:

1. Evaluators using The *ERASOR* to make decisions regarding an adolescent's placement or treatment should have the following: (1) a high level of training and expertise regarding the assessment of adolescents and their families, (2) a high level of training and expertise regarding the etiology, assessment, and management of sexual violence, and (3) familiarity with the existing research regarding adolescent sexual recidivism, including the published follow-up research cited in this document (see Table 1 on page 39 for a listing of some of the pertinent research).

2. Evaluators should assess multiple domains of the offender's functioning, including sexual (e.g., sexual arousal, sexual attitudes, sexual preoccupation), intrapersonal (e.g., affective expression, impulsivity), interpersonal (e.g., social involvement, aggression), familial (e.g., parent-child relationships, family distress), and biological (e.g., neurological, physical health).

3. Evaluators should use multiple methods of data collection to form opinions regarding risk. Methods could include clinical interviews, psychological tests, behavioural observation, medical examinations, and reviews of previous case records and reports. At a minimum, evaluators should collect information directly from the offender AND from official records regarding the adolescent's sexual offense(s).

4. Evaluators should collect information from multiple sources such as the offender, the victim(s), the police, family, friends, and other mental health professionals who are familiar with the offender and his/her family. At a minimum, evaluators should collect information from the offender, adults responsible for the adolescent's care, and official records regarding the adolescent's sexual offense(s).

5. Evaluators should collect information regarding both static (historic and unchangeable) and dynamic (variable and potentially changeable) factors. Although research with adult sexual offenders has demonstrated that static factors are often the best predictors over lengthy time

intervals, there is promise that a number of dynamic factors will be supported in future research (Hanson, 2000). Furthermore, information regarding dynamic factors will assist in treatment planning for those who will be assisting the offender to manage risk.

6. Evaluators should always be cognizant of the validity of the information that they are using in forming risk predictions and should state any reservations or qualifications in their reports. It may also be desirable for multiple evaluators to participate in the formulation of an estimate of risk—perhaps independently at first followed by a discussion of the findings.

7. Evaluators should recognize that risk assessments will become obsolete after the passage of time and/or following a change in ANY of the risk factors that were assessed.

The 25 risk factors included in The *ERASOR* fall into 5 categories (please refer to Coding Form): (1) Sexual Interests, Attitudes, and Behaviours, (2) Historical Sexual Assaults, (3) Psychosocial Functioning, (4) Family/Environmental Functioning, and (5) Treatment. It is important to note that there is also provision for an "Other Factor" when case-specific risk factors should be catalogued. For example, it may be the case that a particular adolescent presents greatest risk when high or drunk, and that current use of non-prescription drugs and alcohol would be important to rate. Similarly, if an adolescent states that they are very likely to reoffend sexually, this should be taken into consideration.

Deriving the Final Estimate of Risk

Given that there is currently no empirical support for a specific algorithm for combing risk factors to predict adolescent sexual recidivism, clinical judgement is necessary to determine the overall level of risk (i.e., "low", "moderate", or "high"). It is anticipated that there will be a general relationship between the number of high-risk factors and the rating of risk such that more high-risk indicators suggest higher risk. However, as Boer et al. (1997) observe, the final decision will be more dependent on the combination of risk factors rather than just the number. Furthermore, Boer et al. (1997) suggest that it is possible that the presence of a single risk factor—such as the offender's stated intentions to reoffend—could be indicative of high risk. For example, we (Worling and Curwen, 2000a) found that self-reported sexual interest in younger children was a significant and robust predictor of sexual recidivism.

Communicating Risk Estimates

Any prediction of future sexual recidivism risk should be limited and qualified. The following guidelines are suggested when communicating estimates of sexual recidivism for adolescent sexual offenders. These guidelines have been adapted from those listed in the SVR-20 (Boer et al., 1997) and include additional suggestions (Worling, 2000).

1. ***Evaluators should inform their audience of the scientific limitations of their risk predictions*.** Despite the obvious appeal of actuarial risk assessment devices, there are currently no empirical data to support the predictive validity of any such tool for adolescent sexual offenders. Many of the factors used in The *ERASOR* are included because of some agreement in professional clinical opinion and at least some research support based on

retrospective studies with adolescent and/or adult sexual offenders. It is important to inform the audience that the overall risk rating is a clinical opinion based on the scoring guidelines outlined in The *ERASOR*.

2. ***Evaluators should note that their estimates of risk of sexual recidivism are time limited*.** Most of the retrospective research that has been used to support the factors included in The *ERASOR* is based on follow-up data of 3 years or less, and no study used a mean follow-up period beyond 6 years. Given this fact, plus the rapid developmental changes (i.e., social, physical, familial, sexual, etc.) during adolescence, it will be important to note that any risk predictions are strictly time limited and should be repeated after either a fixed time interval (such as 2 years) or following significant change in one or more of the risk factors.

3. ***Evaluators should justify risk estimates by referring to the presence or absence of specific high-risk factors*.** It would be most helpful to comment on the specific reasons why an offender is at a particular level of risk. Of course, these details would also assist with treatment planning to manage risk.

4. ***Evaluators should make sexual recidivism risk predictions as specific as possible*.** For example, if it is determined that an adolescent presents a high degree of risk for continued sexual assaults against younger males, this should be noted in the communication of findings. Of course, if it is not possible to make specific predictions regarding the next likely sexual offense, evaluators should not feel compelled to "guess" without supporting data.

5. ***Evaluators should list circumstances that might exacerbate the offender's risk of reoffending sexually in the short-term*.** In other words, it would be helpful—wherever possible—to describe situations that could be warning signs for those working with the offender. For example, proximity to young females, cancelled family visits, or availability of pornography may be issues that could be noted if they were anticipated to increase risk for a certain offender.

6. ***Evaluators should list strategies that they believe would be helpful in managing the offender's risk*.** In addition to possible therapeutic interventions, strategies may include recommendations regarding place of residence, community supervision, access to pornography, timing of family reunification, etc.

An example abbreviated risk-prediction statement that incorporates the guidelines listed above is provided on the next page.

Example Abbreviated Risk Statement

There are presently no empirically validated, actuarial instruments that can be used to accurately estimate the risk of adolescent sexual reoffending. Based on the best available research data and consensus in professional clinical opinion, however, a number of high-risk factors have been identified in the literature. The Estimate of Risk of Adolescent Sexual Offense Recidivism (The *ERASOR*: Worling & Curwen, 2001) summarizes the available research and expert clinical opinion and this instrument was used to estimate the risk of sexual reoffense for this client.

At the present time, Terry presents a high degree of risk of sexual reoffending as the following high-risk factors were identified: sexual interest in younger children, attitudes supportive of sexual offending (i.e., that children will not be "harmed" by sexual interactions with a teen), the selection of a stranger victim, a number of prior sexual offences, continued sexual offending despite adult sanctions (criminal charge) for a prior assault, recent interpersonal aggression, problematic parent-child relationship, and incomplete sexual-offense-specific treatment. Given that Terry has only been known to commit offenses against younger females, it is likely that the high level of risk is limited to younger females.

Risk would best be managed through a combination of sexual-offense-specific treatment aimed at altering the potentially changeable risk factors listed above such as Terry's deviant sexual arousal and attitudes, relationships with parents, and the use of interpersonal aggression. Although Terry was able to demonstrate some awareness of personal high-risk indicators, it is likely that sexual-offense-specific treatment will provide Terry with a better awareness of risk indicators and techniques that can be used to avoid further sexual offenses.

Given the rapid developmental changes during adolescence, the potential for change in a number of these risk factors, and the fact that much of the supporting research is based on follow-up data of less than 3 years, it is essential to note that this estimate of risk should be re-evaluated after a period of **at most** 2 years or following significant social, environmental, familial, sexual, affective, physical, or psychological change.

ERASOR Risk Factors

The following pages outline the rationale and coding procedures for the 25 risk factors included in The *ERASOR*. For ease of scoring, a 10-page Coding Form is included; however, it is essential that evaluators are familiar with the contents of the entire *ERASOR* manual. The 10-page Coding Form could be photocopied for each adolescent. Finally, it is important to stress that evaluators should never ONLY use the summary sheet (page 10 of the Coding Form) when formulating risk estimates.

1. Deviant sexual interests (children, violence, or both).

Adolescents who are sexually aroused by younger children and/or sexual violence are more likely to be at risk of committing subsequent sexual offenses. In a recent retrospective study of adolescent sexual offenders, we (Worling & Curwen, 2000a) found that self-reported sexual interest in children—including past or present sexual fantasies of children, child-victim grooming behaviours, and penetrative sexual assault activities with children—was a significant predictor of sexual reoffending. Schram, Malloy, and Rowe (1992) also found that those adolescent offenders rated by clinicians as most likely to have deviant sexual interests were significantly more likely to reoffend sexually. Authors of existing risk-prediction checklists/guidelines for adolescents have commented that those adolescent sexual offenders who display sexual interest in young children and/or sexual violence are at higher risk for sexual recidivism (Calder et al., 1997; Epps, 1997; Lane, 1997; Ross & Loss, 1991).

Deviant sexual interest—particularly sexual interest in children—was found to be the variable most related to subsequent sexual reoffending in a recent meta-analysis of retrospective studies of adult male sexual offenders (Hanson & Bussière, 1998). The presence of deviant sexual arousal has also been listed as a high-risk factor for adult male sexual offenders in actuarial risk-prediction tools such as the Sex Offender Risk Appraisal Guide (SORAG; Quinsey et al., 1998), and the Minnesota Sex Offender Screening Tool—Revised (MnSOST-R; Epperson, Kaul, & Hesselton, 1998), and in the Sexual Violence Risk-20 (SVR-20; Boer et al., 1997).

Coding

□ Present □ Children □ Violence	• At any time within the past 6 months, the adolescent has reported or demonstrated sexual arousal to thoughts/images of children under 12 years of age (and children who are at least 4 years younger than the adolescent), **OR** • Sexual assaults—within the past year—against 2 or more children under 12 years of age (and children who are at least 4 years younger than the adolescent), **OR** • At any time within the past 6 months, the adolescent has reported or demonstrated sexual arousal to sexual violence (excessive physical violence, threats of death or physical pain, use of weapons), **OR** • Sexual assaults—within the past year—against 2 or more individuals that involved excessive physical violence, threats of death or pain, or use of weapons.
□ Possibly or Partially Present □ Children □ Violence	Possible or partial evidence that the adolescent • Has reported or demonstrated deviant sexual arousal to prepubescent children, sexual violence, or both, at any time within the past 6 months, **OR** • Within the past year, has committed sexual assaults against 2 or more prepubescent children or sexual assaults against 2 or more individuals that involved excessive physical violence, threats of death or pain, or use of weapons.
□ Not Present	• Adolescent has reported **AND** demonstrated **NO** sexual arousal to thoughts and/or images of prepubescent children, sexual violence, or both during the past 6 months, **OR** • Within the past year, the adolescent has NOT committed sexual assaults against 2 or more children, or sexual assaults against 2 or more individuals that involved excessive physical violence, threats of death or pain, or use of weapons.
□ Unknown	Insufficient information to support a decision regarding this risk factor.

There are considerable scientific and ethical concerns regarding the use of penile plethysmography (PPG) with adolescents (Hunter & Lexier, 1998; Worling, 1998). Information regarding this factor can be obtained through clinical interviews, observation, psychological testing, and a review of collateral reports. Although it is *generally* considered important to ensure that there is at least a 4-year age difference between the adolescent and the children who are the objects of the sexual thoughts/images, factors such as the differences in size and level of emotional maturity between the offender and the child are also important to consider.

2. Obsessive sexual interests / Preoccupation with sexual thoughts.

Adolescent sexual offenders who demonstrate obsessive sexual interests and who are preoccupied with sexual thoughts, behaviours, or gestures are most likely at greater risk of further sexual assaults. Although there is no empirical support for the inclusion of this risk factor with adolescents at this time, this may be the result of the fact that it has yet to be examined in research.

Authors of existing risk-assessment checklists/guidelines for adolescent sexual offenders have noted the need to assess the presence of sexual preoccupation (Epps, 1997; Lane, 1997; Prentky et al., 2000; Steen & Monnette, 1989), compulsive ideation regarding past offenses (Perry & Orchard, 1992), and compulsive, deviant masturbatory fantasies (Ross & Loss, 1991; Wenet & Clark, 1986) when assessing risk to reoffend sexually.

Sexual preoccupation is included in the Sex Offender Need Assessment Rating (SONAR; Hanson & Harris, 2000), an actuarial risk-prediction tool for adult sexual offenders as the authors have noted a relationship between sexual recidivism and sexual preoccupation.

Coding

□ Present	At any time within the past 6 months, the adolescent has demonstrated obsessive sexual interests/preoccupation with sexual thoughts as evidenced by any of the following: • Unusually frequent masturbation • Unusually frequent sexual thoughts, comments, gestures, or behaviours • Unusually frequent use of pornography (or other textual, pictorial, or auditory materials considered erotic by adolescent) • Unusually frequent engagement in sexual fantasy • Excessive use of sexual behaviours/fantasies to cope with negative affect (boredom, loneliness, frustration, sadness), anger, or problematic situations.
□ Possibly or Partially Present	Possible or partial evidence that the adolescent has been preoccupied with sexual thoughts, behaviours, fantasies, images, or gestures at any time within the past 6 months.
□ Not Present	Adolescent has NOT demonstrated obsessive sexual interests or preoccupation with sexual thoughts, behaviours, fantasies, images, or gestures during the past 6 months.
□ Unknown	Insufficient information to support a decision regarding this risk factor.

Information for this factor may be obtained through clinical interviews, observation, psychological test results, or collateral reports.

3. Attitudes supportive of sexual offending.

Adolescents with a history of sexual offenses who believe that sexual assaults are "invited", "desired", "harmless" or otherwise "welcomed" by victims are most likely at higher risk to continue committing sexual assaults. Although there are few empirical data to support the inclusion of this factor at present, this may be a result of the fact that it has rarely been studied in research. In one study, Kahn and Chambers (1991) found that those adolescents who blamed their victims were significantly more likely to have subsequent convictions for sexual assault. Furthermore, authors of existing risk-assessment checklists/guidelines for adolescent sexual offenders note that assault-supportive attitudes such as victim blame and the belief that sexual assaults are not wrong or harmful are indicators of higher risk (Calder et al., 1997; Epps, 1997; Perry & Orchard, 1992; Prentky et al., 2000).

In a recent investigation of adult male sexual offenders, Hanson and Harris (1998) found that attitudes supportive of sexual offending were significantly related to sexual recidivism, and they included this variable in the SONAR (Hanson & Harris, 2000). In a recent publication by the Association for the Treatment of Sexual Abusers, Hanson (2000) noted that this particular factor is a promising dynamic (potentially changeable) risk-prediction variable for adult male sexual offenders. Boer et al. (1997) also considered attitudes that support or condone sexual offenses as high-risk markers on the SVR-20 for adult sexual offenders.

Coding

□ Present	At any time within the past 6 months, the adolescent has endorsed **ANY** of the following attitudes: • Sexual interactions with children under 12 years of age are not harmful to the child; are desired by the child; are often initiated by children; should be legalized; are just displays of affection; or are educational for the child, **OR** • Forced sexual interactions with peers or adults are not harmful; are desired; are enjoyable; are initiated by the victim's style of dress or behaviour; or that disclosures of forced sexual interactions are usually fabricated.
□ Possibly or Partially Present	Possible or partial evidence that the adolescent has endorsed attitudes supportive of sexual offending at any time within the past 6 months.
□ Not Present	Adolescent has NOT endorsed attitudes supportive of sexual offending during the past 6 months.
□ Unknown	Insufficient information to support a decision regarding this risk factor.

Information regarding the offender's sexual attitudes may be available from psychological test results, clinical interviews, observation, or collateral reports.

4. Unwillingness to alter deviant sexual interests/attitudes.

Adolescents who are unwilling to change their deviant sexual thoughts, interests, or attitudes are likely at higher risk of reoffending sexually. Resistance to "give up" deviant sexual interests or attitudes may reflect the strength of these interests or attitudes, the lack of hope in positive change, or the current lack of interest in more appropriate sexual thoughts/fantasies. Although there is no empirical support for the inclusion of this variable from research with either adults or adolescents, this may be the result of the fact that it has never been studied. Authors of existing risk-assessment checklists/guidelines for adolescent sexual offenders have suggested that offenders who are resistant to treatment are at higher risk to reoffend sexually (Bremer, 1998; Epps, 1997; Lane, 1997; Perry & Orchard, 1992; Ross & Loss, 1991; Steen & Monnette, 1989). Prentky et al. (2000) noted that offenders who lack internal motivation to change are at higher risk.

While sexual offenders are likely motivated to drop out of treatment for a variety of reasons, there is presently ample evidence to suggest that adult males who drop out of sexual offender treatment are at higher risk for subsequent sexual offenses (e.g., Hanson & Bussière, 1998). In their list of high-risk factors on the SVR-20, Boer et al. (1997) stated that those men who display a negative attitude toward treatment are at higher risk to reoffend sexually.

Coding

☐ Present	At any time within the past 6 months, the adolescent has been unwilling to alter or "give up" the: • Deviant sexual interests that were rated as "Present" or "Possibly or Partially Present" in #1 above **OR** • Attitudes supportive of sexual offending that were rated as "Present" or "Possibly or Partially Present" in #3 above
☐ Possibly or Partially Present	Possible or partial evidence that, at any time within the past 6 months, the adolescent has been unwilling to alter the: • Deviant sexual interests that were rated as "Present" or "Possibly or Partially Present" in #1 above **OR** • Attitudes supportive of sexual offending that were rated as "Present" or "Possibly or Partially Present" in #3 above
☐ Not Present	• During the past 6 months, the adolescent HAS been willing to alter deviant sexual interests (#1 above) or attitudes supportive of sexual offending (#3 above), **OR** • Neither #1 nor #3 above were coded as "Present" or "Possibly or Partially Present"
☐ Unknown	Insufficient information to support a decision regarding this risk factor.

Non-compliance with treatment, or failing to attend, does **not** necessarily constitute evidence of unwillingness to "give up" deviant sexual interests or attitudes. Likewise, attendance at therapy or compliance with treatment does **not** necessarily imply the absence of this factor.

Information for this factor may be obtained through clinical interviews, observation, psychological test results, or collateral reports.

5. Ever sexually assaulted 2 or more victims.

Adolescents who have committed sexual offenses against 2 or more victims are most likely at higher risk of reoffending than those adolescents who have committed offenses against a single victim. Research regarding this factor is quite consistent. Specifically, Rasmussen (1999) found that the number of female victims was significantly related to sexual reoffenses. Schram, Malloy, and Rowe (1992) found that adolescents with at least one prior conviction for a sexual assault were significantly more likely to reoffend sexually. Långström and Grann (2000) found that, after an average follow-up period of 5 years, adolescents in Sweden with 2 or more prior victims were significantly more likely to be reconvicted for a subsequent sexual crime. Although we (Worling & Curwen, 2000a) initially found that there was no significant relationship between *total* number of victims and subsequent sexual recidivism, further analyses revealed that those adolescents in our study with 2 or more victims were significantly more likely to reoffend sexually (Worling, in press). Available risk-prediction checklists/guidelines for adolescent sexual offenders suggest that numerous past sexual offenses is a high-risk marker (Bremer, 1998; Epps, 1997; Lane, 1997; Perry & Orchard, 1992; Prentky et al., 2000; Ross & Loss, 1991; Steen & Monnette, 1989; Wenet & Clark, 1986).

In retrospective studies with adult male sexual offenders, the number of previous sexual offenses is highly related to later sexual reoffending (Hanson & Bussière, 1998). Actuarial risk-prediction tools for adult male sexual offenders include some assessment of the number of previous sexual offenses (Epperson et al., 1998; Hanson, 1997; Hanson & Thornton, 1999; Quinsey et al., 1998). The SVR-20 (Boer et al., 1997) also includes a measure of the frequency of past sexual offending as a predictor of sexual recidivism.

Coding

□ Present	Adolescent has intentionally sexually assaulted 2 or more victims.
□ Possibly or Partially Present	Possible or partial evidence that the adolescent has intentionally sexually assaulted 2 or more victims.
□ Not Present	Adolescent has intentionally sexually assaulted 1 victim.
□ Unknown	Insufficient information to support a decision regarding this risk factor.

Sexual offenses include both contact and noncontact (e.g., exhibitionism) behaviours, and it is not necessary that the adolescent was detected or sanctioned (e.g., received criminal charges) to be coded as present.

In general, one should code sexual behaviours that occurred at or beyond age 12. Sexually aggressive behaviours that occurred between the ages of 8 and 12 should be coded with extreme caution, and they should ONLY be considered for this factor if (a) they occurred within the past 2 years, or (b) there has been a fairly consistent pattern up to the time of the most recent sexual offense—that is, at least one occurrence of the sexual aggression in question every 2 years.

The term "intentionally" is used here to identify those offenders who consciously target 2 or more specific victims. For example, an offender who was exposing to a specific peer-age female may have also been seen by another person. In this case, this factor would not be coded as present.

It is essential to examine all sources of information including victim-impact statements, police reports, clinical interviews, and other collateral data.

6. Ever sexually assaulted same victim 2 or more times.

Adolescents who have committed multiple sexual offenses against the same victim are most likely at higher risk of reoffending than those adolescents who have committed a single offense against a victim. This factor is closely related to #5 above (2 or more victims) except that the frequency of sexual offending here is related to repeated sexual assaults against the same victim. Most research with both adolescents and adults regarding the frequency of sexual offenses is related to the number of previous charges; without specific reference as to whether this refers to the actual number of offenses or the number of victims. As such, there is currently little empirical support for this factor at this time. Recall, however, that available risk-prediction checklists/guidelines for adolescent sexual offenders suggest that numerous past sexual offenses is a high-risk marker (Bremer, 1998; Epps, 1997; Lane, 1997; Perry & Orchard, 1992; Prentky et al., 2000; Ross & Loss, 1991; Steen & Monnette, 1989; Wenet & Clark). It will be important for researchers to determine how the two measures of frequency of offending (i.e., number of victims and number of offenses) contribute to the prediction of future risk.

Coding

☐ Present	Adolescent has sexually assaulted the same victim on 2 or more occasions.
☐ Possibly or Partially Present	Possible or partial evidence that the adolescent has sexually assaulted the same victim on 2 or more occasions.
☐ Not Present	Adolescent has NEVER sexually assaulted the same victim on more than 1 occasion.
☐ Unknown	Insufficient information to support a decision regarding this risk factor.

It is essential to examine all sources of information including victim-impact statements, police reports, clinical interviews, and other collateral data.

7. Prior adult sanctions for sexual assault(s).

Adolescents who continue to commit sexual offenses after they have been detected and warned by police, parents, residential staff, or teachers, for example, are more likely at risk of continued sexual aggression towards others. It is likely that there are some adolescents who will discontinue sexually offending once their behaviour has been brought to the attention of an adult in a position of authority. This may be a result, at least partially, of the shame and embarrassment connected with the adolescent's sexual behaviour. Of course, there are also many adolescents who continue to commit sexual offenses despite interventions by adults (Worling & Curwen, 2000a). When an adolescent continues to commit sexual offenses despite being detected and sanctioned by an adult, this may be reflective of more deviant sexual interests (see #1), obsessive sexual interests (see #2), or attitudes supportive of sexual offending (see #3). Additionally, adolescents who continue to commit sexual offenses following adult sanctions may be more resistant to altering deviant sexual interests/attitudes (see #4).

There is little empirical support for this factor at the present time, as researchers have yet to examine the impact of prior adult sanctions on subsequent adolescent sexual recidivism. In available risk prediction checklists/guidelines for adolescents, it has been noted that prior attempts to provide treatment is a marker of higher risk (Epps, 1997; Perry & Orchard, 1992; Ross & Loss, 1991; Steen & Monnette, 1990; Wenet & Clark, 1986) as is a history of a prior criminal charge for a sexual offense (Prentky et al., 2000; Ross & Loss, 1991).

In retrospective studies with adult male sexual offenders, a history of prior legal sanctions (i.e., charges or convictions) is highly related to later sexual reoffending (Hanson & Bussière, 1998). Actuarial risk-prediction tools for adult male sexual offenders include some assessment of the presence of prior charges or convictions for sexual offenses (Epperson et al., 1998; Hanson, 1997; Hanson & Thornton, 1999; Quinsey et al., 1998). Researchers have yet to examine the impact of non-legal sanctions on the sexual recidivism of adults.

□ Present Please specify □ Criminal charge □ Police warning □ Other adult sanction	At any time **PRIOR** to the most recent sexual offense, the adolescent was cautioned, warned, disciplined, criminally charged, or otherwise sanctioned by an adult authority (e.g., police, parent, teacher) for a sexual assault.
□ Possibly or Partially Present	Possible or partial evidence that, at any time **PRIOR** to the most recent sexual offense, the adolescent was cautioned, warned, disciplined, criminally charged, or otherwise sanctioned by an adult authority (e.g., police, parent, teacher) for a sexual assault.
□ Not Present	Adolescent was NEVER cautioned, warned, disciplined, criminally charged, or otherwise sanctioned by an adult authority (e.g., police, parent, teacher) for a sexual assault PRIOR to the most recent sexual offense.
□ Unknown	Insufficient information to support a decision regarding this risk factor.

Information for this factor may be obtained through clinical interviews or collateral reports including official documentation such as police records.

8. Threats of, or use of, excessive violence/weapons during sexual offense.

Adolescents who have used excessive violence and/or weapons during the commission of their sexual assault(s) are more likely at greater risk to commit further sexual assaults. The use of violence/weapons may be indicative of sexual arousal to violence (see #1), may reflect attitudes supportive of sexual violence (see #3), or may be related to an antisocial interpersonal orientation (see #14). Authors of existing risk-prediction checklists/guidelines have commented that adolescents at higher risk to reoffend sexually are those who have used violence and/or weapons during their sexual assaults (Bremer, 1998; Epps, 1997; Lane, 1997; Perry & Orchard, 1992; Ross & Loss, 1991; Steen & Monnette, 1989; Wenet & Clark, 1986). To date, there has been very little research regarding this factor, and findings are mixed. In one study, Kahn and Chambers (1991) found that those adolescents who made verbal threats during the commission of their sexual assaults were more likely to have subsequent sexual assault convictions. On the other hand, Långström and Grann (2000) found that an adolescent's use of weapons or death threats during the sexual assault was related to subsequent convictions for nonsexual offenses: not sexual offenses.

Authors of the MnSOST, an actuarial risk-estimation tool for adult male sexual offenders, noted the importance of assessing the use of force when predicting risk of sexual reoffending for adults (Epperson et al., 1998). Similarly, authors of the SVR-20 stated that both (I) physical harm to the victim and (II) the use of weapons or death threats during the sexual assault should be considered as indicators of higher risk of sexual reoffending (Boer et al., 1997).

Coding

□ Present	During the commission of any past sexual assault, the adolescent has ever: • Used excessive physical restraint or aggression beyond that which would be necessary to gain victim "compliance", **OR** • Used, or threatened to use, a weapon (regardless of whether a weapon was actually present), **OR** • Used, or threatened to use, physical violence with the victim or with others important to the victim, such as family members
□ Possibly or Partially Present	Possible or partial evidence that the adolescent has ever used excessive physical restraint or aggression; **OR** used, or threatened to use, a weapon; **OR** used, or threatened to use, physical violence against the victim or with others important to the victim, such as family members
□ Not Present	Adolescent has NEVER used excessive physical restraint or aggression; NEVER used, or threatened to use, a weapon; NEVER used, or threatened to use, physical violence against the victim or with others important to the victim, such as family members
□ Unknown	Insufficient information to support a decision regarding this risk factor.

Given that many adolescent offenders minimize the amount of force used during the commission of their sexual assaults (Emerick & Dutton, 1993), it is essential to examine all sources of information including clinical interviews, victim-impact statements, police reports, and other collateral data.

9. Ever sexually assaulted a child.

Adolescents who have ever intentionally sexually assaulted a prepubescent child are more likely at risk of continued sexual assaults. The choice of child victims may reflect either deviant sexual interest in children (see #1) or attitudes supportive of sexual interactions with children (i.e., that "children are not harmed" by sexual interactions with teens; see #3).

In their list of risk factors, Ross & Loss (1991) suggested that offenders who choose young children are at higher risk to reoffend. The empirical data from retrospective studies with adolescent sexual offenders are mixed. Although some authors have not found evidence that having a child victim is related to risk (Hagan & Cho, 1996; Långström and Grann, 2000; Rasmussen, 1999; Smith & Monastersky, 1986; Worling & Curwen, 2000a), both Kahn and Chambers (1991) and Sipe, Jensen, and Everet (1998) stated that the presence of a child victim was related to the risk of further sexual assaults.

With respect to adult sexual recidivism, Epperson et al. (1998) noted—in their actuarial assessment scheme—that offenders who select children are at higher risk to reoffend sexually.

Coding

□ Present	Adolescent has EVER intentionally sexually assaulted a child victim under 12 years of age and at least 4 years younger than the adolescent.
□ Possibly or Partially Present	Possible or partial evidence that the adolescent has ever intentionally sexually assaulted a child victim under 12 years of age and at least 4 years younger than the adolescent.
□ Not Present	Adolescent has NEVER intentionally selected and sexually assaulted a child victim under 12 years and at least 4 years younger than the adolescent.
□ Unknown	Insufficient information to support a decision regarding this risk factor.

The term "intentionally" is used here to differentiate between those offenders who consciously target a specific victim versus those who offend against a victim primarily because of the circumstances. For example, an offender who was exposing to a peer-age female may have also been seen by a young child. In this case, this factor would not be coded as present.

Although it is *generally* considered important to ensure that there is at least a 4-year age difference between the adolescent and their child victim, factors such as the differences in size and level of emotional maturity between the offender and the child are also important to consider.

It is essential to examine all sources of information including clinical interviews, victim-impact statements, police reports, and other collateral data.

10. Ever sexually assaulted a stranger.

Adolescents who have ever intentionally sexually assaulted a stranger are most likely at greater risk of continued sexual offending. This may be partly attributable to the fact that lengthy grooming behaviours are unlikely and that offenses can occur quickly once a victim has been identified. Furthermore, the availability of strangers is certainly substantial relative to the number of individuals known to the offender.

In their risk-assessment guidelines, Ross & Loss (1991) suggested that adolescents who consistently target strangers are at a higher risk of a sexual reoffense. To date, the research support for this factor is consistent. Specifically, Smith and Monastersky (1986) found that the selection of stranger victims was significantly related to subsequent sexual reoffending, and Långström and Grann (2000) reported that adolescents who offended sexually against a stranger were almost 3 times more likely to be convicted of a subsequent sexual offense.

Results of retrospective research with adult male sexual offenders have indicated that the selection of victims who are strangers is related to sexual reoffending (Hanson & Bussière, 1998). Actuarial systems of risk prediction for adult male sexual offenders include the selection of stranger victims as an indicator of higher risk (Epperson et al., 1998; Hanson & Thornton, 1999).

Coding

□ Present	Adolescent has EVER intentionally committed a sexual offense against a stranger. A victim is considered a stranger if she/he knew the adolescent for a period of less than 24 hours prior to the sexual offense.
□ Possibly or Partially Present	Possible or partial evidence that the adolescent has ever intentionally committed a sexual offense against a stranger.
□ Not Present	Adolescent has NEVER committed a sexual offense against a stranger.
□ Unknown	Insufficient information to support a decision regarding this risk factor.

Information for this factor is usually available from self-report, victim-impact statements, or collateral reports. Some offenders may claim that victims were known to them prior to the assault; however, contrary evidence that the victim was unknown should be considered as an indication that the offender was indeed a stranger to the victim.

It is essential to examine all sources of information including clinical interviews, victim-impact statements, police reports, and other collateral data.

11. Indiscriminate choice of victims.

Adolescents who have committed sexual offenses against both males and females, or against individuals both within and outside of family relationships, or against known and stranger victims, or against victims of a variety of ages (i.e., children and peers/adults) are likely at a higher risk to reoffend. In part, the risk is likely greater because more individuals are possible targets of the offender's sexual aggression. Indiscriminate victim choice may reflect a more diverse pattern of deviant sexual interest (e.g., both children and forced sex with peers; see #1) and/or a more diverse pattern of attitudes supporting sexual offending (e.g., that "children are unharmed" and that peers "welcome" forced sexual contact; see #3).

Although there is currently no empirical support for this risk factor, this variable has never been studied in research with adolescents. In a recent discussion of risk prediction for adolescent sexual offenders, Epps (1997) noted that offenders who select both males and females or who offend against victims of a variety of ages are at greater risk to reoffend sexually.

With respect to adult sexual offenders, Hanson and Bussière (1998) found that there was a significant relationship between sexual recidivism and sexual assaults against both male and female children. On the SVR-20, Boer at al. (1997) noted that offenders who select a variety of victims (i.e., both males and females; both children and peers; both acquaintances and strangers) are at higher risk for sexual recidivism.

Coding

□ Present	Adolescent has ever intentionally sexually assaulted: • *Both* male *and* female victims **OR** • *Both* child (under 12 years of age and 4 years younger) *and* peer/adult victims **OR** • *Both* related *and* unrelated victims **OR** • *Both* familiar *and* stranger victims (stranger if victim knew adolescent for less than 24 hours prior to sexual assault)
□ Possibly or Partially Present	Possible or partial evidence that the adolescent has ever intentionally sexually assaulted *both* male *and* female victims **OR** *both* child *and* peer/adult victims **OR** *both* related *and* unrelated victims **OR** *both* familiar *and* stranger victims.
□ Not Present	Adolescent has NEVER intentionally sexually assaulted *both* male *and* female victims **OR** *both* child *and* peer/adult victims **OR** *both* related *and* unrelated victims **OR** *both* familiar *and* stranger victims.
□ Unknown	Insufficient information to support a decision regarding this risk factor.

"Related" victims would include individuals with a familial relationship to the offender such as full, step, half, adopted, and foster siblings, cousins, nieces, nephews, and parents. Of course, the length of the relationship will also be important to consider. For example, an offense against a child in a recent foster placement would likely not be coded as "familial".

A victim is considered a stranger if she/he knew the adolescent for a period of less than 24 hours prior to the sexual offense.

It is essential to examine all sources of information including clinical interviews, victim-impact statements, police reports, and other collateral data.

12. Ever sexually assaulted a male victim (*Coded for male offenders only*).

Adolescent males who have intentionally selected and sexually assaulted a male victim are more likely at higher risk to reoffend sexually. Research with adolescent sexual offenders regarding this issue is mixed at this point. Both Smith and Monastersky (1986) and Långström and Grann (2000) found that adolescent males who selected male victims were more likely to have committed a subsequent sexual offense. Conversely, we (Worling & Curwen, 2000a) found that, for both male and female adolescent offenders, victim gender (i.e., same versus different) was unrelated to subsequent sexual offending. Rasmussen (1999) also found that the number of male victims was unrelated to sexual recidivism for a group of adolescent male offenders. Given the strength of this finding for adult male sexual offenders, however, and support from two studies with adolescents, this factor is included herein.

With respect to adult sexual offenders, men who have ever offended against male children are rated as higher risk when using the Rapid Risk Assessment for Sexual Offense Recidivism (RRASOR) (Hanson, 1997), the Static-99 (Hanson & Thornton, 1999), and the SORAG (Quinsey et al., 1998). In their meta-analysis of retrospective studies of primarily adult males, Hanson and Bussière (1998) found that sexual recidivism was significantly related to the selection of male victims.

Coding

□ Present	Male adolescent has EVER intentionally sexually assaulted a male victim.
□ Possibly or Partially Present	Possible or partial evidence that the male adolescent has ever intentionally selected and sexually assaulted a male victim.
□ Not Present	Male adolescent has NEVER intentionally selected and sexually assaulted a male victim.
□ Unknown	Insufficient information to support a decision regarding this risk factor.

The term "intentionally" is used here to differentiate between those offenders who consciously target a specific victim versus those who offend against a victim primarily because of the circumstances. For example, a male offender who was purposely exposing himself to a female may have also been seen by male. In this case, this factor would not be coded as present.

It is essential to examine all sources of information including clinical interviews, victim-impact statements, police reports, and other collateral data.

13. Diverse sexual-assault behaviours.

Adolescents who have committed a diverse array of sexual assaults are more likely at greater risk of further sexual aggression towards others. Diversity in sexual-assault behaviours may reflect increased risk because of escalation (e.g., noncontact and then contact offenses) or it may represent diversity in deviant sexual interests (see #1) and attitudes (see #3). Authors of existing risk-assessment checklists for adolescent sexual offenders have listed diversity of sexual offense behaviours as a high-risk indicator (Epps, 1997; Perry & Orchard, 1992). To date, this risk factor has not been examined in research with adolescents.

With respect to adult sexual offenders, Hanson and Harris (1998) found that those adult males with more paraphilias were more likely to have subsequent charges for a sexual assault, and the SVR-20 (Boer et al., 1997) includes the presence of multiple sex offense types as an indicator of greater risk.

Coding

□ Present	Adolescent has EVER attempted or engaged in **several** different contact and/or non-contact sexual-assault behaviours including (but not limited to) exhibitionism, voyeurism, obscene phone calling, stalking, assault with a weapon, frottage, bestiality, sexual touching, or oral, anal, or vaginal penetration.
□ Possibly or Partially Present	Possible or partial evidence that the adolescent has ever attempted or engaged in several different contact and/or non-contact sexual-assault behaviours including (but not limited to) exhibitionism, voyeurism, obscene phone calling, stalking, assault with a weapon, frottage, bestiality, sexual touching, or oral, anal, or vaginal penetration.
□ Not Present	Adolescent has engaged in one form of sexual assault behaviour ONLY.
□ Unknown	Insufficient information to support a decision regarding this risk factor.

Given that many offenders tend to minimize the extent and intrusiveness of their sexual assaults (Emerick & Dutton, 1993), it will be critical to examine all sources of information including clinical interviews, victim-impact statements, police reports, and other collateral data.

14. Antisocial interpersonal orientation.

Adolescent sexual offenders who display an antisocial interpersonal orientation are more likely to be at a higher risk of further sexual offenses. Of course, these adolescents are also more likely to be at a higher risk of nonsexual offenses as well. Adolescents who display an antisocial orientation are more concerned with meeting their own needs at the expense of the needs and feelings of others and in defiance of societal rules, conventions, and laws.

To date, the research regarding this factor is mixed. Although Hare (personal communication, September 24, 1999) stated that the total score from the Hare Psychopathy Checklist-Revised (Hare, 1991: PCL-R) significantly differentiated adolescent sexual offenders who reoffended sexually from those who did not, Långström and Grann (2000) found no significant relationship between PCL-R scores and adolescent sexual recidivism. In our (Worling & Curwen, 2000a) recent study, we did not find that antisocial personality features (as measured by the California Psychological Inventory) were predictive of sexual recidivism. It is important to note, however, that Långström and Grann (2000) and Worling and Curwen (2000a) found that antisocial personality was a significant predictor of nonsexual criminal recidivism. In available risk-prediction checklists/guidelines for adolescents, a history of antisocial behaviours and/or a delinquent orientation is a marker of higher risk for sexual recidivism (Bremer, 1998; Epps, 1997; Lane, 1997; Perry & Orchard, 1992; Prentky et al., 2000; Ross & Loss, 1991).

The total score from the PCL-R is included as one of the variables in the SORAG to predict adult sexual recidivism (Quinsey et al., 1998). Hanson and Bussière (1998) also found that antisocial personality was significantly related to sexual recidivism in their meta-analysis of retrospective studies with primarily adult male sexual offenders. Finally, The SVR-20 includes Psychopathy as an indicator of greater risk for sexual recidivism for adults (Boer et al., 1997).

Coding

□ Present	During the past 6 months, the adolescent has exhibited an antisocial interpersonal orientation as evidenced by the presence of 4 or more of the following: • Endorsement of antisocial or pro-criminal attitudes • Defiance of authority figures • Insensitive disrespect for the rights / feelings of others • Selfish / self-centered orientation • Difficulty accepting responsibility for most wrongdoings (not just sexual) • Lack of guilt or remorse for most wrongdoings (not just sexual) • Frequent lying and deception • Inflated sense of self-importance and self-worth • Emotionally unresponsive or emotions that appears "faked" • Frequent violations of rules and laws—**in addition** to sexual assaults(s)
□ Possibly or Partially Present	Possible or partial evidence that the adolescent has exhibited an antisocial interpersonal orientation (just 2 or 3 of the above) during the past 6 months.
□ Not Present	Adolescent has NOT exhibited an antisocial interpersonal orientation during the past 6 months.
□ Unknown	Insufficient information to support a decision regarding this risk factor.

Please note that if an offender fails to accept responsibility for his or her sexual assault *only*, or lack's remorse or guilt regarding sexual assault *only,* it does not necessarily mean that this factor is present. It is also essential to stress that the presence of this factor does **NOT** constitute a diagnosis of psychopathy or antisocial personality disorder. Information for this factor may be obtained through clinical interviews, observation, psychological test results, or collateral reports.

15. Lack of intimate peer relationships / Social isolation.

Adolescent sexual offenders who are unable to form emotionally intimate peer relationships or who are socially isolated are likely at higher risk to commit further sexual offenses. Without intimate peer relationships, adolescents are likely to feel lonely and isolated, and they may turn to children and/or forced sex with peers/adults when they desire sexual interactions. Although there is no evidence for a link between broadly-defined "social" difficulties and sexual recidivism (Kahn & Chambers, 1991; Worling & Curwen, 2000a), it is likely that the more specific social deficit—inability to form and maintain an emotionally intimate relationship with a peer—is related to risk of further sexual assaults. With respect to social isolation, Långström and Grann (2000) found that those adolescent offenders with few extrafamilial peer relationships were at significantly higher risk of being convicted for a subsequent sexual offense. Social isolation is also listed as a high-risk indicator in previous checklists/guidelines regarding adolescent sexual offenders (Bremer, 1998; Lane, 1997; Perry & Orchard, 1992; Prentky et al., 2000; Ross & Loss, 1991). Epps (1997) listed chronic peer/relationship difficulties as an indicator of increased risk for adolescents to reoffend sexually. In a recent meta-analysis of research with violent adolescents (including sexual offenders), Lipsey and Derzon (1998) noted that the most robust predictor of violent reoffending (including sexual) was peer unpopularity and lack of social activities.

Grubin (1999) suggested that a long-standing history of social isolation is an indicator of higher risk for adult sexual recidivism. In a recent publication of the Association for the Treatment of Sexual Abusers, Hanson (2000) suggested that intimacy deficits could be one of the more promising dynamic (potentially changeable) factors for predicting risk of sexual recidivism for adults. Similarly, the authors of the SVR-20 noted that offenders who display relationship problems are at higher risk of reoffending (Boer et al., 1997).

Coding

☐ Present	At any time within the past 6 months, the adolescent's social relationships have been characterized by: • No emotionally intimate peer relationships (peers are non-familial individuals who are within 3 years of age from the adolescent), **OR** • No close friendships **OR** reliance on a single peer-aged friend, **OR** • Social isolation from peers outside of the regular school day.
☐ Possibly or Partially Present	Possible or partial evidence that, at any time within the past 6 months, the adolescent has had no emotionally intimate peer relationships, relied on a single peer friendship, and/or was socially isolated from peers outside of the regular school day.
☐ Not Present	During the past 6 months, the adolescent HAS had emotionally intimate peer relationships, or 2 or more close friends, and/or has not been socially isolated from peers outside of the regular school day.
☐ Unknown	Insufficient information to support a decision regarding this risk factor.

"Emotionally intimate" refers to "mutual self-disclosure in relationships, warmth and affection, and closeness and interdependence between partners" (Ward, McCormack, & Hudson, 1997).

Although information for this factor can be collected from the youth (i.e., clinical interviews, psychological testing), it is also important to collect information from other sources such as parents, peers, and the school. For example, it is often difficult for adolescents to acknowledge that they have no close friends.

16. Negative peer associations and influences.

Adolescent sexual offenders who associate with peers who often engage in antisocial or criminal activities are likely at higher risk to commit further sexual offenses. This is likely most pronounced in situations where the adolescent committed prior sexual assaults together with 1 or more peer offenders, or where the adolescent has previously attempted to gain social approval through sexual aggression.

Although there are few empirical data to support the inclusion of this factor at present, this may be a result of the fact that it has rarely been studied in research specifically with sexual offenders. On the other hand, in research with general juvenile delinquency (including sexual offenders), association with an antisocial peer group is one of the most robust predictors of subsequent criminal recidivism (e.g., Lipsey & Derzon, 1998; Loeber, 1990). Available risk-prediction checklists/guidelines for adolescents include antisocial peer group as an indicator of higher risk for sexual recidivism (Bremer, 1998; Prentky et al., 2000; Ross & Loss, 1991).

There has been very little research regarding the impact of peer associations on adult sexual assault recidivism; however, in a recent publication by the Association for the Treatment of Sexual Abusers, Hanson (2000) noted that this factor is a promising dynamic (potentially changeable) risk-prediction variable. In particular, Hanson (2000) stated that offenders at greater risk are those who associate with "peers who support either deviant lifestyles or inadequate coping strategies" (p. 3).

Coding

☐ Present	On more than 1 occasion within the past 6 months, the adolescent has associated with peers who: • Often engage in antisocial / criminal activity, **OR** • Often use non-prescription drugs and/or alcohol, **OR** • The adolescent frequently engaged in antisocial / criminal behaviours to "fit in" or "belong" with a peer group
☐ Possibly or Partially Present	Possible or partial evidence that, on more than 1 occasion within the past 6 months, the adolescent has associated with peers who: • Often engage in antisocial / criminal activity, **OR** • Often use non-prescription drugs and/or alcohol, **OR** • The adolescent frequently engaged in antisocial / criminal behaviours to "fit in" or "belong" with a peer group
☐ Not Present	During the past 6 months, the adolescent has NOT associated with peers who often engage in antisocial / criminal activity or substance use / abuse behaviours on more than 1 occasion.
☐ Unknown	Insufficient information to support a decision regarding this risk factor.

Information for this factor may be obtained through clinical interviews, observation, psychological test results, or collateral reports.

17. Interpersonal aggression.

Adolescent sexual offenders who have demonstrated a pattern of interpersonal aggression—in addition to their sexual offense(s)—are most likely at higher risk of committing further sexual offenses. Adolescents who are aggressive and hurtful towards others may demonstrate an antisocial interpersonal orientation (see #14), or they may have learned to cope with personal difficulties by relying on aggressive behaviours.

Available risk-prediction checklists for adolescent sexual offenders suggest that a history of interpersonal aggression is an indicator of risk for continued sexual offending (Bremer, 1998; Epps, 1997; Perry & Orchard, 1992; Prentky et al., 2000; Ross & Loss, 1991; Wenet & Clark, 1986). Interpersonal aggression has also been found to be a good predictor of general (including sexual) juvenile reoffending (e.g., Lipsey & Derzon, 1998; Loeber, 1990).

Coding

☐ Present	During the past 6 months, the adolescent has demonstrated a **pattern** of interpersonal aggression, characterized by a **number** of verbally or physically abusive behaviours directed towards people
☐ Possibly or Partially Present	Possible or partial evidence that, during the past 6 months, the adolescent has demonstrated a **pattern** of interpersonal aggression, characterized by a **number** of verbally or physically abusive behaviours directed towards people.
☐ Not Present	During the past 6 months, the adolescent has NOT demonstrated a **pattern** of interpersonal aggression characterized by a **number** of verbally or physically abusive behaviours directed towards people.
☐ Unknown	Insufficient information to support a decision regarding this risk factor.

Information for this factor may be obtained through clinical interviews, observation, psychological test results, or collateral reports.

18. Recent escalation in anger or negative affect.

Adolescent sexual offenders who demonstrate a recent escalation in either anger or negative affect are more likely to present a higher risk of continued sexual aggression. Negative affect such as sadness, anger, boredom, loneliness, frustration, and feelings of worthlessness, abandonment, and rejection have been cited as immediate precursors to adolescent sexual offenses (e.g., Gray & Pithers, 1993; Richardson & Graham, 1997; Steen & Monnette, 1989; Way & Spieker, 1997). There is currently no empirical support for this factor with respect to the prediction of sexual recidivism for adolescents; however, this may be the result of the fact that it has never been investigated.

With respect to existing risk-prediction checklists/guidelines for adolescents, Bremer (1998) suggested that adolescent sexual offenders who display flat affect or a notable emotional disturbance are at a higher risk to reoffend.

It is important to note that this factor is specifically related to the youth's recent escalation in anger or negative affect—not the mere presence or absence of anger or negative affect. For example, there appears to be little relationship between the ***level*** of anger or depression at the time of initial assessment and later sexual recidivism (Worling & Curwen, 2000a).

With respect to research with adult sexual offenders, Hanson and Harris (2000) have included a worsening of negative mood (e.g., loneliness, anxiety, depression) on the SONAR as a high-risk marker for reoffending. Furthermore, Proulx, McKibben, and Lusignan (1996) found that anger or negative affect (e.g., loneliness, humiliation) preceded masturbation to deviant fantasies for a group of adult male sexual offenders.

Coding

☐ Present (please note) ☐ Anger ☐ Negative affect	At any time within the past 6 months, the adolescent has demonstrated **an escalation** in: • Anger (e.g., tantrums, verbal or physical aggression, threats), **OR** • Negative affect such as depression, anxiety, loneliness, boredom, or frustration **NOTE: this factor represents ONLY an escalation, or heightening, of anger or negative affect—NOT merely the presence of anger or negative affect**
☐ Possibly or Partially Present	Possible or partial evidence that, at any time within the past 6 months, the adolescent has demonstrated **an escalation** in: • Anger (e.g., tantrums, verbal or physical aggression, threats), **OR** • Negative affect such as depression, anxiety, loneliness, boredom, or frustration
☐ Not Present	NO escalation in anger or negative affect during the past 6 months.
☐ Unknown	Insufficient information to support a decision regarding this risk factor.

Information for this factor may be obtained through clinical interviews, observation, psychological test results, or collateral reports.

19. Poor self-regulation of affect and behaviour (Impulsivity).

Adolescent sexual offenders who are highly impulsive, and who have difficulty regulating their behaviours and their affective expression are likely at greater risk of continued sexual offending. Conversely, adolescents who more carefully consider the consequences of their behaviours before acting are likely at lower risk. Although there is no empirical support for this factor with respect to the prediction of sexual recidivism for adolescents, this may be the result of the fact that it has never been investigated. On the other hand, there is considerable support in research with general juvenile delinquency (including sexual offenders) for the inclusion of impulsivity as an indicator of greater risk for criminal recidivism (e.g., Lipsey & Derzon, 1998; Loeber, 1990).

Bremer (1998), Epps (1997), Lane (1997), and Prentky et al. (2000) have noted that adolescent sexual offenders who are generally impulsive are at greater risk to reoffend sexually. With respect to adult sexual offenders, Hanson (2000) suggested that general self-regulation is one of the more promising dynamic factors for predicting risk of sexual recidivism for adults, and Hanson and Harris (2000) have included general self-regulation as a high-risk marker on the SONAR: an actuarial tool for predicting adult sexual recidivism.

Coding

☐ Present	During the past 6 months, the adolescent has demonstrated very poor self-regulation of affect and behaviour. Impulsivity is demonstrated by 3 or more of the following: • Frequent difficulty delaying gratification • Frequent difficulty delaying responses ("blurting out answers") • Frequently interrupting others • Frequent failure to listen to instructions or directions • Frequently becoming bored with routine • Frequently grabbing or touching things/others without permission • Frequent failure to consider consequences before engaging in activities (particularly potentially dangerous or risky activities)
☐ Possibly or Partially Present	Possible or partial evidence that, during the past 6 months, the adolescent has demonstrated very poor self-regulation of affect and behaviour—is typically highly impulsive (2 or fewer of the above).
☐ Not Present	During the past 6 months, the adolescent has NOT demonstrated very poor self-regulation of affect and behaviour—is typically NOT impulsive.
☐ Unknown	Insufficient information to support a decision regarding this risk factor.

Information regarding self-regulation is typically readily available from clinical interviews, collateral reports (e.g., school, parents), and from psychological testing.

20. High-stress family environment.

An adolescent sexual offender who is a member of a family that is currently characterized by an elevated level of distress is likely at an increased risk of reoffending sexually. High levels of family distress will undoubtedly impact on the adolescent in a variety of ways—depending on the particular source of stress. For example, heightened marital discord may contribute to feelings of insecurity for the adolescent. Alternatively, violent family relationships could serve to contribute to increased feelings of low self-worth, depression, and rejection. A high-stress family environment may serve to heighten the adolescent's negative emotional states such as anger, abandonment, depression, or loneliness; thus increasing the likelihood that the adolescent will choose to reoffend. Furthermore, a high-stress family environment may keep the focus of professional interventions solely on family issues at the expense of the offender's other high-risk factors. If the adolescent is currently living with his/her family, it is also likely that a high level of family stress will be related to an environment in which adults are less vigilant regarding the offender's high-risk factors (see #23).

In their recent meta-analysis of recidivism research regarding violent (including sexual) juvenile offenders, Lipsey and Derzon (1998) found that a high level of family distress was a significant predictor of subsequent criminal reoffending.

There have not yet been empirical studies of the relation between this factor and adolescent sexual reoffending. Available risk-prediction checklists/guidelines for adolescent sexual offenders include extreme family dysfunction or distress as an indicator of high risk for sexual reoffending (Bremer, 1998; Lane, 1997; Perry & Orchard, 1992; Ross & Loss, 1991; Steen & Monnette, 1989; Wenet & Clark, 1986). Prentky et al. (2000) suggested that multiple changes in caregivers was indicative of greater risk of recidivism.

Coding

☐ Present	At any time within the past 6 months, **REGARDLESS** of where the adolescent has been living, there has been an extreme level of stress within the family as evidenced by issues such as: • Marked marital discord • Death of a family member • Separation of a family member from family • Major illness of a family member • Significant family change in residence, employment, or income • Poverty • Criminal activity of family member other than adolescent • Sexual or physical victimization within the family (not including the adolescent's index sexual offense) • Highly conflictual family relationship(s) (OTHER THAN offender-parent relationship)
☐ Possibly or Partially Present	Possible or partial evidence that the adolescent's family has experienced high levels of stress at any time within the past 6 months.
☐ Not Present	Adolescent's family has NOT experienced high levels of stress during the past 6 months.
☐ Unknown	Insufficient information to support a decision regarding this risk factor.

It is essential to evaluate the family's **reaction** (i.e., level of distress) to the potential stressor **rather than** simply the mere presence of a factor that would be stressful for others. For example, some families will not evidence high levels of distress if there is a change in residence. Information regarding this factor can be obtained through observation, interviews with the offender and the family, collateral reports, and psychological testing.

21. Problematic parent-offender relationships / Parental rejection.

Adolescent sexual offenders who currently have highly problematic relationships with a parent, and/or who feel rejected by a parent are likely at greater risk of further sexual assaults. As in the case of high-stress family environments (see #20), a problematic parent-child relationship and/or parental rejection is likely to contribute to increased anger or negative affect such as depression, hopelessness, rejection, and abandonment; feelings that could heighten the risk for the adolescent to choose to reoffend.

Presently, empirical support for the inclusion of this factor for adolescent sexual offenders is limited to one study. We (Worling & Curwen, 2000a) recently found a moderate correlation between the offenders' feelings of parental rejection and subsequent sexual recidivism. In their meta-analysis of recidivism research, Lipsey and Derzon (1998) found that poor parent-child relations (characterized by such attributes as low warmth, low parental involvement, punitive discipline, and negative attitude toward the child) were significantly related to subsequent violent (including sexual) reoffending. Loeber (1990) also pointed out that parent-child difficulties marked by poor discipline or parental rejection are strong predictors of later antisocial behaviours for adolescents.

In their discussion of risk prediction for adolescent sexual offenders, Ross & Loss (1991) suggested that offender-parent relationships that are marked by role reversal, emotional unavailability, and abuse are indicators of higher risk to reoffend sexually. Similarly, Lane (1997) suggested that adolescents who have a close relationship with a parent are at a lower risk for sexual reoffending.

In their meta-analysis of retrospective studies of primarily adult males, Hanson and Bussière (1998) found that men who, when they were young, had a negative relationship with their mother were more likely to have subsequent sexual assaults.

Coding

□ Present	At any time within the past 6 months, the adolescent has experienced an extremely problematic parent-child relationship as evidenced by: • Adolescent feeling rejected, unloved, or unwanted by a parent(s) • Parent's **current** use of harsh/punitive verbal or physical discipline • Very low level of parental involvement; particularly if the parent was once more involved in the adolescent's life • Significant parent-child conflict / disagreement
□ Possibly or Partially Present	Possible or partial evidence that, at any time within the past 6 months, the adolescent has experienced an extremely problematic parent-child relationship or has felt rejected, unloved, or unwanted by a parent(s).
□ Not Present	During the past 6 months, the adolescent has NOT experienced an extremely problematic parent-child relationship or has NOT felt rejected, unloved, or unwanted by a parent(s).
□ Unknown	Insufficient information to support a decision regarding this risk factor.

For this factor, the parental relationship(s) with the offender should be coded (i.e., NOT the parental relationship with the offender's siblings.

Information for this factor would be available from clinical interviews with the adolescent and family members, collateral reports, and psychological testing.

22. Parent(s) not supporting sexual-offense-specific assessment/treatment.

Adolescent sexual offenders whose parent(s) is unsupportive of sexual-offense-specific assessment/treatment are likely to be at a greater risk of reoffending sexually. Making changes in many of the dynamic (or potentially changeable) risk factors listed herein requires considerable effort and commitment on the part of the adolescent. Given the significance of parent-child relationships during adolescence, the support of a parent(s) is important for adolescents to make the changes necessary to manage their risk of reoffending. Furthermore, as noted in #20 and #21 above, parent-child conflict or family-stress issues can be related to the risk of reoffense, and parental involvement and support regarding treatment is essential in managing risk. Parents not supportive of offense-specific treatment may also foster an environment that is supportive of reoffending (see #23).

Two recent investigations have demonstrated the importance of working with families, wherever possible, to assist adolescents to reduce their risk of both sexual and nonsexual reoffending (Borduin, Henggeler, Blaske, & Stein, 1990; Worling & Curwen, 2000a). Authors of existing risk-prediction checklists/guidelines for adolescent sexual offenders have noted that offenders are at greater risk when their parents are not supportive of sexual-offense-specific treatment (Calder et al., 1997; Epps, 1997; Lane, 1997; Perry & Orchard, 1992; Ross & Loss, 1991; Steen & Monnette, 1989; Wenet & Clark, 1986).

Coding

☐ Present	At any time within the past 6 months, the adolescent's parent(s) has not been supportive of sexual-offense-specific assessment/treatment for their child as evidenced by one or more of the following: • Parental refusal to participate in assessment/treatment • Parental refusal to allow child to participate in assessment/treatment • Parent(s) denies that their child committed the sexual assault despite evidence to the contrary • Parent(s) denies that there is ANY risk of sexual reoffense • Parent(s) attempts to undermine or minimize the adolescent's sexual-offense-specific assessment/treatment
☐ Possibly or Partially Present	Possible or partial evidence that, at any time within the past 6 months, the adolescent's parent(s) has not been supportive of sexual-offense-specific assessment/treatment for their child.
☐ Not Present	Adolescent's parent(s) HAS been supportive of sexual-offense-specific assessment/treatment for their child during the past 6 months.
☐ Unknown	Insufficient information to support a decision regarding this risk factor.

Information for this factor may be obtained through clinical interviews with the adolescent and parent(s), observation, or collateral reports.

23. Environment supporting opportunities to reoffend sexually.

Adolescent sexual offenders who spend considerable periods of time in environments supporting opportunities to reoffend sexually are likely at higher risk to commit subsequent sexual offenses. For example, adolescent offenders who are provided with unsupervised access to potential victims, who often "test" themselves by purposely entering high-risk environments, or who reside with adults who deny the presence of high-risk indicators are more likely to commit further sexual offenses.

Despite the intuitive logic of this argument, there is surprisingly little research available at present with either adolescent or adult sexual offenders to support the inclusion of this factor. In a recent investigation of adult male sexual offenders, however, Hanson and Harris (1998) found that sexual recidivists were significantly more likely to place themselves in situations providing greater access to victims, and this factor was included in the SONAR (Hanson & Harris, 2000).

Epps (1997) and Ross and Loss (1991) suggested that adolescent offenders who are provided unsupervised access to potential victims are at a greater risk to reoffend sexually. Prentky et al. (2000) suggested that a highly unstable environment characterized by such factors as abuse, substance use, poor boundaries, and pornography is likely related to higher risk of recidivism.

Coding

☐ Present	At the present time—or at any time within the NEXT 6 months—the adolescent is residing in, or often visiting, an environment that supports opportunities to reoffend sexually as evidenced by one or more of the following: • Unsupervised access to potential and/or past victims • Poor monitoring or control of adolescent's whereabouts • Adult denial of adolescent's risk to reoffend sexually • Lack of adult awareness of adolescent's high-risk factor(s) • Easy access to sexual media (pictorial, auditory, or textual) • Exposure to frequent sexual behaviours, gestures, or conversations • Supervising adults who blame the victim(s) for the adolescent's offense(s)
☐ Possibly or Partially Present	Possible or partial evidence that, at the present time—or at any time within the NEXT 6 months—the adolescent is residing in, or often visiting, an environment that supports opportunities to reoffend sexually.
☐ Not Present	BOTH presently AND during the NEXT 6 months, the adolescent will NOT be residing in, or often visiting, an environment that supports opportunities to reoffend sexually.
☐ Unknown	Insufficient information to support a decision regarding this risk factor.

It is important to consider environments such as the offender's place of residence, school, homes of peers and relatives, or any other place(s) that the adolescent visits with some regularity.

Information for this factor may be obtained through clinical interviews with the adolescent, interviews with those familiar with the environment(s) in question, direct observation, or collateral reports.

24. No development or practice of realistic prevention plans/strategies.

Adolescent sexual offenders who do not demonstrate some practice of realistic prevention plans or strategies are more likely at higher risk of committing further sexual assaults. Although it is difficult to ascertain whether or not an adolescent is truly using skills taught during treatment, the offender can at least report that she or he has acquired and can utilize realistic offense-prevention plans. There is currently no empirical support for the inclusion of this factor; however, although this may be due to the fact that it has never been studied.

In their risk-prediction checklist, Perry and Orchard (1992) noted that offenders who have little awareness of offense-prevention strategies are at heightened risk to reoffend sexually. Similarly, Prentky et al. (2000) suggested that offenders who demonstrate a poor understanding of their offense chain and, therefore, are unable to identify triggers or high-risk markers are at higher risk of reoffending sexually.

Coding

☐ Present	During the past 6 months: • The adolescent has not developed a realistic plan to cope with potentially high-risk factors for a sexual reoffense (such as deviant sexual arousal), **OR** • The adolescent has not practiced realistic strategies to cope with potentially high-risk factors. **NOTE**: "realistic" plans/strategies are those that would be considered sensible, practical, and socially acceptable.
☐ Possibly or Partially Present	Possible or partial evidence that, during the past 6 months, the adolescent has not developed or practiced realistic strategies to cope with potentially high-risk factors for a sexual reoffense (such as deviant sexual arousal).
☐ Not Present	Adolescent HAS BOTH developed AND practiced at least some realistic plan(s) to cope with high-risk factors for a sexual reoffense during the past 6 months.
☐ Unknown	Insufficient information to support a decision regarding this risk factor.

"Realistic" offense-prevention plans/strategies are those deemed likely, sensible, socially acceptable, and practical given the offender's circumstances. It would not be considered "realistic", for example, if an offender avoided sexual assaults by physically pushing away potential victims. Similarly, it would not be "realistic" for an offender to stay in his/her room all day to reduce the risk of reoffending.

Information for this factor may be obtained through clinical interviews with the adolescent, observation, psychological testing, or collateral reports.

25. Incomplete sexual-offense-specific treatment.

Adolescent sexual offenders who have yet to complete sexual–offense-specific treatment are likely at higher risk to reoffend sexually than are those offenders who have completed treatment. Adolescents who have completed treatment are likely better able to cope with many of the other dynamic (or changeable) high-risk factors outlined herein. Recent research has demonstrated that those adolescent sexual offenders who participated in comprehensive treatment that combined a strong family-relationship component along with sexual-offense-specific interventions were less likely to commit further sexual and nonsexual offenses (Borduin et al., 1990; Worling & Curwen, 2000a). In available risk-prediction checklists/guidelines regarding adolescent sexual recidivism, Epps (1997), Lane (1997), Perry and Orchard (1992), Ross and Loss (1991), and Steen and Monnette (1989) noted that those adolescents who are most unwilling to engage in offense-specific treatment are at higher risk to reoffend.

With respect to adults, there is certainly much debate regarding treatment efficacy (e.g., Harris et al., 1998; Marques, 1999). It should be pointed out, however, that in their recent meta-analysis, Hanson and Bussière (1998) found that those adult males who completed sexual offender treatment were significantly less likely to reoffend sexually. Boer et al. (1997) also stated that those offenders who display a negative orientation toward treatment are at higher risk of reoffending sexually.

Coding

□ Present	Adolescent has not yet completed a majority (i.e., 75% or more) of the sexual-offense-specific treatment goals that were recommended following assessment.
□ Possibly or Partially Present	Possible or partial evidence that the adolescent has not yet completed a majority (i.e., 75% or more) of the sexual-offense-specific treatment goals that were recommended following assessment.
□ Not Present	Adolescent HAS completed a majority (75% or more) of the sexual-offense-specific treatment goals that were recommended following assessment.
□ Unknown	Insufficient information to support a decision regarding this risk factor.

If the adolescent "drops out" of treatment after a substantial period of successful involvement in sexual-offense-specific treatment (e.g., 2 years), one may want to consider that this factor is not present even though several treatment goals were not completed.

"Offense-specific-treatment" refers to treatment for adolescent sexual offenders that specifically addresses issues related to risk of sexual recidivism such as deviant sexual arousal, attitudes supportive of sexual offending, knowledge of victim impact, and other factors listed above as they relate to the individual's sexual offense risk such as family distress, parent-child relationships, and affective expression. Of course, in addition to evaluating the adolescent with respect to this factor, it will be important to collect information from the therapist(s) who has provided sexual-offense-specific treatment.

Commonly Cited Risk Factors Not *Currently* Supported in Research

The factors addressed in this section should be used with extreme caution (if at all) when formulating risk estimates for adolescents—at least at the present time—given the lack of empirical support. Perhaps with the collection of additional data in the future, and/or better measurement techniques, these factors will be demonstrated to be related to subsequent risk.

Denial of the sexual offense

It is almost an article of faith that offenders who deny their sexual crimes are at higher risk to reoffend sexually. Adolescents who deny that they were present at the time of the assault, who deny that the interaction was at all sexual, or who deny that the sexual interaction was assaultive (i.e., maintain it was consensual between peers) are often judged to be high risk until they can begin to acknowledge their offenses in some capacity. Indeed, all of the available risk prediction checklists/guidelines list denial of the sexual offense as a high risk marker (Bremer, 1998; Epps, 1997; Perry & Orchard, 1992; Prentky et al., 2000; Ross & Loss, 1991; Steen & Monnette, 1989; Wenet & Clark, 1986). The available research indicates that, on the contrary, adolescent sexual offenders who deny their sexual crimes are not more likely to reoffend sexually (Kahn & Chambers, 1991; Långström and Grann 2000). Further analysis of the available file data from our recent study (Worling & Curwen, 2000a) revealed that those adolescents who denied their sexual assaults were significantly less likely to reoffend sexually (Worling, in press). In their recent meta-analysis of studies of adult sexual offenders, Hanson and Bussière (1998) found that there was no relation between denial of the index sexual offense and subsequent sexual recidivism.

Lack of victim empathy

As in the case of denial, almost all published checklists/guidelines include the lack of remorse or empathy as evidence of heightened risk for adolescent sexual offenders (Epps, 1997; Perry & Orchard, 1992; Prentky et al., 2000; Ross & Loss, 1991; Steen & Monnette, 1989; Wenet & Clark, 1986). It is widely assumed that offenders who are unable to appreciate the harm that they have caused, or who have difficulty demonstrating empathy for their victims, are likely to repeat their sexual assaults. Despite the strength of this clinical assumption, however, there are currently no data supporting the use of this factor to predict sexual recidivism. For example, Smith and Monastersky (1986) found that there was no significant relation between sexual recidivism after a mean of 28 months and the offender's inability to understand the exploitiveness of their sexual offense(s). Similarly, Långström and Grann (2000) found that offenders with low general empathy were no more at risk of being reconvicted for a sexual crime. In their review of research with adults, Hanson and Bussière (1998) found that there was no relation between sexual recidivism and low empathy for victims. Perhaps if researchers devise different measures of victim empathy or remorse, support for the use of this variable will be found.

History of nonsexual crimes

A history of nonsexual crimes is noted as a risk factor for adolescent sexual recidivism in several published checklists/guidelines (Bremer, 1998; Epps, 1997; Perry & Orchard, 1992; Prentky et al., 2000; Ross & Loss, 1991; Wenet & Clark, 1986). Although it is certainly true that

a history of nonsexual criminal charges is related to sexual recidivism for adult male sexual offenders (Hanson & Bussière, 1998), there is a consensus in research completed to date that this factor is NOT related to subsequent sexual offenses for adolescent sexual offenders (Kahn & Chambers, 1991; Lab et al., 1993; Långström and Grann, 2000; Sipe et al., 1998; Rasmussen, 1999; Worling & Curwen, 2000a). As expected, however, most researchers have found that a history of nonsexual offenses is predictive of subsequent nonsexual crimes.

Offender's own history of child sexual abuse

It is assumed by some authors that those adolescents who are victims of child sexual abuse are at greater risk for reoffending sexually (Perry & Orchard, 1992; Steen & Monnette, 1989; Wenet & Clark, 1986). However, the available data indicate that adolescent sexual offenders who acknowledge a history of child sexual abuse are at no greater risk of sexual recidivism (Hagan & Cho, 1996; Rasmussen, 1999; Worling & Curwen, 2000a). With respect to adult sexual offenders, Hanson and Bussière (1998) also found that there was no relation between sexual offense recidivism and an offender's childhood sexual victimization history.

Penetrative sexual assaults

Authors of available checklists and guidelines suggest that adolescents who engage in penetrative (anal, vaginal, or oral) sexual assaults are at higher risk for reoffending sexually (Epps, 1997; Ross & Loss, 1991; Steen & Monnette, 1989). In the only study of this factor with adolescents, however, Långström and Grann (2000) found that victim penetration was unrelated to subsequent convictions for sexual offenses. Indeed, the data reported by these authors suggest that offenders who engaged in noncontact offenses are, on average, 3 times more likely to be reconvicted for a sexual offense. A history of noncontact offenses is counted as a high-risk factor for adult sexual offenders on the Static-99 (Hanson & Thornton, 1999). Furthermore, in their recent meta-analysis of retrospective studies of adult male sexual offenders, Hanson and Bussière (1998) found that the degree of sexual contact was unrelated to subsequent sexual assault recidivism.

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Table 1: Published Studies of Adolescent Sexual Offense Recidivism

Study	Country	Number and Gender of Participants	Age of Participants (in Years)	Length of Follow-up	Sexual Assault Recidivism Measure
Borduin, Henggeler, Blaske, & Stein, 1990	United States	16 males	*M*=14	*M*=3 years	Charges
Hagan & Cho, 1996	United States	100 males	12-19	2-5 years	Convictions
Kahn & Chambers, 1991	United States	221 ratio of males to females 20:1	8-18 *M*=14.7	*M*=20 months	Convictions
Lab, Shields, & Schondel, 1993	United States	151 males 1 female	*M*=14	1-3 years	Convictions
Långström & Grann, 2000	Sweden	44 males 2 females	15-20 *M*=18.13	*M*=60.95 months	Convictions
Rasmussen, 1999	United States	167 males 3 females	7-18 *M*=14	5 years	Convictions
Schram, Malloy, & Rowe, 1992	United States	197 males	*M*=14.5	5 years	Charges
Sipe, Jensen, & Everett, 1998	United States	124 males	11-18	*M*=6 years	Adult Charges
Smith & Monastersky, 1986	United States	112 males	10-16 *M*=14.1	*M*=28 months	Charges
Worling & Curwen, 2000a	Canada	139 males 9 females	12-19 *M*=15.5	2-10 years *M*=6.23 years	Charges

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Feedback/Comments

We would appreciate hearing from evaluators who have used this document when completing sexual assault recidivism risk predictions with adolescents. We would also appreciate receiving any follow-up data that you have collected using this instrument. We are currently collecting data regarding the reliability (e.g., agreement between evaluators) and predictive validity of The *ERASOR,* and we will revise this document pending (1) new follow-up research with adolescents who have committed sexual assaults, (2) evaluators' comments and suggestions regarding the coding form, and (3) research regarding the reliability and validity of the instrument.

Please direct your comments and feedback to:

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Estimate of Risk of Adolescent Sexual Offense Recidivism (The "*ERASOR*"): Version 2.0

James R. Worling, Ph.D., & Tracey Curwen, M.A.
Sexual Abuse: Family Education & Treatment (**SAFE-T**) Program

Name of adolescent_____ Age____ Coding Form Page 1

Name of evaluator_____ Date Completed_____

Date of Previous Risk Assessment_____ or □ n/a ID Number _____

The guidelines contained in The *ERASOR* were developed by the authors in the course of their duties at the SAFE-T Program. Anyone choosing to use or adopt the risk assessment guidelines outlined herein does so on the sole basis of their responsibility to judge their suitability for their own specific purposes. The Ontario Ministry of Community & Social Services, its employees, agents, servants and the authors neither assume nor accept any responsibility or legal liability for any injury or damages whatsoever resulting from the use of The *ERASOR* and the guidelines outlined herein.

The Estimate of Risk of Adolescent Sexual Offense Recidivism (The *ERASOR*) is an empirically-guided approach to estimating the risk of a sexual reoffense **for an adolescent, presently aged 12 to 18 years, who has previously committed a sexual assault**. When using The *ERASOR*, it is **essential** to be familiar with the content of the *ERASOR* manual included with this coding form. It is also important to stress that evaluators should:

- Have expertise and training regarding the assessment of adolescents and their families and expertise and training regarding the assessment and management of sexual aggression.
- Assess multiple domains of functioning including sexual, intrapersonal, interpersonal, familial, and biological.
- Use multiple methods of data collection to form opinions including clinical interviews, psychological tests, behavioural observation, and reviews of previous case records and reports.
- Collect information from multiple sources such as the offender, the victim(s), the police, family, friends, and other professionals who are familiar with the offender and his/her family.
- Be cognizant of the validity of the information that they are using in forming risk predictions.
- Be familiar with the research related to the estimation of adolescent sexual recidivism.
- Recognize that risk assessments will become obsolete after the passage of time and/or following a change in any of the risk factors that were assessed.

Given that there is currently no empirical support for a specific algorithm for combing risk factors to predict adolescent sexual recidivism, judgement is necessary to determine the level of risk (i.e., "low", "moderate", or "high"). It is anticipated that there will be a general relationship between the number of high-risk factors and the rating of risk such that more high-risk indicators suggest higher risk. However, the final decision will be more dependent on the combination of risk factors rather than just the number. Furthermore, it is possible that the presence of a single risk factor—such as the adolescent's stated intentions to reoffend—could be indicative of high risk.

1. Deviant sexual interests (younger children, violence, or both).

□ Present □ Children □ Violence	• At any time within the past 6 months, the adolescent has reported or demonstrated sexual arousal to thoughts/images of children under 12 years of age (and children who are at least 4 years younger than the adolescent), **OR** • Sexual assaults—within the past year—against 2 or more children under 12 years of age (and children who are at least 4 years younger than the adolescent), **OR** • At any time within the past 6 months, the adolescent has reported or demonstrated sexual arousal to sexual violence (excessive physical violence, threats of death or physical pain, use of weapons), **OR** • Sexual assaults—within the past year—against 2 or more individuals that involved excessive physical violence, threats of death or pain, or use of weapons.
□ Possibly or Partially Present □ Children □ Violence	Possible or partial evidence that the adolescent • has reported or demonstrated deviant sexual arousal to prepubescent children, sexual violence, or both, at any time within the past 6 months, **OR** • Within the past year, has committed sexual assaults against 2 or more prepubescent children or sexual assaults against 2 or more individuals that involved excessive physical violence, threats of death or pain, or use of weapons.
□ Not Present	• Adolescent has reported **AND** demonstrated NO sexual arousal to thoughts and/or images of prepubescent children, sexual violence, or both during the past 6 months, **OR** • Within the past year, the adolescent has NOT committed sexual assaults against 2 or more children, or sexual assaults against 2 or more individuals that involved excessive physical violence, threats of death or pain, or use of weapons.
□ Unknown	Insufficient information to support a decision regarding this risk factor.

2. Obsessive sexual interests/Preoccupation with sexual thoughts.

□ Present	At any time within the past 6 months, the adolescent has demonstrated obsessive sexual interests/preoccupation with sexual thoughts as evidenced by any of the following: • Unusually frequent masturbation • Unusually frequent sexual thoughts, comments, gestures, or behaviours • Unusually frequent use of pornography (or other textual, pictorial, or auditory materials considered erotic by adolescent) • Unusually frequent engagement in sexual fantasy • Excessive use of sexual behaviours/fantasies to cope with negative affect (boredom, loneliness, frustration, sadness), anger, or problematic situations.
□ Possibly or Partially Present	Possible or partial evidence that the adolescent has been preoccupied with sexual thoughts, behaviours, fantasies, images, or gestures at any time within the past 6 months.
□ Not Present	Adolescent has NOT demonstrated obsessive sexual interests or preoccupation with sexual thoughts, behaviours, fantasies, images, or gestures during the past 6 months.
□ Unknown	Insufficient information to support a decision regarding this risk factor.

3. Attitudes supportive of sexual offending.

□ Present	At any time within the past 6 months, the adolescent has endorsed **ANY** of the following attitudes: • Sexual interactions with children under 12 years of age are not harmful to the child; are desired by the child; are often initiated by children; should be legalized; are just displays of affection; or are educational for the child, **OR** • Forced sexual interactions with peers or adults are not harmful; are desired; are enjoyable; are initiated by the victim's style of dress or behaviour; or that disclosures of forced sexual interactions are usually fabricated.
□ Possibly or Partially Present	Possible or partial evidence that the adolescent has endorsed attitudes supportive of sexual offending at any time within the past 6 months.
□ Not Present	Adolescent has NOT endorsed attitudes supportive of sexual offending during the past 6 months.
□ Unknown	Insufficient information to support a decision regarding this risk factor.

4. Unwillingness to alter deviant sexual interests/attitudes.

□ Present	At any time within the past 6 months, the adolescent has been unwilling to alter or "give up" the: • Deviant sexual interests that were rated as "Present" or "Possibly or Partially Present" in #1 above **OR** • Attitudes supportive of sexual offending that were rated as "Present" or "Possibly or Partially Present" in #3 above
□ Possibly or Partially Present	Possible or partial evidence that, at any time within the past 6 months, the adolescent has been unwilling to alter the: • Deviant sexual interests that were rated as "Present" or "Possibly or Partially Present" in #1 above **OR** • Attitudes supportive of sexual offending that were rated as "Present" or "Possibly or Partially Present" in #3 above
□ Not Present	• During the past 6 months, the adolescent HAS been willing to alter deviant sexual interests (#1 above) or attitudes supportive of sexual offending (#3 above), **OR** • Neither #1 nor #3 above were coded as "Present" or "Possibly or Partially Present"
□ Unknown	Insufficient information to support a decision regarding this risk factor.

5. Ever sexually assaulted 2 or more victims.

□ Present	Adolescent has intentionally sexually assaulted 2 or more victims.
□ Possibly or Partially Present	Possible or partial evidence that the adolescent has intentionally sexually assaulted 2 or more victims.
□ Not Present	Adolescent has intentionally sexually assaulted 1 victim.
□ Unknown	Insufficient information to support a decision regarding this risk factor.

6. Ever sexually assaulted same victim 2 or more times.

□ Present	Adolescent has sexually assaulted the same victim on 2 or more occasions.
□ Possibly or Partially Present	Possible or partial evidence that the adolescent has sexually assaulted the same victim on 2 or more occasions.
□ Not Present	Adolescent has NEVER sexually assaulted the same victim on more than 1 occasion.
□ Unknown	Insufficient information to support a decision regarding this risk factor.

7. Prior adult sanctions for sexual assault(s).

□ Present Please specify □ Criminal charge □ Police warning □ Other adult sanction	At any time **PRIOR** to the most recent sexual offense, the adolescent was cautioned, warned, disciplined, criminally charged, or otherwise sanctioned by an adult authority (e.g., police, parent, teacher) for a sexual assault.
□ Possibly or Partially Present	Possible or partial evidence that, at any time **PRIOR** to the most recent sexual offense, the adolescent was cautioned, warned, disciplined, criminally charged, or otherwise sanctioned by an adult authority (e.g., police, parent, teacher) for a sexual assault.
□ Not Present	Adolescent was NEVER cautioned, warned, disciplined, criminally charged, or otherwise sanctioned by an adult authority (e.g., police, parent, teacher) for a sexual assault PRIOR to the most recent sexual offense.
□ Unknown	Insufficient information to support a decision regarding this risk factor.

8. Threats of, or use of, excessive violence/weapons during sexual offense.

□ Present	During the commission of any past sexual assault, the adolescent has ever: • Used excessive physical restraint or aggression beyond that which would be necessary to gain victim "compliance", **OR** • Used, or threatened to use, a weapon (regardless of whether a weapon was actually present), **OR** • Used, or threatened to use, physical violence with the victim or with others important to the victim, such as family members
□ Possibly or Partially Present	Possible or partial evidence that the adolescent has ever used excessive physical restraint or aggression; **OR** used, or threatened to use, a weapon; **OR** used, or threatened to use, physical violence against the victim or with others important to the victim, such as family members
□ Not Present	Adolescent has NEVER used excessive physical restraint or aggression; NEVER used, or threatened to use, a weapon; NEVER used, or threatened to use, physical violence against the victim or with others important to the victim, such as family members
□ Unknown	Insufficient information to support a decision regarding this risk factor.

9. Ever sexually assaulted a child.

□ Present	Adolescent has EVER intentionally sexually assaulted a child victim under 12 years of age and at least 4 years younger than the adolescent.
□ Possibly or Partially Present	Possible or partial evidence that the adolescent has ever intentionally sexually assaulted a child victim under 12 years of age and at least 4 years younger than the adolescent.
□ Not Present	Adolescent has NEVER intentionally selected and sexually assaulted a child victim under 12 years and at least 4 years younger than the adolescent.
□ Unknown	Insufficient information to support a decision regarding this risk factor.

10. Ever sexually assaulted a stranger.

□ Present	Adolescent has EVER intentionally committed a sexual offense against a stranger. A victim is considered a stranger if she/he knew the adolescent for a period of less than 24 hours prior to the sexual offense.
□ Possibly or Partially Present	Possible or partial evidence that the adolescent has ever intentionally committed a sexual offense against a stranger.
□ Not Present	Adolescent has NEVER committed a sexual offense against a stranger.
□ Unknown	Insufficient information to support a decision regarding this risk factor.

11. Indiscriminate choice of victims.

□ Present	Adolescent has ever intentionally sexually assaulted: • *Both* male *and* female victims **OR** • *Both* child (under 12 years of age and 4 years younger) *and* peer/adult victims **OR** • *Both* related *and* unrelated victims **OR** • *Both* familiar *and* stranger victims (stranger if victim knew the adolescent for less than 24 hours prior to sexual assault)
□ Possibly or Partially Present	Possible or partial evidence that the adolescent has ever intentionally sexually assaulted *both* male *and* female victims **OR** *both* child *and* peer/adult victims **OR** *both* related *and* unrelated victims **OR** *both* familiar *and* stranger victims.
□ Not Present	Adolescent has NEVER intentionally sexually assaulted *both* male *and* female victims **OR** *both* child *and* peer/adult victims **OR** *both* related *and* unrelated victims **OR** *both* familiar *and* stranger victims.
□ Unknown	Insufficient information to support a decision regarding this risk factor.

12. Ever sexually assaulted a male victim (*Coded for male adolescents only*).

□ Present	Male adolescent has EVER intentionally sexually assaulted a male victim.
□ Possibly or Partially Present	Possible or partial evidence that the male adolescent has ever intentionally selected and sexually assaulted a male victim.
□ Not Present	Male adolescent has NEVER intentionally selected and sexually assaulted a male victim.
□ Unknown	Insufficient information to support a decision regarding this risk factor.

13. Diverse sexual-assault behaviours.

□ Present	Adolescent has EVER attempted or engaged in **several** different contact and/or non-contact sexual-assault behaviours including (but not limited to) exhibitionism, voyeurism, obscene phone calling, stalking, assault with a weapon, frottage, bestiality, sexual touching, or oral, anal, or vaginal penetration.
□ Possibly or Partially Present	Possible or partial evidence that the adolescent has ever attempted or engaged in several different contact and/or non-contact sexual-assault behaviours including (but not limited to) exhibitionism, voyeurism, obscene phone calling, stalking, assault with a weapon, frottage, bestiality, sexual touching, or oral, anal, or vaginal penetration.
□ Not Present	Adolescent has engaged in one form of sexual assault behaviour ONLY.
□ Unknown	Insufficient information to support a decision regarding this risk factor.

14. Antisocial interpersonal orientation.

□ Present	During the past 6 months, the adolescent has exhibited an antisocial interpersonal orientation as evidenced by the presence of 4 or more of the following: • Endorsement of antisocial or pro-criminal attitudes • Defiance of authority figures • Insensitive disrespect for the rights / feelings of others • Selfish / self-centered orientation • Difficulty accepting responsibility for most wrongdoings (not just sexual) • Lack of guilt or remorse for most wrongdoings (not just sexual • Frequent lying and deception • Inflated sense of self-importance and self-worth • Emotionally unresponsive or emotions that appears "faked" • Frequent violations of rules and laws—**in addition** to sexual assaults(s)
□ Possibly or Partially Present	Possible or partial evidence that the adolescent has exhibited an antisocial interpersonal orientation (just 2 or 3 of the above) during the past 6 months.
□ Not Present	Adolescent has NOT exhibited an antisocial interpersonal orientation during the past 6 months.
□ Unknown	Insufficient information to support a decision regarding this risk factor.

15. Lack of intimate peer relationships / Social isolation.

☐ Present	At any time within the past 6 months, the adolescent's social relationships have been characterized by: • No emotionally intimate peer relationships (peers are non-familial individuals who are within 3 years of age from the adolescent), **OR** • No close friendships **OR** reliance on a single peer-aged friend, **OR** • Social isolation from peers outside of the regular school day.
☐ Possibly or Partially Present	Possible or partial evidence that, at any time within the past 6 months, the adolescent has had no emotionally intimate peer relationships, relied on a single peer friendship, and/or was socially isolated from peers outside of the regular school day.
☐ Not Present	During the past 6 months, the adolescent HAS had emotionally intimate peer relationships, or 2 or more close friends, and/or has not been socially isolated from peers outside of the regular school day.
☐ Unknown	Insufficient information to support a decision regarding this risk factor.

16. Negative peer associations and influences.

☐ Present	On more than 1 occasion within the past 6 months, the adolescent has associated with peers who: • Often engage in antisocial / criminal activity, **OR** • Often use non-prescription drugs and/or alcohol, **OR** • The adolescent frequently engaged in antisocial / criminal behaviours to "fit in" or "belong" with a peer group
☐ Possibly or Partially Present	Possible or partial evidence that, on more than 1 occasion within the past 6 months, the adolescent has associated with peers who: • Often engage in antisocial / criminal activity, **OR** • Often use non-prescription drugs and/or alcohol, **OR** • The adolescent frequently engaged in antisocial / criminal behaviours to "fit in" or "belong" with a peer group
☐ Not Present	During the past 6 months, the adolescent has NOT associated with peers who often engage in antisocial / criminal activity or substance use / abuse behaviours on more than 1 occasion.
☐ Unknown	Insufficient information to support a decision regarding this risk factor.

17. Interpersonal aggression.

☐ Present	During the past 6 months, the adolescent has demonstrated a **pattern** of interpersonal aggression, characterized by a **number** of verbally or physically abusive behaviours directed towards people.
☐ Possibly or Partially Present	Possible or partial evidence that, during the past 6 months, the adolescent has demonstrated a **pattern** of interpersonal aggression, characterized by a **number** of verbally or physically abusive behaviours directed towards people.
☐ Not Present	During the past 6 months, the adolescent has NOT demonstrated a **pattern** of interpersonal aggression characterized by a **number** of verbally or physically abusive behaviours directed towards people.
☐ Unknown	Insufficient information to support a decision regarding this risk factor.

18. Recent escalation in anger or negative affect.

□ Present (please note) □ Anger □ Negative affect	At any time within the past 6 months, the adolescent has demonstrated **an escalation** in: • Anger (e.g., tantrums, verbal or physical aggression, threats), **OR** • Negative affect such as depression, anxiety, loneliness, boredom, or frustration **NOTE: this factor represents ONLY an escalation, or heightening, of anger or negative affect—NOT merely the presence of anger or negative affect**
□ Possibly or Partially Present	Possible or partial evidence that, at any time within the past 6 months, the adolescent has demonstrated **an escalation** in: • Anger (e.g., tantrums, verbal or physical aggression, threats), **OR** • Negative affect such as depression, anxiety, loneliness, boredom, or frustration
□ Not Present	NO escalation in anger or negative affect during the past 6 months.
□ Unknown	Insufficient information to support a decision regarding this risk factor.

19. Poor self-regulation of affect and behaviour (Impulsivity).

□ Present	During the past 6 months, the adolescent has demonstrated very poor self-regulation of affect and behaviour. Impulsivity is demonstrated by 3 or more of the following: • Frequent difficulty delaying gratification • Frequent difficulty delaying responses ("blurting out answers") • Frequently interrupting others • Frequent failure to listen to instructions or directions • Frequently becoming bored easily with routine • Frequent grabbing or touching things/others without permission • Frequent failure to consider consequences before engaging in activities (particularly potentially dangerous or risky activities)
□ Possibly or Partially Present	Possible or partial evidence that, during the past 6 months, the adolescent has demonstrated very poor self-regulation of affect and behaviour—is typically highly impulsive (2 or fewer of the above).
□ Not Present	During the past 6 months, the adolescent has NOT demonstrated very poor self-regulation of affect and behaviour—is typically NOT impulsive.
□ Unknown	Insufficient information to support a decision regarding this risk factor.

20. High-stress family environment.

□ Present	At any time within the past 6 months, **REGARDLESS** of where the adolescent has been living, there has been an extreme level of stress within the family as evidenced by issues such as: • Marked marital discord • Death of a family member • Separation of a family member from family • Major illness of a family member • Significant family change in residence, employment, or income • Poverty • Criminal activity of family member other than adolescent • Sexual or physical victimization within the family (not including the adolescent's index sexual offense) • Highly conflictual family relationship(s) (OTHER THAN offender-parent relationship)
□ Possibly or Partially Present	Possible or partial evidence that the adolescent's family has experienced high levels of stress at any time within the past 6 months.
□ Not Present	Adolescent's family has NOT experienced high levels of stress during the past 6 months.
□ Unknown	Insufficient information to support a decision regarding this risk factor.

21. Problematic parent-offender relationships / Parental rejection.

□ Present	At any time within the past 6 months, the adolescent has experienced an extremely problematic parent-child relationship as evidenced by: • Adolescent feeling rejected, unloved, or unwanted by a parent(s) • Parent's **current** use of harsh/punitive verbal or physical discipline • Very low level of parental involvement; particularly if the parent was once more involved in the adolescent's life • Significant parent-child conflict / disagreement
□ Possibly or Partially Present	Possible or partial evidence that, at any time within the past 6 months, the adolescent has experienced an extremely problematic parent-child relationship or has felt rejected, unloved, or unwanted by a parent(s).
□ Not Present	During the past 6 months, the adolescent has NOT experienced an extremely problematic parent-child relationship or has NOT felt rejected, unloved, or unwanted by a parent(s).
□ Unknown	Insufficient information to support a decision regarding this risk factor.

22. Parent(s) not supporting sexual-offense-specific assessment / treatment.

□ Present	At any time within the past 6 months, the adolescent's parent(s) has not been supportive of sexual-offense-specific assessment/treatment for their child as evidenced by one or more of the following: • Parental refusal to participate in assessment/treatment • Parental refusal to allow child to participate in assessment/treatment • Parent(s) denies that their child committed the sexual assault despite evidence to the contrary • Parent(s) denies that there is ANY risk of sexual reoffense • Parent(s) attempts to undermine or minimize the adolescent's sexual-offense-specific assessment/treatment
□ Possibly or Partially Present	Possible or partial evidence that, at any time within the past 6 months, the adolescent's parent(s) has not been supportive of sexual-offense-specific assessment/treatment for their child.
□ Not Present	Adolescent's parent(s) HAS been supportive of sexual-offense-specific assessment/treatment for their child during the past 6 months.
□ Unknown	Insufficient information to support a decision regarding this risk factor.

23. Environment supporting opportunities to reoffend sexually.

□ Present	At the present time—or at any time within the NEXT 6 months—the adolescent is residing in, or often visiting, an environment that supports opportunities to reoffend sexually as evidenced by one or more of the following: • Unsupervised access to potential and/or past victims • Poor monitoring or control of adolescent's whereabouts • Adult denial of adolescent's risk to reoffend sexually • Lack of adult awareness of adolescent's high-risk factor(s) • Easy access to sexual media (pictorial, auditory, or textual) • Exposure to frequent sexual behaviours, gestures, or conversations • Supervising adults who blame the victim(s) for the adolescent's offense(s)
□ Possibly or Partially Present	Possible or partial evidence that, at the present time—or at any time within the NEXT 6 months—the adolescent is residing in, or often visiting, an environment that supports opportunities to reoffend sexually.
□ Not Present	BOTH presently AND during the NEXT 6 months, the adolescent will NOT be residing in, or often visiting, an environment that supports opportunities to reoffend sexually.
□ Unknown	Insufficient information to support a decision regarding this risk factor.

24. No development or practice of realistic prevention plans/strategies.

□ Present	During the past 6 months: • The adolescent has not developed a realistic plan to cope with potentially high-risk factors for a sexual reoffense (such as deviant sexual arousal), **OR** • The adolescent has not practiced realistic strategies to cope with potentially high-risk factors. **NOTE**: "realistic" plans/strategies are those that would be considered sensible, practical, and socially acceptable.
□ Possibly or Partially Present	Possible or partial evidence that, during the past 6 months, the adolescent has not developed or practiced realistic strategies to cope with potentially high-risk factors for a sexual reoffense (such as deviant sexual arousal).
□ Not Present	Adolescent HAS BOTH developed AND practiced at least some realistic plan(s) to cope with high-risk factors for a sexual reoffense during the past 6 months.
□ Unknown	Insufficient information to support a decision regarding this risk factor.

25. Incomplete sexual-offense-specific treatment.

□ Present	Adolescent has not yet completed a majority (i.e., 75% or more) of the sexual-offense-specific treatment goals that were recommended following assessment.
□ Possibly or Partially Present	Possible or partial evidence that the adolescent has not yet completed a majority (i.e., 75% or more) of the sexual-offense-specific treatment goals that were recommended following assessment.
□ Not Present	Adolescent HAS completed a majority (75% or more) of the sexual-offense-specific treatment goals that were recommended following assessment.
□ Unknown	Insufficient information to support a decision regarding this risk factor.

26. Other factor : _____

□ Present	
□ Possibly or Partially Present	

This is a SUMMARY sheet ONLY.
VALID ONLY IF ratings have been transferred from Coding Form attached.
Name of Adolescent and Date of Assessment are noted on Page 1

High Risk Factors for Sexual Reoffense	Present	Partially/Possibly Present	Not Present	Unknown
Sexual Interests, Attitudes, and Behaviours				
1. Deviant sexual interests (younger children, violence, or both)				
2. Obsessive sexual interests/Preoccupation with sexual thoughts				
3. Attitudes supportive of sexual offending				
4. Unwillingness to alter deviant sexual interests/attitudes				
Historical Sexual Assaults				
5. Ever sexually assaulted 2 or more victims				
6. Ever sexually assaulted same victim 2 or more times				
7. Prior adult sanctions for sexual assault(s)				
8. Threats of, or use of, violence/weapons during sexual offense				
9. Ever sexually assaulted a child				
10. Ever sexually assaulted a stranger				
11. Indiscriminate choice of victims				
12. Ever sexually assaulted a male victim (***male offenders only***)				
13. Diverse sexual-assault behaviours				
Psychosocial Functioning				
14. Antisocial interpersonal orientation				
15. Lack of intimate peer relationships / Social isolation				
16. Negative peer associations and influences				
17. Interpersonal aggression				
18. Recent escalation in anger or negative affect				
19. Poor self-regulation of affect and behaviour (Impulsivity)				
Family/Environmental Functioning				
20. High-stress family environment				
21. Problematic parent-offender relationships/Parental rejection				
22. Parent(s) not supporting sexual-offense-specific assessment/treatment				
23. Environment supporting opportunities to reoffend sexually				
Treatment				
24. No development or practice of realistic prevention plans/strategies				
25. Incomplete sexual-offense-specific treatment				
Other Factor				

Overall Risk Rating ☐ Low ☐ Moderate ☐ High