

Juvenile Sex Offender Risk Assessment Matrix

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The following matrix is designed to take into consideration a variety of known dimensions of offending behavior and their antecedents. It is composed of four parts:

1. History
2. Environment
3. Personality
4. Clinical Assessment

This matrix has been developed to require minimum technical knowledge or training in offender treatment on the part of the evaluator. When fairly specific factors are considered a score is determined which, after following the formula, will result in a Matrix Score and can then be evaluated by the Matrix Scale to determine first the risk and second the suggested treatment response.

Part I

Sexual History/Environment/Personality

Of the many factors that go into predictability of future inappropriate sexual behavior, there are three major categories:

- History of sexual behavior
- Environmental characteristics
- Personality traits

Each of these areas has a number of significant factors that assist in an overall evaluation.

Category Factors and Attached Weight

HISTORY OF SEXUAL BEHAVIOR--Of the many factors that lead to the risk of future sexual offenses, the most important is past behavior. Even with a strong environmental predisposition and a personality that is similar to a sex offender, some individuals still do not become offenders. However, once this line is crossed the odds are very high it will be crossed again. For this reason, past behavior is the single best indication of future behavior and in this matrix,

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holds the highest weight. The significant past behaviors are those sexual in nature. To assist in the assessment of these behaviors this Matrix uses the Inappropriate Sexual Behavior Scale.

ENVIRONMENTAL CHARACTERISTICS--The background, socialization, stress level of the family of origin and present living arrangement all influence risk of offense.

PERSONALITY TRAITS--The predisposition to offend is the beginning of the molestation paradigm. Does the juvenile fit the traits often found in offenders.

The Inappropriate Sexual Behavior Scale

The challenge that faces us is to sift through the complex continuum of normative behavior to sexually exploitive abuse. The following Scale is a tool to help with the analysis of childhood sexual expression:

1	2	3	4	5
<i>Sexualized Expression</i>	<i>Cooperative Sexualized Expression</i>	<i>Emotional abuse of a Sexualized Nature</i>	<i>Emotionally Coercive Sexual Abuse</i>	<i>Physically Coercive Sexual Abuse</i>
<i>Sex writing Sex drawing "Dirty" talk Masturbation Childish sex calls</i>	<i>Mutually consenting sex games/ Curious Exploration</i>	<i>Exhibitionism Voyeurism Obscene calls Frottage</i>	<i>Premeditated genital contact with Narcissism Manipulation Thinking errors</i>	<i>Forcible demeaning and/or brutal Sexual contact</i>

Not all the behaviors in the first two categories are necessarily inappropriate in themselves. However, it is a given for the Scale that the mentioned behaviors have become problematic in a specific setting. The Scale allows any inappropriate sexual behavior to appear somewhere on the point scale. The higher the point scale, the more serious the behavior and the greater the potential or presence of pathology. Point scores of 3.5 and higher indicate issues best treated in the context of a specific sex offender program (3.5 would indicate behaviors in this category that are frequent or habitual). Scores above 3.0 are reportable to police agencies as delinquent sexual behavior. Scores above 4.0 are reportable to the proper authorities as sexual abuse. To assist in categorizing past sexual behavior into point values for the matrix, motivation must be considered.

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To best understand the categories within the scale, it is important to understand that each has corresponding behaviors and attitudes. The same behaviors can have a completely different quality depending upon the attitude behind it. In the following list, the behaviors and attitudes are neither all inclusive nor will all attitudinal states necessarily be present:

<i>Category</i>	<i>Attitudes</i>	<i>Behaviors</i>
1 <i>Sexualized expression</i>	<i>Unsophisticated Curious Naive Spontaneous Explorative Fascinated Scared/excited</i>	<i>Masturbation Sexual graffiti Sexual notes Sexual "dirty talk" Sexual phone calls Looking at underwear ads Staring at body parts</i>
2 <i>Cooperative sexualized expression</i>	<i>Impulsive Inquisitive Opportunistic Curious Mutuality Secretive Consenting Experimentation</i>	<i>Sex games Mutual touching Visual exploration Observing eliminations Sexual mimicry of adults Generalized sex play</i>
3 <i>Emotional abuse of a sexual nature</i>	<i>Anxious Fixated Lacking self-control Obsessive Preoccupied Prurient interest Premeditation Isolation</i>	<i>Exhibitionism Frottage Voyeurism Sexual harassment Fetish theft Obscene phone calls</i>
4 <i>Emotionally coercive sexual abuse</i>	<i>Narcissism Premeditation Manipulation/trickery Lacks remorse Thinking errors</i>	<i>Genital contact that is: Chronic/progressive Progressively intrusive Threatening words or acts Exploitative Multiple victims</i>
5 <i>Physically coercive sexual abuse</i>	<i>Antisocial Domination Generalized anger Character disorder Poor impulse control Psycho social-dysfunction</i>	<i>Genital contact that is: Aggressive Demeaning/humiliating Violent Use of weapon Causing injury Nonsexual serious antisocial behavior</i>

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Use the following procedure to arrive at scores to be inserted into the JSO RAM Score Sheet:

Factors	Point Score
#1 Behaviors	3 repeated pattern x 2
#2 Behaviors	5 repeated pattern x 2
#3 Behaviors (one or more)	20
#4 Behaviors (one or more)	40
#5 Behaviors (one or more)	60
Environmental Factors	
Victimization	10
Offender Modeling	8
General Family Dysfunction	5
Exterior Controls Lacking	5
Inadequate Sexual Socialization	3
Economic Environmental Stress	2
Personality Traits	
Narcissism	10
Substance Abuse	5
Manipulative	5
High Sexual Arousal and/or Sexual Fixations	5
Defensive	4
Low Intellectual Functioning or low self-control	4
Deterrence Points	
<i>There is an allowance for the interest and ability of the individual to overcome problematic behavior and for the positive influence of the environment (assisting in internal and external inhibitors to molestation - Finkelhor).</i>	
Successful Treatment	-10
Willingness for Treatment	-5
Strong Supportive Family	-10
Intensive Supervision	-10
<i>Deterrence points are subtracted from the RAM score</i>	

Part II

Clinical Assessment JSO-RAM

In the past, the closest assessment of risk has had to come from the best clinical judgment of the professional. While this had been found inadequate, given the new information and research on juvenile sex offenders, research has nonetheless shown that clinical judgment has in fact shown some predictive validity. Clinical judgment was shown to be a poor predictor of further sex offenses (Smith & Monastersky) but no juveniles, who were rated as low-risk, subsequently offended. This points to the fact that clinical judgment correctly identified the factors of high risk, but tended toward false positives (overstate potential of future incidents). Therefore, the following questions can be an important supplement to Part I and Part II. To be of maximum use, it is important that a therapist, caseworker or probation officer have previous experience with juvenile sex offenders and have sufficient contact with the juvenile to be able to answer the questions. Your best clinical judgment is the goal.

1. Is this juvenile's personality like or unlike other young sex offenders you have worked with? like unlike
2. Is this juvenile's family environment like or unlike other young sex offenders you have worked with? like unlike
3. Is this juvenile's sexual interest like or unlike other young sex offenders you have worked with? like unlike
4. Check the character traits or attitudes in the following list that fit this juvenile:

A	<input type="checkbox"/> Anxious	<input type="checkbox"/> Single-Minded
	<input type="checkbox"/> Fixated	<input type="checkbox"/> Preoccupied
	<input type="checkbox"/> Lacks self-control	<input type="checkbox"/> Prurient Interest
	<input type="checkbox"/> Obsessive	<input type="checkbox"/> Loner
B	<input type="checkbox"/> Narcissism	<input type="checkbox"/> Manipulation/trickery
	<input type="checkbox"/> Lacks Remorse	<input type="checkbox"/> Thinking Errors
	<input type="checkbox"/> Antisocial	<input type="checkbox"/> Poor Impulse Control
	<input type="checkbox"/> Character Disorder	<input type="checkbox"/> Domination of Others
	<input type="checkbox"/> Psycho-Social Dysfunction	

5. In your overall clinical judgment, does this juvenile pose a:
 low moderate high risk of future sexual offenses.

Scoring: For questions 1, 2 and 3 : like -- counts 5
 For question 4: **A** checks count 1 and **B** checks count 2
 For question 5: Low counts 5, moderate counts 10 and high counts 15.

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Total Clinical Assessment Score _____ (for Part II on Matrix Score Sheet)

1	#1 Behaviors #2 Behaviors #2 Behaviors (existing pattern, above x2) #3 Behaviors #4 Behaviors #5 Behaviors	3 points 5 points 10 points 20 points 40 points 60 points	___ ___ ___ ___ ___ ___	Total #1 ___
2	Victimization Modeling Family Dysfunction Exterior Control Inadequate Socialization Low Income (financial stress)	10 points 8 points 5 points 5 points 3 points 3 points	___ ___ ___ ___ ___ ___	Total #2 ___
3	Narcissism Substance Abuse Manipulation Arousal/Fixation Defensive Low Intelligence/Low self-control	10 points 5 points 5 points 5 points 4 points 4 points	___ ___ ___ ___ ___ ___	Total #3 ___
Deterrence Points <i>(to be subtracted from score)</i>	Successful Treatment Willingness for Treatment Strong Supportive Family Intensive Supervision	-10 points -5 points -10 points -10 points	___ ___ ___ ___	Total ___
Total RAM Score (without optional Part II)				Total ___
Clinical Assessment (optional) Total Clinical Assessment Score from Part III			Total ___	
Total RAM Score (with optional Part II)				Total ___

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Score Analysis

Overall score analysis will depend upon whether Part II and/or Part III have been included:

<i>Without Part II</i>		
Under 30	Low Risk	
Under 50	Minimal Risk	Psychological Treatment Recommended
50 - 60	Moderate Risk	Psychological Treatment Required
60 - 70	High Risk	Specific Sex Offender Treatment Required
70 - 80	Very High Risk	Specific Sex Offender Treatment in Residential Setting
80 - 90 +	Extreme Risk	Residential Sex Offender Treatment with Maximum Supervision/Security

<i>With Part II</i>		
Under 40	Low Risk	
Under 70	Minimal Risk	Psychological Treatment Recommended
70 - 85	Moderate Risk	Psychological Treatment Required
85 - 100	High Risk	Specific Sex Offender Treatment in Residential Setting
115 - 130 +	Extreme Risk	Residential Sex Offender Treatment with Maximum Supervision/Security

[Note: The above treatment suggestions are to be read as guidelines and many other factors will be involved in the optimum treatment plan for any specific child. In the higher risk areas, it is important that any borderline situations be deemed a higher risk category rather than lower risk]

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