Name of Tool	Estimate of Risk of Adolescent Sexual Offence Recidivism (ERASOR)
Category	Youth Assessment: Sexual Violence Risk (Validated)
Author / Publisher	Worling and Curwen
Year	2001

Description

- The ERASOR is a 25-item structured assessment tool that is designed to assess the risk of sexual recidivism in adolescents who have committed prior sexual offences.
- The items are clustered under five subscales; (1) sexual interests, attitudes and behaviours, (2) historical sexual assaults, (3) psychosocial functioning, (4) family/environmental functioning and (5) treatment. All risk factors are coded as either Present, Possibly Present, Not Present or Unknown.
- The ERASOR is based on the structured professional approach and, as such, does not apply cut off scores or formulas in determining the individual's level of risk.

Age Appropriateness

12 - 18

Assessor Qualifications

Assessors must possess the relevant training/experience in youth assessment.

Strengths

- Considers factors relevant to treatment interventions.

Empirical Grounding

The authors used three sources of information when establishing the items found on the ERASOR - published studies of adolescent sexual offence recidivism (10 studies), published guidelines of clinical judgement of risk and protective factors, and literature on adult sexual offending behaviour (Worling, 2004).

Inter-Rater Reliability

a) UK Research	No empirical evidence at present.

b) International Research	• Worling, Bookalam, and Littlejohn (2012) found excellent ICC value of .88 for the ERASOR composite score.
	• Chu et al. (2011) found fair inter-rater reliability for the ERASOR total score (ICC = .49) and clinical risk rating (ICC=.43).
	• Nelson (2011) reported an ICC value of .64 for the total score.
	• Rajlic and Gretton (2010) reported an ICC value of .89 for the composite score and .78 for the clinical risk rating. ERASOR risk categories were also examined: sexual interests, attitudes and behaviours (ICC=.74), historical sexual assaults (ICC=.78), psychosocial functioning (ICC=..87), family environmental functioning (ICC=..73) and treatment (ICC=..55).
	• Viljoen et al. (2009) - the ERASOR demonstrated an ICC of .90 for the total score and .75 for the clinical risk rating.
	• In her doctoral dissertation, Skowron (2004) calculated inter-rater reliability for 16% of the sample. The total score for the ERASOR was .87. All the scales on the ERASOR had significant ICC: psychosocial functioning (ICC=.87); historical sexual assaults (ICC=.78); sexual interests, attitudes and behaviours (ICC=.74); family/environmental functioning (ICC=.73); treatment (ICC=.55).
	• In an unpublished Master's thesis, Morton (2003) examined the ICC of the clinical judgment risk rating (.68) and total score (.94) on the ERASOR.
	• Edwards and colleagues (2005) found that kappa levels ranged from fair to excellent for the different ERASOR domains: attitudes supportive of sexual offending .44; interpersonal aggression .79; unwilling to alter sexual interests/attitudes .82; impulsivity, .88 and ever a male victim 1.0).
	• Hersant's (2006) doctoral dissertation found that the ERASOR total score was .87.
	• In an unpublished doctoral dissertation, McCoy (2007) found that the IRR for the ERASOR total score was .87.
	• A doctoral dissertation found that IRR for clinical judgment was significant at .86 (Chávez, 2010).

	• Nelson (2011) found that the clusters of items ranged from very poor (.03) to excellent (.93). Inter-rater reliability was .76 for the total score and .64 for the clinical judgment rating. • Rojas Mejia (2013) found the IRR was fair for clinical risk rating (.42) and good for the total score (.71).

Validation History

General Predictive Accuracy									

a) UK Research	No empirical evidence at present.
b) International Research	• When applied to a sample of 597 male juveniles with sexual offences, the ERASOR was best-suited to predict sexual recidivism with 0.5 to 3 years (Barra et al., 2018). • Worling, Bookalam and Littlejohn (2012) - moderate to high AUC values were observed for the composite ERASOR score in the prediction of sexual (.72), and non-sexual violent recidivism (.65). Although the measure was unable to predict non-violent recidivism. In shorter follow-up period (2.5 years), the composite score achieved an AUC value of .93 in a sub-group of 70 individuals who had offended. • Rajlic and Gretton (2010) - the ERASOR demonstrated moderate predictive accuracy in relation to sexual (AUC =.71) and non-sexual (AUC =.71) recidivism. Clinical judgment ratings were significantly predictive of sexual reoffending (AUC=.67). • Viljoen et al. (2009) - the ERASOR composite score did not significantly predict sexual, non-sexual and violent recidivism when applied to 193 adolescent males. The clinical risk rating was moderately predictive of sexual recidivism (AUC=.64). • Skowron (2004) - the tool demonstrated predictive accuracy in predicting sexual recidivism (AUC = .71). • In a systematic review of studies, Campbell and colleagues (2016) found evidence that the ERASOR could assist in the predict of risk: three studies recording AUCs of .71, .72 and .77; although one found it did not significantly predict sexual recidivism with an AUC of .54. The ERASOR may also be able to predict future non-sexual

recidivism but the effect is not consistent across all studies.

• Worling and Langton (2015) evaluated scores from a sample of 81 adolescent males with at least one sexual offence. Findings showed the ERASOR was significantly correlated with sexual recidivism in a follow-up period of on average 3.5 years.

• A Master's thesis applied the ERASOR to 78 adolescent males. Although the total score was not found to be predictive of sexual recidivism (AUC=.59), it did significantly predict violent (including sexual) reoffending (AUC=.65) (Morton, 2003).

• Skowron (2004) tested the ERASOR on 110 adolescent males. It significantly predicted any reoffending (AUC=.67), any nonsexual violent offence (AUC=.68) and any sexual recidivism (AUC=.71).

• An unpublished doctoral dissertation by Hersant (2006) applied the ERASOR to 91 adolescent males. Findings showed that the total score (AUC=.66) and clinical judgment risk ratings (AUC=.66) were able to significantly differentiate those adolescents who reoffended from those who offended for the first time.

• A doctoral dissertation found the ERASOR total score was not predictive of sexual recidivism (AUC=.50) when applied to 128 adolescent males (McCoy, 2007).

• An unpublished thesis applied the ERASOR to 93 adolescent males, yielding AUCs of .48 and .49 for the total score and clinical judgment ratings respectively (Nelson, 2011).

• A doctoral dissertation by Rojas Mejia (2013) applied the ERASOR to 100 males. The total score was predictive of violent (sexual and non-sexual) recidivism with an AUC of .67. Adolescents rated as high risk reoffended with a sexual offence at a faster rate than those rated as low risk.

Validation History

Applicability: Females									
a) UK Research	No empirical evidence at present.								

b) International Research	No empirical evidence at present.

Validation History

Applicability: Ethnic Minorities	■	■	■	☐	☐	☐	☐	☐
a) UK Research	No empirical evidence at present.							
b) International Research	•Chu et al. (2011) - in a sample of individuals from Singapore, the ERASOR composite score achieved moderate to high predictive accuracy in relation to sexual (AUC = .74) and non-sexual (AUC = .66) recidivism. The ERASOR clinical ratings obtained AUC values of .83 and .69 for sexual and non-sexual recidivism respectively.							

Validation History

Applicability: Mental Disorders	☐	☐	☐	☐	☐	☐	☐	☐
a) UK Research	No empirical evidence at present.							
b) International Research	No empirical evidence at present.							

Contribution to Risk Practice

•The ERASOR can aid assessors in identifying risk factors. Some of the factors included in the ERASOR can act as targets for change. These factors can also contribute towards the measurement of progress or deterioration in factors related to the individual's level of risk.
•The ERASOR is currently in widespread use throughout Canada and the United States and a number of other countries.
•The ERASOR can help determine the level of monitoring/rehabilitative efforts required to manage the risk posed by the individual.
•The tool can help assessors develop offence analyses and risk management plans.
•Edwards et al. (2012) found that the ERASOR can be useful in monitoring treatment progress, with significant differences in ERASOR total scores between those who do or do not reoffend.

Other Considerations

•Can be time-consuming to complete.
•Multiple studies have been carried out on the ERASOR by authors other than the tool developers. Mixed findings in previous validation studies regarding its predictive accuracy; although more studies demonstrated good than poor results.
•For more information regarding the ERASOR, supporting documents and for updated research support, please visit radiuschild-youthservices.ca. Electronic copies of the ERASOR can also be accessed for free via the website and contact can also be made regarding the tool at this site.