

Name of Tool	The AIM Project Assessment Models for Children under the age of 12 years old (3 rd edition)
Category	Youth Assessment: Sexual Violence Risk (Awaiting Validation)
Author / Publisher	Carol Carson/The AIM Project
Year	2019

Description

- The AIM Project offers two models for children under 12 years old: one for children under 7 years (Pattern Mapping), the other for older children aged 8-12 years old, which is a dynamic risk assessment model framework not an actuarial risk assessment tool Both models are designed to be visual and easily updated at review points to highlight progress being made to facilitate communication with parents, children and professionals. (Carson, 2019)
- The AIM Under 12s model for children aged 8 – 12 years old, is a framework for professional analysis and decision making. There are five Domains, with five Factors within each Domain looking at different aspects which need to be considered to give an overall outcome for that Domain. In addition, each Factor has a number of items provided to support the professional analysis, and these can be added to by information which is unique to a particular child or their family. Within every Domain professionals are asked to consider both strengths and concerns (Carson, 2019).
- The factors are scored as follows: zero, no general concern or it is an area of strength; two, for some concern; four, where there is significant concern. The scores for all 5 Factors within each Domain are then collated to give an outcome for the Domain. Once all 5 Domains are scored, this provides a visual profile graph of the child in their context indicating areas of significant concern which would be red (scores of 14 -20); areas which indicate work is required which would be amber (scores of 6 – 12) and areas which are not a concern or are potentially strengths which would be green (scores of 0 -4) (Carson, 2019).
- Pattern Mapping is a visual framework capturing key life events and sexual behaviours.

Age Appropriateness

0 -7 years – Pattern Mapping

8 -12 – AIM Under 12s Assessment Model

Assessor Qualifications

There is a competency requirement for using the AIM Under 12s Model; only those approved by The AIM Project can use the Model. The rationale behind this is to provide a quality assurance for commissioners, increase the confidence of practitioners and ensure the quality of assessments undertaken. Potential assessors must undertake the relevant training run by The AIM Project and pass the competency requirement in the training in order to be approved by The AIM Project to use the models. It is expected that those attending the training should have relevant practice experience of complex assessments, ideally of sexual behaviour (Carson, 2019).

Tool Development

- The AIM Under 12s was first published in 2007, with subsequent updates following in 2014 and 2019. The AIM Under 12s was designed so it allows for progress and change to be visually represented to the young person, their family and professionals. The checklist of 'normal,' 'appropriate,' 'inappropriate' and 'harmful' is based on Hackett's (2010) 'Continuum of Sexual Behaviours'. It recognises that children should not be assessed solely on their sexual behaviours (Carson, 2019).

- The AIM Under 12s model is recommended for children aged 8-12 years, it shares the same AIM framework of Domains and Factors as AIM3 but is based on research and practice with children and takes into account their developmental level. This consists of Five Domains:

- 1) Sexual Behaviour, looking at the nature and extent of the sexual behaviour including characteristics of victims;

- 2) Non-sexual behaviour, looking at antisocial behaviour, mental health and general behaviour;

- 3) Developmental, looking at the child's pathway into the sexual behaviour considering their own childhood issues such as possible abuse or adverse childhood experiences and their families functioning

- 4) Environmental/family, considering the ability and willingness of the adults around the child to provide safety and security and to both support and supervise the child to help them change or cease the sexual behaviour. It also considers the other key people around the child and adults who may support or hinder any Safety Plans or interventions.;

- 5) Self-regulation which addresses the factors the child inherently has or could develop which may help them to manage or stop their sexual behaviours (Carson, 2019).

- Pattern mapping is advised for younger children under 7 years old. This is a visual framework inquiring about the who, what, where, why and when of sexual behaviours to facilitate professionals in understanding the following:

- Causal factors for the sexual behaviour – how and where the child may have learnt the behaviour.
- Patterns to the behaviour - who is at risk; when and where does the behaviour happen; what patterns are emerging as to how it happens, triggers for the behaviour and gaps when the behaviour does not happen.
- Meaning of the behaviour to the child – do they understand their behaviour is sexual? Is it more about emotional needs; attachment; belonging etc.
- Motivation – are they motivated to engage with adults regarding their behaviours?

This technique allows for the tracking patterns and meanings across the life course of a young child, looking at whether life events and sexual behaviours are linked (Carson, 2019).

General Notes

- The AIM Under 12s stages are: immediate risk management safety plan, establishing rapport with parents/carer and the child, pattern mapping with the professional group; interviewing the parent/carer and interviewing the child (Carson, 2019).

- The dynamic nature of the AIM Under 12s means that historical information is assessed in relation to how it impacts upon current concerns. The purpose of this is to avoid children being 'stuck in time' since the child may have developed, matured or changed since the time of the historical information (Carson, 2019).

- Pattern mapping and the AIM Under 12s model may be used with both boys and girls, with the language used in the book being gender-neutral. The AIM Under 12s may also be used with children

with learning disabilities and those on the autistic spectrum with caution, given the research and practice experience on which the model is based relates to mainstream children (Carson, 2019).

- For further information about the AIM Under 12s, visit <http://aimproject.org.uk/> or email admin@aimproject.org.uk.

Name of Tool	AIM3
Category	Youth Assessment: Sexual Violence Risk (Awaiting Validation)
Author / Publisher	Leonard and Hackett/The AIM Project
Year	2019

Description

- AIM3 is a 25-item assessment framework designed to help practitioners consider relevant targets for intervention, in addition to quantifying risk and levels of supervision. It is not an actuarial risk assessment tool (Leonard and Hackett, 2019).
- Items are organised into five domains: sexual behaviours; non-sexual behaviours; developmental factors; environmental/family influences; self-regulation. Use of the AIM3 helps to develop an overall profile of a young person across the five domains (Leonard and Hackett, 2019).
- Foregoing the previous risk levels of low, medium or high, the scoring of factors as 0, 2 or 4 acts as a guide for the assessor. Each domain has a maximum of 20 points available, with scoring ranging from 0 to 100. Totalling up scores across domains is categorised in a colour-matrix: red, scores of 14-20, which may indicate an area of relative need or risk requiring specific or immediate intervention; amber, scores of 6-12, which may indicate the need to lower risk and meet needs requiring intervention in the medium term; green, score of 0-4, which may indicate an area of relative strength in the individual's presentation/context, something which may be utilised to support interventions with the individual. The assessor is to use their professional judgment to reach a final decision about the individual's risk level, with the use of AIM3 having the potential to act as a guide for risk management, interventions and safety planning (Leonard and Hackett, 2019).
- Whilst acknowledging the importance of historical information, AIM3 looks at the impact of historical factors on the current presentation and functioning of the individual being assessed. This allows for a more dynamic assessment, whereby historical factors are considered for their relevance to the individual at the present time (Leonard and Hackett, 2019).
- The instrument is appropriate for use with young males aged between 12 and 18 years old who are known to sexually abuse. This includes contact and technology-assisted sexual offences (e.g. downloading indecent images of children). It may also be used with young women, with a degree of caution (Leonard and Hackett, 2019).
- The unique characteristics of victims (e.g. race, gender, learning disabilities) should be considered when using the AIM3 (Leonard and Hackett, 2019).

Age Appropriateness

Young people aged 12-18

Assessor Qualifications

Potential assessors must undertake the relevant training run by The AIM Project and pass a competency requirement, in order to be approved by The AIM Project to use the Assessment Model. Training involves a competency case study and includes copies of the book. It is expected that those

attending the training should have relevant practice experience of complex assessments, ideally of sexual behaviour

The competency requirement for using the AIM3 is to provide a quality assurance for commissioners, increase the confidence of practitioners and ensure the quality of assessments undertaken.

Tool Development

- The AIM3 has been piloted successfully and has worked well in practice. A research paper is in development for this (AIM Project 2019, personal communication).
- The original AIM was published in 2000. The assessment was based on the Risk-Aetiology Model ([Beech and Ward, 2004](#)). A second version to the AIM was published in 2007, following various refinements made to the original AIM assessment. It was further refined in 2012 to make it relevant to females and those with a learning disability. This further revision in 2019, draws upon feedback from practitioners and in response to changes in practice, e.g. the increasing use of technology in everyday life as well as potentially within harmful sexual behaviour. This led to the removal of the question mark function, the rating of low, medium or high and allows practitioners to consider responsivity issues. The revision also allowed for the incorporation of new research and to allow the assessment to be more fluid and adaptable in line with an individual's progress.
- The AIM3 covers five domains:
 - (1) Sexual Behaviours (offence-specific), looking at: the nature and extent of this behaviour; the characteristics of victims; sexual aggression; the range of sexual knowledge, attitudes and interests.
 - (2) Non-Sexual Behaviours, measuring the following: general criminality that is non-sexual in nature; non-sexual aggression and antisocial behaviour; alcohol and drug uses; general behaviour as well as mental health and wellbeing;
 - (3) Developmental, looking at influences on these wide-ranging behaviours: trauma and victimisation; childhood and adolescent adversity; attachment; family functioning; health, intellectual and emotional functioning.
 - (4) Environmental/family, examining the effect of the environment and wider social and family context in which they live: stability and safety; parental or carer supervision; relationships and peer groups; education, employment and leisure.
 - (5) Self-Regulation, detailing how the individual functions in terms of their abilities to understand the impact of their behaviour and their self-regulation skills: responsibility; motivation and engagement; future perspective; problem solving; social competence (Leonard and Hackett, 2019).
- As AIM3 was just launched in July 2019, there is no current research relating to the AIM3.

General Notes

- AIM3 has superseded AIM2 in practice. Until AIM3 training is undertaken, AIM2 may be used in the interim, but it will become out of date.
- The AIM3 can be used to assess young people in custody of secure care environments; although, caution should be taken when scoring the factors taking the context of the individual's environment into account. It is also recommended that the AIM3 is reviewed prior to release (Leonard and Hackett, 2019).

- The authors of AIM3 advise that it can be used, with caution, with young women. The practitioner should give consideration to the behaviours and attitudes that a young woman may present that could differ from that of a male. Similarly, when using the AIM with Black Asian and Minority Ethnic groups (BAME), practitioners should be mindful of the cultural and religious practices relevant to the individual and consider the impact of this on the young person's sexual and non-sexual development, family structure, environment and self-regulation (Leonard and Hackett, 2019).
- The AIM3 can be used with young people with learning disabilities with strong caveats (e.g. adapting interview style and language used). The learning disability must be considered as part of the analysis. Similar conditions apply with using the AIM3 with a young person with autism (Leonard and Hackett, 2019).
- It is recommended that the AIM3 is used to review the progress a young person makes over time, with the intention to reduce the domains to ideally 'green level' but at the very least the 'amber level.' The AIM3 can be utilised in supervision to aid individualised interventions for the individual and their family, allowing the young person to visualise their progress and plan the next steps.
- The AIM Project divides its courses into Foundation and Advanced levels to allow practitioners to attend at the appropriate level for their knowledge and expertise. The AIM3 is an Advanced level course.
- Practitioners should gain as much information as possible about the harmful sexual behaviour, accessing victim statements/accounts where possible. It is essential that practitioners hold knowledge of the criteria for different sexual offences. For instance, harmful sexual behaviour involving coercive and non-consensual penetration or attempted penetration may use higher levels of psychological force or emotional manipulation against their victims.
- In addition to the UK and Ireland, AIM3 has been implemented in New Zealand and Norway, with interest from Canada, Australia, Spain and Germany (Carol Carson 2019, personal communication).
- The AIM3 can be used for technology-assisted harmful sexual behaviour (TA-HSB) internet offences where there are also instances of direct or non-contact harmful sexual behaviour. To clarify, where there is 'DUAL HSB' referring to young people engaging in harmful sexual behaviour and who also use technology to assist their HSB. In these types of assessments, thus should be used in conjunction with the TA-HSB framework, a case formulation model (Allotey and Swann, 2019). In incidences where there are only internet offences, the TA-HSB guidance should be used. It is strongly recommended that practitioners also undertake the training offered in TA-HSB (Leonard and Hackett, 2019).
- AIM3 can help guide interventions. The AIM Project has also provided guidance on interventions, setting out a framework of four stages for Interventions and Safety Plans (Guilnermino and McCarlie, 2019). These may be used for different groups: for instance, sibling abuse, intergenerational abuse (i.e. incest). It is recommended that interventions are holistic in nature, being informed by factors associated with resilience and positive outcomes.
- For publication updates, please visit www.aimproject.org.uk
- For enquiries regarding the AIM3 manual, contact admin@aimproject.org.uk

Name of Tool	Assessing Risk to Repeat Sexual Behaviour Problems Version 2.1 (AR-RSBP)
Category	Youth Assessment: Sexual Violence Risk (Awaiting Validation)
Author / Publisher	Curwen
Year	2010

Description

- The AR-RSBP is a 34-item risk assessment tool designed to assist in the assessment of the level of concern (risk) that a child will continue engaging in sexual behaviour problems (SBP).
- The AR-RSBP is intended for use with male and female children under the age of 12.
- The static and dynamic AR-RSBP items are organized into 6 categories: 1) Sexual Behaviour Characteristics, 2) Victimization Experiences, 3) Violence and Control, 4) Personal and Interpersonal Characteristics, 5) Family Characteristics, and 6) Intervention.
- The tool was modelled on the ERASOR and is based on empirical evidence and professional opinion; there are no cut-off scores or formulas for determining level of concern (risk).
- The tool was designed to be used as part of a comprehensive assessment.

Age Appropriateness

Under 12 years (not appropriate for 12 year olds).

Assessor Qualifications

Assessors should have good knowledge of child development and child sexual development.

Tool Development

- Empirical and clinical evidence specific to: 1) children known to have continued SBP after identification; 2) children believed likely to continue; 3) treatment goals for children with SBP; 4) assessment tools designed for children at risk for multiple behaviours that included sexual; 5) research regarding adolescent with sexual offences who commenced SBP during childhood.
- The first version of the tool (RSBP) was completed in 2006. Since its inception, the AR-RSBP has undergone revisions to its structure and content ([Curwen, 2011a](#)).
- Curwen (2011b) found that children who had been reprimanded and then repeated concerning sexual behaviours had significantly higher RSBP total scores than children who had not repeated these sexual behaviours subsequent to reprimand.
- In an earlier study, eight factors were found to differentiate between children who did and did not continue engaging in concerning sexual behaviours following adult reprimand. A total score based on the eight factors attained an AUC value of .86 in predicting those who continued engaging in concerning sexual behaviours ([Curwen and Costin, 2007](#); [Curwen, Jenkins and Worling, 2009](#)). The author advises that these eight factors alone should not be used to determine level of concern (risk).

General Notes

- For further information, please visit the following website: <https://faculty.nipissingu.ca/t/>) or contact Dr. Tracey Curwen (tcurwen@nipissingu.ca)
- Radius Child and Youth Services is conducting research on the reliability and validity of the RSBP. To learn more about Radius' AR-RSBP research contact tcurwen@radiuschild-youthservices.ca

Name of Tool	Juvenile Risk Assessment Scale (JRAS)
Category	Youth Assessment: Sexual Violence Risk (Awaiting Validation)
Author / Publisher	Hiscox, Witt, and Haran
Year	2010

Description

- The JRAS is a 14-item scale designed to assess the risk of reoffending sexually among males who have been adjudicated for a sexual offense. It is used by New Jersey to place sexually abusive youth into risk tiers in accord with Megan's Law.
- The items include static and dynamic variables and are sub-divided into three broad areas: (1) sex offence history, (2) antisocial behaviour and (3) environmental characteristics.
- Risk is characterised as 'low,' 'medium' and 'high.'
- Designed to assess sexually abusive youth who are adolescents.

Age Appropriateness

12 to 19

Assessor Qualifications

Assessors should undertake the appropriate training prior to administration of the tool.

Tool Development

- A decision by the *New Jersey Supreme Court* was the impetus for the development of a risk assessment scale for juveniles. The JRAS was based on the Registrant Risk Assessment Scale (RRAS) for adults who have offended ([Ferguson, Eidelson and Witt, 1998](#); [Witt et al., 1996](#)).
- [Hempel et al. \(2013\)](#) - the JRAS did not significantly predict sexual recidivism.
- [Caldwell, Ziemke and Vitacco \(2008\)](#) - the JRAS demonstrated excellent inter-rater reliability (ICC) of .94. Despite this, the tool was unable to predict sexual, non-sexual, violent or general offending.
- [Hiscox, Witt and Haran \(2007\)](#) - the JRAS had moderate inter-rater reliability ($r = .66$). It also demonstrated small correlations with sexual recidivism ($r = .15$). The sexual deviance factor did not predict recidivism (both sexual and no-sexual); the major predictive factor in the JRAS was the antisocial behaviour one.
- [Ralston and Epperson \(2013\)](#) scored the JRAS alongside the JSORRAT-II and two adult instruments on 636 juveniles who had sexually offended. Recidivism was tracked over two time periods: before adulthood (age eighteen) and afterwards. Findings showed that the adult tools were able to predict all types of juvenile recidivism at the same level of accuracy as the juvenile ones. The predictive validity of the JRAS and the other tools in predicting adult sexual recidivism was substantially lower than the predictive accuracy achieved in predicting juvenile sexual recidivism.

General Notes

- The JRAS is not designed to be used by younger children, adults or females ([Rich, 2009](#)).
- No validation with females.
- There is some crossover with internet offending, for the possession of child pornography counts as one offence. The victims of internet offences, however, are not scored as victims on the JRAS.
- Validation studies on the JRAS have been based on low-risk samples which may contribute to the lack of predictive accuracy in relation to recidivism ([Hempel et al., 2013](#)).
- Manual available at: www.nj.gov/oag/dcj/megan/jras-manual-scale-606.pdf

Name of Tool	Juvenile Risk Assessment Tool Version 4 (J-RAT)
Category	Youth Assessment: Sexual Violence Risk (Awaiting Validation)
Author / Publisher	Rich
Year	2017

Description

- The J-RAT is a 97-item structured clinical tool designed to aid clinical assessment of adolescent males who have or are alleged to have engaged in sexually abusive behaviour. Version 4 was published in 2017. Previous versions were published in 2001, 2003 and 2012.
- The 97 items are grouped under 12 risk domains, each of which represents an overarching risk factor. Each risk domain represents an area of behaviour, capacity or skill, psychosocial functioning, cognition, relationships, or environmental conditions.
- The tool is designed to assess the likelihood or potential for sexual recidivism. The presence of risk items are listed as concerns, ranging from none to significant ([Rich, 2009](#)).
- It also provides the clinician with a structured format for the assessment of risk, based upon factors frequently noted in current literature as relevant to risk of sexual recidivism.
- The tool has three scales used to measure and assess: (a) sexual risk, (b) risk for non-sexual problematic behaviours and, if applicable, (c) risk for sexual behaviour that is non-abusive but troubled or an area of concern.
- The tool also contains 24 protective factors. These factors are also present in each of the 12 risk domains.

Age Appropriateness

12-18

Assessor Qualifications

Given that the tool includes items pertaining to mental health it is advisable that assessors should have training and experience in assessing risk within a youth mental health context. No further information pertaining to assessor qualifications.

Tool Development

- The J-RAT provides the evaluating clinician with a structured format for the assessment of risk, based upon factors frequently described in the professional literature and similar risk assessment instruments as relevant to the risk of sexual recidivism in juveniles.
- The J-RAT has been in use since 2000, and is used across the United States. As a structured clinical instrument the J-RAT is intended and designed to be part of a larger and more comprehensive psychosocial and risk evaluation of juveniles.
- A research project designed to measure the inter-rater reliability of the J-RAT has been underway since 2009. In addition, the study is designed to help pinpoint weaknesses in the design of the J-

RAT, and help produce a stronger instrument. The J-RAT has been re-designed based on the first stage of the study and data analysis; it is now in use as Version 4 (Rich, personal communication, January 2013).

- Personal communication in early 2018 with the author revealed that the tool gets updated periodically but only in minor ways.

General Notes

- The JRAT mandates written comments to explain the assigned risk in each domain, in addition to a written concluding narrative to justify the overall assigned risk level. Once a risk level has been assigned, the JRAS also defines characteristics from risk scenarios and factors relating to the behaviour of the adolescent (Rich, 2009).

- There are a number of variations on the JRAS for specific groups (Rich, 2009):

- The LA-SATT, (Latency Age-Sexual Adjustment Assessment Tool) designed to assess adolescent males aged between 8 and 13 years who have or are alleged to have engaged in sexually inappropriate behaviour.

- The CI/J-RAT (Cognitively Impaired Juvenile Risk Assessment Tool) is for adolescent males aged 12-18 with neurological or cognitive impairments such as autism. There is also the possibility of utilising this tool with adolescents with an IQ of fewer than 80 at the discretion of the assessor.

- The IM-RAT (Interim Modified Risk Assessment Tool) containing ten individual risk elements within thirteen risk domains to allow for the on-going assessment of an adolescent's progress in treatment.

- The J-RAT is not a statistically based assessment instrument. It is an organised method for the clinical assessment of risk for sexual re-offense based on the professional literature.

- Access to the J-RAT assessments via the following websites:

- <http://www.stetsonschool.org/risk-assessment-instruments.html>

- <http://www.philrich.net/risk-assessment-instruments.html>

- For other information, please contact the author: philrich@philrich.net

Name of Tool	Juvenile Sexual Offender Recidivism Risk Assessment Tool-II (JSORRAT-II)
Category	Youth Assessment: Sexual Violence Risk (Awaiting Validation)
Author / Publisher	Epperson
Year	2005

Description

- The JSORRAT-II is 12-item actuarial tool designed to assess the risk of juvenile sexual recidivism among male juveniles who are aged between 12 to 18 years at the time of their index sexual offence.
- The authors define juvenile sexual recidivism as any new sexual offence committed prior to the age of 18.
- The tool is comprised solely of static items which include the youth's sexual and non-sexual offence history and previous experiences of victimisation. The first six items document sexual offending and the remaining ones are focused on non-sexual offending ([Ralston et al., 2017](#)).

Age Appropriateness

12-18

Assessor Qualifications

Assessors must undertake a certified workshop where they will learn about the development of the JSORRAT-II, how to score the instrument using a variety of case studies and also how to interpret its findings.

Tool Development

- The JSORRAT-II was developed through the identification of key predictors of sexual offending in a sample of 636 juveniles who had been charged for a sexual offence (Epperson et al., 2005).
- [Viljoen et al. \(2008\)](#) - the JSORRAT-II had excellent inter-rater reliability (ICC =.89). It did not, however, significantly predict sexual, non-sexual, and violent recidivism, both during treatment and post-discharge.
- Epperson et al. (2005) found that the tool had reasonable accuracy in predicting further juvenile sexual recidivism (AUC = .89) and sexual recidivism both as a juvenile and as an adult (AUC = .79).
- In an initial validation study, [Epperson and Ralston \(2015\)](#) reported: "Reliability of scoring the tool across five coders was quite high (intra-class correlation coefficient [ICC] = .96).
- [Ralston, Epperson and Edwards \(2016\)](#) applied the JSORRAT-II to 529 male adolescents who had sexually offended in Iowa. The predictive accuracy of the tool was found to be significant with an AUC of .70. In a breakdown of age groups, the J-SORRAT-II performed well for those aged 11-13 and 14-15, generating AUCs of above 0.70. The result for those aged 16-17 years, however, was not

significant. When the individuals whose only violent offence was sexual in nature were removed from the sample, the AUC generated was not found to be significant at .57.

- The inter-rater reliability of the J-SORRAT-II was found to be acceptable when applied to fifty cases by eleven coders. The ICC results ranged from .67 to 1.00, with sexual and violent recidivism generating ICCs of .70 and .62 respectively ([Ralston, Epperson and Edwards, 2016](#)).

- [Epperson and Ralston's \(2015\)](#) study on 636 juveniles in Utah found that the predictive accuracy for sexual and sexually violent recidivism was significant at .89 for both types. When this was cross-validated on a sample of 566 adolescents, the AUC was significant at .65 for sexual and sexually violent offences.

- [Ralston et al. \(2017\)](#) tested data from 'documented but uncharged' sexual offences in Iowa and Utah when scoring the J-SORRAT-II. The inter-rater reliability was sound with ICCs of .96 for Utah and .97 for Iowa. The predictive accuracy for the full dataset including charged crimes was moderate at .70 for Iowa, .65 for Utah and .67 for the combined sample. When only the uncharged crimes were assessed, however, the AUC was lower at .68 for Iowa, .65 for Utah and .60 for the combined scale. The main issue is that data from 'documented but uncharged' sexual offences cannot be used in the first six items of the J-SORRAT-II, as these require an official charge.

- [Rasmussen \(2017\)](#) found that the J-SORRAT-II was not predictive yielding an AUC of .57 in a sample of 130 adolescents.

General Notes

- The tool is currently under-going validation in the US. It is validated for use in Utah, where it was originally developed, Iowa, Georgia and California. In California, the J-SORRAT-II is the mandatory risk assessment tool for any male juveniles who have committed sexual offences ([Ralston, Epperson and Edwards, 2016](#)).

- Additional research related to the tool's ability to predict general violence and adult recidivism, largely relies on inclusion of persons who have re-offended sexually before age 18 in the recidivism criterion. When juvenile sexual recidivists are, therefore, removed from the sample, the JSORRAT-II does not do well at predicting either violent recidivism (juvenile or adult) or adult sexual recidivism. The authors caution against the use of the tool in this respect given the lack of validation evidence ([Ralston, Epperson and Edwards, 2016](#)).

- The tool is not designed for adolescents younger than 12 or those whose only sexual offences occurred when they were younger than 12 years old ([Ralston, Epperson and Edwards, 2016](#)).

- The authors caution the interpretation of results from the study conducted by [Viljoen and colleagues \(2008\)](#) on several grounds, including (but not limited to) training, sampling and design issues.

- The authors have not authorized the use of the JSORRAT-II for forensic purposes in any country (apart from two states in the US) until additional validation evidence exists (Ralston, personal communication, January 2013).

- Training on the JSORRAT-II is available via the Global Institute of Forensic Research: <https://www.gifrinc.com/course/jsorrat-ii/>

- For more information on the JSORRAT-II assessment, please e-mail the primary author, Douglas Epperson, at: dleppers@calpoly.edu

Name of Tool	Protective and Risk Observations for Eliminating Sexual Offense Recidivism (PROFESOR)
Category	Youth Assessment: Sexual Violence Risk (Awaiting Validation)
Author / Publisher	Worling
Year	2017

Description

- The PROFESOR is a structured checklist examining protective and risk factors in adolescents and young adults who have sexually offended. It is applicable to individuals aged 12-25 years old.
- The tool should be scored using multiple sources of information: interviews with individuals themselves and parents/caregiver; review of security information; results from tests or other measures.
- It consists of twenty dynamic items relating to sexual interests, behaviours and individual features like problem-solving. Each of these are coded as either protective, neutral or risk. Since these items apply to behaviours and circumstances in the past two months, it could have the potential to be useful as a measure of change over time.
- Once totalled, ratings fall into one of five categories ranging from 'predominantly protective,' needing little or no intervention, through to 'predominantly risk,' requiring significant intervention.

Age Appropriateness

12-25

Assessor Qualifications

No specific assessor qualifications.

Tool Development

- The rationale behind the PROFESOR was to have a measure that “simultaneously considers both protective and risk characteristics” for the purposes of informing decisions about treatment rather than predicting future risk. This decision was additionally driven by findings of the current research relating to the validity of risk prediction tools such as the ERASOR and the J-SOAP-II, as well as emerging findings from the literature that some factors measured in other tools are not relevant to young people. The absence of protective factors and the relatively narrow age range of other well-known risk assessment tools was also a motivating factor for the development of the PROFESOR ([Worling, 2017](#)).
- The tool was developed using a review of the available literature and previous clinical experience with adolescents and young adults who have sexually offended.

General Notes

- The PROFESOR is not to be used to predict risk of future sexual offending; rather, its purpose is to facilitate planning interventions that may help to facilitate healthy sexual relationships and, thus, reduce sexual recidivism.
- Since the PROFESOR covers an age range of fourteen years, it is pertinent to be sensitive to developmental nuances and expectations when using it. An emotionally intimate friendship, for instance, will likely look different at age 22 from what it would at age 13.
- The five categories which an individual can be placed into are intended to guide the type and intensity of intervention required.
- The tool may also be used for adolescents who have downloaded or distributed child abuse images; although further research is needed on this (Worling, personal communication, January 2018).
- A simple scoring sheet has been developed for the PROFESOR to assist with the final categorisation and is available here: <http://www.profesor.ca/downloads.html>
- Further information about the PROFESOR may be found at the website: <http://www.profesor.ca/>

Name of Tool	Sexually Harmful Adolescent Risk Assessment Protocol (SHARP)
Category	Youth Assessment: Sexual Violence Risk (Awaiting Validation)
Author / Publisher	Richardson
Year	2009

Description

- The SHARP has been updated and is now a 62-item structured assessment tool that evaluates sexually harmful behaviour of male adolescents aged between 12 and 19 years.
- The tool is appropriate for use with young persons diagnosed with learning disabilities or other psychiatric disorders ([Richardson, 2009](#)).
- The tool is appropriate for use in community and secure settings ([Richardson, 2009](#)).
- The SHARP is intended for use by a range of professionals involved in the assessment or case management of youth who display sexually harmful behaviours such as psychiatrists, psychologists, social workers and criminal justice professionals
- The formulation of risk of the individual is characterised as 'low,' 'moderate' and 'high.'

Age Appropriateness

12-19

Assessor Qualifications

The tool is intended to be utilised by a range of professional groups who are involved in the assessment and case management of sexually harmful young people.

No further information pertaining to assessor qualifications.

Tool Development

- The SHARP was developed in the UK and is a derivative of the former Risk Assessment Matrix (RAM) which was devised by the author of the SHARP. It was subject to empirical evaluation in respect of sexual re-offending (see [Christodoulidies et al., 2005](#)).
- The measure is guided by the Structured Professional Judgement (SPJ) approach and the Risk, Need, Responsivity (RNR) Principle ([Andrews and Bonta, 2010](#)). The conceptual foundation of the SHARP is that sexually harmful behaviour is linked with and dependent upon the sexual development of the young person ([Richardson, 2009](#)).
- Items present in the tool have been derived from clinical and empirical knowledge of risk assessment and child and adolescent general development.
- To date, there have been no validation studies on this measure; although the measure was not intended to predict risk for sexual recidivism ([Richardson, 2009](#)).

General Notes

- The SHARP acts as a guide for the case management process; however, it does not generate probabilities of reconviction or predict sexual reoffending.
- Author advises that the tool is in use at three NHS forensic adolescent mental health services (Richardson, personal communication, January 2012).
- For more information, the author can be contacted via email: graeme.richardson@ntw.nhs.uk

Name of Tool	Technology-Assisted Harmful Sexual Behaviour: Practice Guidance (2 nd edition)
Category	Youth Sexual Violence (Awaiting Validation)
Author/Publisher	Allotey and Swann/The AIM Project in partnership with NSPCC
Year	2019

Description

- The TA-HSB Practice Guidance provides a framework to structure clinical judgment and formulation around technology-assisted harmful sexual behaviours in adolescents (Allotey and Swann, 2019).
- It is not an assessment model intended to measure recidivism; rather, it is a consensus-based tool guiding practitioners' judgment (Swann 2018, personal communication).
- There are three stages to the process: information-gathering, case formulation and safety and intervention planning (Allotey and Swann, 2019).
- In the first stage, information should be gathered from across a range of sources: interviews with young person (a minimum of three is recommended); interviews with parents and/or carers; discussions/meetings with relevant professionals such as police, health, social care practitioners; access to relevant evidence, e.g. text/online chat transcripts, victim interviews where applicable; access to other relevant documentation, such as care plans and incident reports. Information should relate to four domains: TA-HSB factors that may cause harm; developmental factors; family factors; environmental factors.
- The second stage of case formulation is broken down across nine areas: childhood (online and offline); adolescence (online and offline); neuropsychology; vulnerability; why now (e.g. looking at triggers, influences, etc.); facilitation (online and offline); harmful sexual behaviour; persistence (ongoing concerns, positive consequences the individual derives from TA-HSB that could hinder them stopping); desistance (negative consequences the individual derives from TA-HSB that could facilitate them changing their behaviour; strengths) (Allotey and Swann, 2019).
- The third and final stage involves safety and intervention planning utilising the results from the case formulation. Professional hypotheses should be advanced with regards to which factors pertaining to the individual, their family and networks will *promote* and *hinder* future safety. These should inform safety planning (including supervision and monitoring) and the appropriate interventions to encourage desistance (Allotey and Swann, 2019).
- As part of the training, worksheets are provided to facilitate all three stages, with suggested questions and guidance about how to approach each item (Allotey and Swann, 2019).

Age Appropriateness

Adolescent males ages 12-18 years.

Assessor Qualifications

This guidance is to be used by experienced practitioners who have undertaken additional training in conduct HSB risk assessments (for example, AIM3, JSOAP-II, ERASOR) and have also undertaken the TA-HSB training developed to accompany this guidance (Allotey and Swann, 2019).

Tool Development

- The previous model published by the AIM Project in 2009 called the iAIM was designed to assist practitioners working with young people whose behaviour online was a cause for concern. In 2015, the AIM Project and NSPCC collaborated to examine the use of risk tools which focused on the use of technology in harmful sexual behaviour. It was agreed that the iAIM needed to be updated in line with technological advances (Allotey and Swann, 2019; The AIM Project 2019, personal communication)
- The TA-HSB Practice Guidance was developed from a wide range of research including a literature review ([Belton and Hollis, 2016](#)) and NSPCC research ([Hollis and Belton, 2017](#)). The literature review examined the role of new technologies for young people engaging in harmful sexual behaviour. This looked at the range of TA-HSB and the crossover of behaviours; the characteristics of those who engage in TA-HSB as well as those who engaged in both online and offline HSB; the impact of TA-HSB. The NSPCC research was a qualitative study of young people who had been referred to treatment because of their technology-assisted harmful sexual behaviour (Allotey and Swann, 2019; [Belton and Hollis, 2016](#); [Hollis and Belton, 2017](#); Swann 2018, personal communication).
- The definition of TA-HSB used is derived from the NSPCC research study:

“One or more children/young people engaging in sexual discussions or acts – using the internet and/or any image creating/sharing or communication device – which are considered inappropriate and/or harmful to self and/or other given their age or stage of development” (Hollis and Belton, 2017).

This can incorporate both offline and online aspects and may involve the use of technology alongside contact HSB (Allotey and Swann, 2019).

- The areas covered in the guidance span four domains:
 - Domain 1: TA-HSB factors that may cause harm to the self and/or others: developmentally inappropriate use of mainstream pornography; viewing, disturbing or producing indecent images of children; sexual harassment; grooming; relationship to victim(s) and characteristics of victim(s) where applicable; attitudes towards victims of harmful sexual behaviour; evidence of escalation of behaviours; association between technology-assisted harmful sexual behaviour and contact or non-contact behaviours taking place offline; criminal history, antisocial attitudes or behaviours. -
 - Domain 2: Developmental factors relating to the wider context of the young person’s functioning and wellbeing and any history of abuse and/or trauma: social development, emotional wellbeing, trauma, misuse of alcohol and/or substances and physical/mental health issues.
 - Domain 3: Family factors, which may be causal or influencing in continuing or cessation of sexual behaviours: parents/carers response; their ability to supervise and monitor, as well as their willingness to engage in interventions; the quality of relationship with primary attachment figure(s).
 - Domain 4: Environmental factors in terms of: online activity; relationship with online environment and how this facilitated their TA-HSB; availability of support services; quality of relationships with peers (Allotey and Swann, 2019).
- There are currently no studies to validate the use of this guidance.

General Notes

- It is recommended that assessments should be completed by a co-working pair, given the complexities involved (Allotey and Swann, 2019).
- When gathering evidence, three areas need to be carefully considered: unlike other types of harmful sexual behaviour, TA-HSB may leave a forensic trail; the information-sharing agreements between agencies and any barriers to this, e.g. ongoing police investigations may restrict access to relevant documents; this may be a traumatising experience for the professionals involved, so support should be provided (Allotey and Swann, 2019).
- The TA-HSB guidance is to be used by experienced practitioners with training in similar risk assessments. This guidance should be used to supplement the AIM3 tool in cases where there is direct contact or non-contact harmful sexual behaviour where there is a technology-assisted element. Without the technology-assisted element, the practitioner would only use the AIM3. In instances where there only appears to be technology-assisted harmful sexual behaviour only this practice guidance would be used (Allotey and Swann, 2019; The AIM Project 2019, personal communication).
- The TA-HSB is designed to be used with adolescent males aged 12 to 18 years old. Practitioners are not precluded from using this guidance on females or individuals with learning disabilities; however, they would have to be aware of the research relating to these groups (Allotey and Swann, 2019).