

RISK ASSESSMENT INSTRUMENTS TO PREDICT RECIDIVISM OF SEX OFFENDERS: PRACTICES IN WASHINGTON STATE

Introduction

The state of Washington has a complex system for sentencing, treating, and supervising sex offenders. An important task of this system, which is carried out by multiple agencies and private providers, is the assessment of future risk by individual sex offenders. Since risk assessment decisions are made in numerous settings, few people have a comprehensive understanding of the ways in which assessment is accomplished.

Risk assessment instruments are tools designed to predict the likelihood that a sex offender will recidivate (with a sex or other felony offense). These tools rely on empirically derived or empirically guided risk factors for criminal outcomes, and produce a quantitative score that suggests a level of risk for individuals with certain characteristics. The factors considered may be static (do not change over time; e.g., age of first sexual offense) or dynamic (change over time; e.g., awareness of offense cycle), although most standard instruments assess static factors to a greater extent than dynamic factors.

The Washington State Institute for Public Policy (Institute) reviewed sex offender risk assessment practices across the state's adult and juvenile agencies. Key informants were interviewed to learn about agency practices in the Department of Corrections, Department of Social and Health Services' Special Commitment Center and Juvenile Rehabilitation Administration, as well as local law enforcement agencies and prosecuting attorney offices.

In the case of private treatment providers who do not operate under a homogeneous set of policies, we developed an online survey to capture the potentially wide range of practices represented by this group.

Summary

This paper reviews policies and practices regarding assessment of sex offenders for risk of reoffense among public agencies and private treatment providers in Washington State. Specifically, we reviewed the use of risk assessment instruments, which gauge the likelihood that individual sex offenders will reoffend.

We found that a diverse set of instruments are employed by public and private entities in making decisions about sex offenders. These decisions include sentencing, facility assignment, treatment, release, public notification, and community supervision. As expected, there was greater variability in risk assessment practices among private treatment providers than public agencies.

Three policies related to risk assessment were identified as topics of concern. One is the lack of appropriate instruments for juvenile sex offenders. The second is the validity of the primary instrument used to determine risk levels for registration purposes, the WSSORLCT (soon to be replaced). Third, some informants discussed the static nature of risk level assignment and suggested provisions to reassess offenders' levels during extended registration periods.

Mental health professionals who specialize in the assessment and treatment of sex offenders can apply to the Washington State Department of Health (DOH) to receive the status of "certified" or "affiliate" providers.¹ This population was recruited to provide a picture of the general risk assessment strategies and specific instruments utilized in treatment planning decisions.

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¹ DOH publishes a directory that includes all of Washington's certified and affiliate sex offender treatment providers. This directory was used to contact providers about participation in the survey.

The following sections describe the practices of agencies and private providers in greater detail.

Department of Corrections

The Department of Corrections (DOC) conducts risk assessments with sex offenders (as well as other offenders) at several key points:

- Upon arrival at a DOC institution,
- During voluntary application to the Sex Offender Treatment Program,
- Prior to release from the institution, and
- At the start of community supervision.

Exhibit 1 provides an overview of three aspects of sex offender risk assessment: key decision points, party conducting the assessments, and instruments that are used.

Adult sex offenders sentenced to incarceration undergo an initial risk assessment upon reception to the institution. Classification Officers administer the Level of Service Inventory (LSI-R), an instrument designed to predict institutional misconduct, recidivism, and parole outcomes among various types of offenders.³ The DOC uses scores from this instrument (in conjunction with other criteria laid out in the Risk Management Identification guidelines) to determine offenders' facility assignment and level of custody. Because the LSI-R contains dynamic items, the instrument is re-scored during an offender's incarceration if new "incidents" occur (e.g., involvement in violence while at the institution).

Exhibit 1
Sex Offender Risk Assessment in Washington State

Decision Points	Party Conducting Assessment	Instruments Employed
Sentencing	Private treatment providers ² (SSOSA/SSODA eligibility)	Adults: STATIC, SONAR/Stable, and others Juveniles: ERASOR, JSOAP, and others
Facility assignment and level of custody in institutions	Department of Corrections Juvenile Rehabilitation Administration	LSI-R ISCA
Treatment eligibility and planning	Department of Corrections Private treatment providers Special Commitment Center	MnSOST-R, RRASOR, STATIC-99, and Stable-2000 Adults: STATIC-99, SONAR/Stable, and others Juvenile offenders: ERASOR, JSOAP, and others No set battery
Release from confinement	Indeterminate Sentence Review Board	WSSORLCT, MnSOST-R, LSI-R, and STATIC-99
Civil commitment eligibility	End of Sentence Review Committee Juvenile Rehabilitation Administration Joint Forensic Unit Special Commitment Center	WSSORLCT, MnSOST-R, LSI-R, and STATIC-99 WSSORLCT STATIC-99, MnSOST-R, and others No set battery
Assignment of risk level for community notification	End of Sentence Review Committee Juvenile Rehabilitation Administration Law enforcement agencies	WSSORLCT, MnSOST-R, LSI-R, and STATIC-99 WSSORLCT WSSORLCT
Post-release supervision in the community	Department of Corrections Juvenile Rehabilitation Administration	LSI-R SOSS

² Instruments listed for this group are those most frequently endorsed by participants in the treatment provider survey. For a more detailed list of instruments used and their corresponding frequencies, see the Private Sex Offender Treatment Providers section.

³ For information on the predictive accuracy of the LSI-R in Washington, see: R. Barnoski. (2006). *Predicting recidivism based on the LSI-R*. Olympia: Washington State Institute for Public Policy, Document No. 06-02-1201; and R. Barnoski & S. Aos. (2003). *Washington's Offender Accountability Act: An analysis of the Department of Corrections' risk assessment*. Olympia: Washington State Institute for Public Policy, Document No. 03-12-1202.

An additional assessment is undertaken for those sex offenders who volunteer to participate in the prison's Sex Offender Treatment Program (SOTP). A Psychological Associate completes the static risk assessment, which consists of the Minnesota Sex Offender Screening Tool (MnSOST-R), Rapid Risk Assessment for Sex Offender Recidivism (RRASOR), and STATIC-99. In addition, a Correctional Mental Health Unit Supervisor administers the Stable-2000 interview, which is not scored but provides information on dynamic risk factors and criminogenic needs that may be targeted in treatment. Together, the two assessment components inform decisions about an offender's eligibility for SOTP, his/her specific treatment needs, and placement into adjunct psychoeducational classes. Specifically, eligibility is determined via classification of offenders into low-, medium-, and high-risk based on scores from the static instruments.

When the offender ends SOTP treatment, the staff prepares a "behaviorally based" summary report that is distributed to various parties responsible for the offender's transition into the community (e.g., End of Sentence Review Committee, Indeterminate Sentencing Review Board, Community Corrections Officer). In the summary report, scores of assessment procedures are included, as well as behavioral descriptions of treatment progress. (SOTP's administrators no longer provide an official assessment of risk at the end of treatment.)

The End of Sentence Review Committee (ESRC)⁴ is responsible for reviewing all sex offenders prior to their release from state confinement.⁵ To prepare for this decision, a Community Corrections Specialist at DOC utilizes a standard battery of risk assessment instruments, which currently include the Washington State Sex Offender Risk Level Classification Tool⁶ (WSSORLCT, a.k.a. the Washington SOST⁷),

⁴ For information on this committee, see <<http://www.doc.wa.gov/community/sexoffenders/endofsentence.asp>>.

⁵ The ESRC also reviews offenders convicted of kidnapping offenses.

⁶ The form, scoring examples, and risk level assignment cutoffs are included in R. Barnoski. (2005). *Washington State sex offender risk level classification—Revised 1999*. Olympia: Washington State Institute for Public Policy, Document No. 05-12-1205.

⁷ This tool, revised in 1999, was adopted by DOC as well as other state agencies in Washington to make key pre-release decisions about sex offenders. It consists of 21 items that constitute the MnSOST (1995), in addition to four "notification considerations" that are not part of the standard MnSOST instrument. The notification considerations include: whether the victims were particularly vulnerable; whether the convictions were of a predatory nature; whether the offender has continued to display sexually deviant behavior while incarcerated; and whether the offender's score on the

MnSOST-R, and LSI-R. For sex offenders who were convicted under the "Determinate Plus" sentencing laws,⁸ the STATIC-99 is also completed.

The ESRC considers, but does not solely rely on, the results of these tools in making decisions regarding risk level recommendations, community notification bulletins, the potential pursuit of civil commitment hearings, and referral to release programs (such as the Dangerous Mentally Ill Offender Program). Notably, all sex offenders, including females and developmentally disabled individuals, are assessed using the same instruments; however, the Committee may invoke its discretionary powers to assign such sex offenders a different risk level than the one generated by instrument scores.

The ESRC determines whether a released sex offender is assessed at Level 1, 2, or 3. These classifications are as follows:

- Level 1 offenders pose a low risk of sexual reoffense within the community at large. Sheriffs' departments share information about offenders with other law enforcement agencies and may disclose information to the public upon request.
- Level 2 offenders pose a moderate risk of sexual reoffense within the community at large. Sheriffs' departments may share information about these offenders with schools, child care centers, businesses, neighbors, and community groups near their expected residence or places where they are regularly found.
- Level 3 offenders are at high risk of sexual reoffense within the community at large. In addition to the type of disclosures made for Level 2 sex offenders, sheriffs' departments can provide information about these offenders to the public at large via notification bulletins and community forums.

The assessment conducted by ESRC is a key element in the decision-making process of the Indeterminate Sentence Review Board (ISRB). The ISRB establishes the "releasability" of offenders with "Determinate Plus" sentences into the community, as well as sex offenders who were sentenced under the indeterminate sentencing law (those who committed

RRASOR is high (between 4 and 6). Because the WSSORLCT relies on an outdated instrument that has since been revised (MnSOST-R, 1998) and includes items that aggravate or mitigate the score based on considerations that are not empirically based, personnel at DOC have questioned its validity. More on this issue is presented in "Concerns About the WSSORLCT" at the end of this report.

⁸ See RCW 9.94A.712 for these sentencing laws.

crimes prior to July 1984). Specifically, the Board's decision relies on whether its members determine that an offender is "more likely than not" to engage in sexual offenses if he/she is released (RCW 9.95.420). The Board thus considers static risk factors, as measured by the ESRC's assessment instruments, as well as dynamic factors assessed via interviews and additional documentation (e.g., treatment summaries, institutional infraction reports). In addition, the ISRB may refer an offender for civil commitment proceedings based on its findings.

Upon release from a DOC institution, sex offenders are assigned to a Community Corrections Officer (CCO) whose responsibility is to facilitate a smooth community transition and ensure the public's safety. When a CCO receives a new case, he/she reviews the LSI-R completed in prison and updates it with new information. A minority of sex offenders supervised by CCOs have not been incarcerated; instead, they receive community sentences following a period of detention in jail. In these cases, the CCO is responsible for administering a new LSI-R. Results of the LSI-R (along with other information collected through interviews and chart review) are used to determine the type and amount of supervision provided by the CCO.

Department of Social and Health Services: Civil Commitment⁹

Offenders who (1) have committed sexually violent crimes and who (2) suffer from a "mental abnormality" which (3) increases the likelihood that they will commit sexually predatory acts are eligible for civil commitment under the Sexually Violent Predator (SVP) law in Washington State (RCW 71.09). By law, they may be civilly committed after they have served their sentence in order to ensure public safety. The ISRB, ESRC, or local law enforcement may refer a sex offender case to the Attorney General's office, or to the King County

⁹ The section below details risk assessment as it pertains to civil commitment of Sexually Violent Predators (RCW 71.09). Individuals may also be involuntarily committed due to mental disorders under RCW 71.05. In these cases, psychological assessment is usually completed via chart review, collateral information gathering, and clinical interviews. Assessments may be supplemented by administration of risk assessment instruments, such as the Hare Psychopathy Checklist (PCL-R). Individuals committed under RCW 71.05 who were previously convicted for sexual offenses must be assessed using the WSSORLCT and must undergo review by the ESRC prior to release. During this process, they may be referred for a psychosexual evaluation to determine eligibility for civil commitment under RCW 71.09.

Prosecutor's Office for cases under the latter's jurisdiction. The Attorney General or prosecutor decides which cases to pursue based on a comprehensive psychosexual evaluation that ascertains whether the offender meets the legal criteria for SVP status. More specifically, this evaluation addresses the second criterion (mental abnormality) and third criterion (likelihood of sexually violent recidivism).

Evaluations are conducted by expert assessors who are members of the Joint Forensic Unit (JFU).¹⁰ Although no testing protocol has been mandated for JFU evaluations, informants who work closely with these evaluations (e.g., prosecutors, DOC personnel) reported that risk assessment instruments are universally employed. There was agreement among the informants that most JFU assessors administer the STATIC-99 and MnSOST-R. Informants stated that some assessors also use the Violence Risk Assessment Guide (VRAG), Sex Offender Risk Appraisal Guide (SORAG), or other instruments (e.g., Sexual Violence Risk-20).

The data and conclusions presented in the psychosexual evaluation (of which the risk assessment is part) are critical in the prosecutor's decision to pursue civil commitment. If he/she chooses to pursue civil commitment, the JFU evaluator becomes a witness for the state. The defense's strategy often includes challenging the meaning or validity of risk assessment results. Scores from risk assessment tools (and their interpretation) constitute important evidence in the SVP trials.

An individual who is involuntarily committed as an SVP is sent to the Special Commitment Center (SCC), under DSHS purview. SCC is a treatment, rather than correctional, facility whose staff completes a formal evaluation on residents annually. Risk assessment is included in the annual evaluation; however, there is no set battery of tests. Licensed psychologists refer to the static risk assessment conducted by JFU, or may re-administer specific instruments if needed (e.g., new information comes to light about crimes). In addition, the psychologists assess dynamic risk factors, but no standardized instruments are used.

¹⁰ Although JFU is administered by DOC and DSHS, its evaluators are not employees of these or other state agencies. In fact, in many cases, JFU evaluators do not reside or practice in Washington State.

Annual assessments serve to gauge whether residents continue to meet criteria for civil commitment and to inform treatment planning. Importantly, residents are permitted to obtain additional evaluations from experts who are not DSHS employees, and may challenge the decisions resulting from SCC evaluations. If residents are transitioned into the community on a conditional release, annual assessments continue to be the responsibility of the SCC evaluator; however, other individuals (e.g., community treatment provider, Community Corrections Officer) usually collaborate in data collection and assessment.

DSHS' Juvenile Rehabilitation Administration

Washington's Juvenile Rehabilitation Administration (JRA) is the correctional agency for offenders younger than 18 years old who receive sentences longer than one year. Like DOC, JRA assesses risk for recidivism at the following points in time:

- Reception to its institutions,
- Prior to release, and
- During parole.

JRA's specific procedures and instruments, however, are different than those of DOC. Where comparable methods or instruments are used by the two agencies, the similarity is noted.

Offenders admitted to a JRA facility receive a comprehensive battery of tests that include assessment of physical and mental health, criminal history, and current functioning. Among the instruments administered is the Initial Security Classification Assessment (ISCA), which takes into account diverse risk factors (e.g., age at first adjudication, problem-solving skills, history of escapes) as well as severity of the recent offense. The ISCA score is subject to change as new information is acquired. Results of this risk assessment are used to determine the facility assignment (i.e., level of security), "community eligibility" date (earliest possible date at which a medium- or high-security offender may transfer to a low-security community placement), and parole length.¹¹ JRA assesses sexually problematic

¹¹ The ISCA, which measures static risk factors, is used in conjunction with the Community Risk Assessment (CRA), which targets dynamic risk factors (i.e., institutional behavior and progress in treatment). The CRA is administered every 90 days by a residential counselor familiar with the offender's behavior and progress. This is a procedure internal to JRA, and is not a standardized risk assessment instrument.

behavior through the Sexually Aggressive/Vulnerable Youth Assessment (SAVY), which is completed at admission. This instrument was devised by JRA to aid with placement decisions (i.e., pairing of offenders in rooms or vocational assignments in ways that minimize the risk of victimization). Given the specific nature of this instrument, it has not been validated as a standard recidivism risk assessment tool.

The End of Sentence Review Subcommittee that is responsible for juvenile sex offenders is known as the Risk Level Committee (RLC). The RLC functions in a similar manner to its adult counterpart insofar as the committee reviews risk assessment results along with other data and makes recommendations regarding the offender's risk level, community notification requirements, and pursuit of civil commitment. In addition, for juvenile offenders, this committee determines eligibility for transition into a group home.

The WSSORLCT is administered by a JRA Sex Offender Treatment Coordinator, who then presents his/her results to the committee (the identical instrument is used for adult and juvenile offenders). Unlike DOC's Community Corrections Specialists, Sex Offender Treatment Coordinators do not focus solely on the pre-release evaluations, but have other responsibilities as well. JRA staff who both administer and review results of the WSSORLCT noted that the instrument was not designed for use with juvenile populations and questioned its applicability to underage sex offenders.

Juveniles with certain sexual offenses receive 24 months of parole, which may be extended for up to 36 months (RCW 13.40.210). In order to make decisions about parole duration (and continued treatment needs), JRA has instituted the Sex Offender Supervision Screen (SOSS).¹² Juvenile Rehabilitation Treatment Coordinators conduct the SOSS after 18 months, and parole extension is decided based on cutoff scores; the decision is re-evaluated every 90 days.¹³

¹² The SOSS is also known as the sex offender domain of the Intensive Parole Supervision Assessment (IPSA).

¹³ For data about the reliability and validity of this risk assessment instrument in predicting sexual recidivism, see: R. Barnoski. (2008). *Assessing the risk of juvenile sex offenders using the intensive parole sex offender domain*. Olympia: Washington State Institute for Public Policy, Document No. 08-05-1101.

Local Law Enforcement Agencies

Law enforcement at the local level consists of county sheriff and city police departments. These agencies have the ultimate authority for determining sex offenders' risk levels for purposes of community notification. The "leveling" process is specifically concerned with the public's safety; therefore, risk levels designate the likelihood that a sex offender will endanger strangers as opposed to family members. An offender's risk level influences his/her registration requirements, frequency of address verifications, type of community notification, and assignment of a CCO (Level 3 offenders' CCOs specialize in sex offenders). Thus, assignment of risk level is a key decision that determines the nature and quantity of interactions between law enforcement and sex offenders.

No statutes direct the decision-making process for law enforcement in assigning risk levels; however, a model policy has been in existence for several years. The Washington Association of Sheriffs and Police Chiefs (WASPC), the state's professional organization of law enforcement executives, recently released new guidelines for sex offender registration and notification.¹⁴ This policy suggests that its members adopt the risk level recommended by the ESRC for sex offenders who have been incarcerated. Modifications in risk level must, by law,¹⁵ be accompanied by a Departure Notice to DOC or JRA; however, it is unclear to what extent this requirement is followed.

Among individuals who do not have an ESRC recommendation (e.g., participants in the Special Sex Offender Sentencing Alternative or Special Sex Offender Disposition Alternative, and offenders who moved from other states), WASPC strongly advises use of the WSSORLCT. However, since law enforcement agencies have different perspectives and resources, it is likely that this policy is implemented in diverse ways statewide. For example, the King County Sheriff's Office and Seattle Police Department have units that specialize in sex offenders, whereas most smaller agencies have not created such units and may, therefore, invest less expertise in the "leveling" process. In conversations with law enforcement representatives, several expressed concerns regarding administration of the WSSORLCT, including lack of state training

¹⁴ Washington Association of Sheriffs and Police Chiefs. (2007). *Guidelines for Washington State law enforcement: Adult and juvenile sex offender registration and community notification*. Olympia: WASPC.

¹⁵ RCW 4.24.550

standards, insufficient knowledge of instrument utility, and non-standard administration practices.

Several law enforcement personnel also noted concerns about the stability of risk level assignment over time. No statewide provisions currently exist for changing a sex offender's risk level during the course of the registration period, which is a minimum of 10 years.¹⁶ In conversations, some law enforcement representatives noted that adjustment to an individual's risk level may be warranted if he/she has met the following requirements:

- Resided in the community for several years,
- Complied with the terms of his/her registration,
- Appropriately participated in treatment, and
- Otherwise displayed positive involvement in the community.

No protocol exists, however, for when or how to enact risk level modifications. Importantly, several informants reported that they are not sure whether a change in the risk level is warranted under these circumstances and do not know whether the research does or does not support such adjustments. Some agencies (e.g., Seattle and Spokane Police Departments) have developed assessment procedures for level reductions that include interviews, collateral contact, polygraph testing, and, in the case of Seattle Police, administration of the STATIC-2002.

Private Sex Offender Treatment Providers

Private treatment providers offer sex offender evaluations and treatment to sex offenders living in the community. For example, they assess the eligibility of individuals charged with sex offenses for sentencing alternatives (i.e., SSOSA, SSODA). They may also provide therapy to individuals eligible for a sentencing alternative, probation, or parole. Thus, risk assessment may take place in the context of a more global assessment of functioning, or it may be a component of ongoing treatment.

Although treatment providers are independent of any state agency, they often work in close collaboration with public officials (e.g., CCOs, police officers, SCC

¹⁶ Under special circumstances, sex offenders may petition the courts to be relieved of the duty to register. This petition may only be filed after five years of registration have elapsed for an adult sex offender and two years for a juvenile sex offender (RCW 9A.44.140).

evaluators, etc.) and are subject to some regulation (e.g., mandated quarterly assessment reports of treatment progress submitted to the courts). Nevertheless, because treatment providers do not have a governing body, it was unclear how much diversity in risk assessment practice exists.

A brief online survey with items about treatment providers' backgrounds, general risk assessment practices, and use of risk assessment instruments was sent to 81 individuals.¹⁷ Fifty treatment providers (62 percent) responded to the survey. The majority of respondents were certified providers (84 percent) and had 10 or more years of experience in the field (84 percent). Fifty-eight percent of the sample had a master's degree, while the rest possessed doctoral degrees. Together, these statistics suggest that this sample may have been somewhat more experienced and knowledgeable than the general population of DOH-approved Sex Offender Treatment Providers.¹⁸

The majority of treatment providers reported that they work with both adult and juvenile sex offenders (66 percent); 20 percent work only with adult offenders and 14 percent work only with juveniles. Over 97 percent of providers treat males, whereas rates for female clients are much lower (65 percent among adult providers; 59 percent for juvenile providers), reflecting the gender differences observed in sexual aggression. The rates for developmentally disabled clients with sexual offenses are comparable for adult and juvenile providers (65 percent and 64 percent, respectively).

In this sample, 43 treatment providers indicated that they work with adult sex offenders. The following represents the type of offenders who receive services.¹⁹

- Parolees (91 percent),
- SSOSA eligible (88 percent),
- SSOSA participants (86 percent), and
- Sexually Violent Predators (37 percent).

Next, providers were asked about their choice of recidivism risk assessment methods.²⁰ The following

¹⁷ Of the 91 treatment providers registered as "certified" or "affiliate" with the Department of Health, 10 were not sent a survey, most often for technological reasons (e.g., we could not obtain a viable email address).

¹⁸ For example, while 42 percent of this sample possessed doctoral degrees, only 34 percent of all DOH-approved providers identified as such.

¹⁹ Note that these figures do not total 100 percent because providers may treat various types of sex offenders and thus were allowed to endorse as many categories as applicable.

is a list of the methods presented with their corresponding endorsement rate:

- Clinical interviewing (100 percent),
- Review of treatment progress (98 percent),
- Review of polygraphs (98 percent),
- Review of plethysmographs (79 percent),
- Administration of risk assessment instruments (86 percent),
- Review of risk assessment instruments administered by others (84 percent),
- Psychological testing (79 percent),²¹ and
- Other methods (19 percent; most indicated that they conduct collateral contact).

Treatment providers who endorsed administration of instruments were asked to report which instruments they utilize *as standard practice* with adult sex offenders.²² Again, providers could endorse as many instruments as applicable. The most popular instrument was the STATIC Risk Assessment (see Exhibit 2).

Exhibit 2
Use of Risk Assessment Instruments by Providers: Adult Sex Offenders

Instrument Used	Percentage of Providers Using This Instrument
STATIC	75%
SONAR/Stable	50%
RRASOR	39%
VRAG/SORAG	28%
MnSOST	25%
Other*	25%
WSSORLCT	14%
LSI	3%
SACJ ²³	0%

* SVR-20 and PCL-R were mentioned most often.

²⁰ Respondents could endorse as many methods as applicable.

²¹ This percentage appears to be very high, especially given the number of master's-level providers in the sample. It may be that providers interpreted this choice to mean use of standard rating scales, rather than the narrower definition intended (i.e., administration of cognitive, personality, and projective tests usually conducted by doctoral-level mental health professionals).

²² Each choice contained various versions of the same instrument. For example, both the original MnSOST and the MnSOST-Revised were included under one choice. This format did not allow us to distinguish which versions of the instruments are employed by treatment providers.

²³ Structured-Anchored Clinical Judgment

We inquired about use of the same instruments with special populations: female and developmentally disabled sex offenders. Overall, rates of instrument use decreased sharply for both populations in comparison with the general adult sex offender population. The STATIC remained the most popular instrument; however, use of the SONAR/Stable was lower with special populations than the general adult sex offender population.²⁴ Differences in instrument use by therapist education were tested for all three populations using the Fisher's exact test. None of the tests was statistically significant (at $p < .05$), suggesting that master's- and doctoral- level clinicians employ the same risk assessment instruments in working with adult sex offenders.

Thirty-nine treatment providers in this sample work with juvenile sex offenders. The following is a breakdown of their sex offender clientele:

- SSODA eligible (82 percent),
- SSODA participants (72 percent),
- Sexually Aggressive Youth program participants (67 percent),²⁵
- Probation recipients with sexually motivated offenses (64 percent), and
- Parolees (59 percent).

Many fewer providers reported working with juvenile parolees (59 percent) than adult parolees (91 percent), perhaps reflecting the tendency of Washington's courts to select alternative sentences to incarceration for young offenders.

Risk assessment methods used by juvenile treatment providers included:

- Review of treatment progress (100 percent),
- Review of polygraphs (100 percent),
- Clinical interviewing (97 percent),
- Collateral contact (97 percent),
- Psychological testing (77 percent),
- Administration of risk assessment instruments (77 percent),
- Review of others' administration of instruments (72 percent), and
- Review of plethysmographs (28 percent).

These figures generally mirror those of the adult treatment providers, with slightly lower endorsement of providers' own or others' administration of risk assessment instruments (with adults, 86 percent administered their own assessments, while 84 percent reviewed others'). Also, the use of plethysmograph results is much lower among juvenile than adult treatment providers (79 percent), which likely reflects the paucity of research on plethysmographs with juvenile sex offenders and the caution heeded by many professional practice guidelines in utilizing these results.²⁶

Once again, providers who reported that they administer risk assessment instruments themselves were presented with choices of instruments and allowed to mark all that applied. Exhibit 3 displays the instruments treatment providers endorsed as part of their standard practice with the general population of juvenile sex offenders:

Exhibit 3
Use of Risk Assessment Instruments by Providers: Juvenile Sex Offenders

Instrument Used	Percentage of Providers Using This Instrument
ERASOR	83%
JSOAP	57%
Other	17%
YLS	10%
JSORRAT	7%
SAVRY	7%
WSSORLCT	7%

²⁴ The results for female sex offenders are as follows: STATIC (19 percent), RRASOR (19 percent), VRAG/SORAG (17 percent), SONAR/Stable (14 percent), MnSOST (6 percent), LSI (6 percent), WSSORLCT (6 percent), SACJ (3 percent), and "Other" (33 percent). The results for developmentally disabled sex offenders are: STATIC (36 percent), RRASOR (22 percent), VRAG/SORAG (14 percent), SONAR/Stable (14 percent), MnSOST (11 percent), WSSORLCT (6 percent), LSI (3 percent), SACJ (0 percent), and "Other" (22 percent).

²⁵ The SAY program, administered by DSHS Children's Administration, provides therapeutic and other services to adjudicated and unadjudicated youth who have committed sexually aggressive acts (see RCW 74.13).

²⁶ Based on personal communication with Brent O'Neal, Ph.D. (April 25, 2008).

We were also interested in the use of risk assessment instruments with special populations of juveniles. Similar to adult offenders, there was reduced instrument use with special populations, but the overall preference for certain instruments (in this case, ERASOR and JSOAP) remained.²⁷ Based on Fisher's exact tests, no differences in instrument use were found between master's- and doctoral-level professionals.

Finally, all treatment providers who were surveyed were asked to describe the most pressing issue or problem affecting the use of risk assessment instruments with sex offenders in Washington. Perhaps reflecting the general diversity in practices, treatment providers enumerated different concerns in instrument use. The following results represent a *preliminary* classification of providers' responses into categories of concerns.²⁸ Providers who work with adult sex offenders noted the following issues:

- Validity/reliability of instruments in general,
- Validity of the instruments for Washington offenders,
- Validity of the instruments for special populations (e.g., females, juveniles, outpatients),
- Use of the instruments in the leveling process,
- Application of instruments in other arenas (e.g., courts),
- Misuse of the instruments (i.e., due to improper training and experience), and
- Other concerns.

²⁷ The following represent endorsement by treatment providers in their work with female juvenile offenders: ERASOR (33 percent), JSOAP (17 percent), JSORRAT (3 percent), SAVRY (3 percent), WSSORLCT (3 percent), YLS (0 percent), and "Other" (17 percent). Providers who assess developmentally disabled juvenile offenders endorsed the following instruments: ERASOR (47 percent), JSOAP (30 percent), JSORRAT (7 percent), YLS (3 percent), SAVRY (3 percent), WSSORLCT (3 percent), and "Other" (20 percent).
²⁸ Respondents could answer or skip this question; therefore, not all treatment providers in the sample are represented. Thirty-two out of 43 providers (74 percent) who work with adult sex offenders and 28 out of 39 providers (72 percent) who work with juvenile sex offenders responded. Since respondents were provided with a relatively large text box in which to describe their concerns, there is much variability with respect to response length. In addition, this format allowed some individuals to list more than one pressing concern. In this analysis, if more than one concern was described, each concern was separately categorized.

Providers working with juvenile sex offenders were concerned with the following:

- The general validity/reliability of the instruments,
- Validity of instruments with juveniles,
- Differences between adult and juvenile offenders' recidivism patterns (and, therefore, risk assessment),
- Validity and application of the WSSORLCT, and
- Other problems.

Although juvenile treatment providers showed less variability than adult providers in the types of concerns raised, there was some overlap in the content (e.g., general validity/reliability, validity for special populations, and instruments used in the risk leveling process).

In sum, the survey showed that Washington's treatment providers use diverse risk assessment strategies and that administration of risk assessment instruments was relatively high with both adult and juvenile sex offenders. However, the practices reported by this sample may not be altogether representative of the larger group of community treatment providers (who may have less training and knowledge and fewer years of experience).

Concerns About the WSSORLCT

At the time this report was written, the WSSORLCT was in use at DOC, JRA, and law enforcement agencies throughout Washington. However, many representatives of these bodies expressed dissatisfaction with the WSSORLCT in their agency's decision-making processes. For instance, informants at DOC cited concerns that the tool was outdated and invalid, and they questioned the inclusion of the "notification considerations," which are not empirically based.

Informants at JRA likewise questioned the tool's validity; they were especially concerned about the application of an instrument that had not been developed for or tested with juvenile populations.

This concern was echoed by law enforcement personnel. In addition, law enforcement representatives noted concerns about quality of training and administration, lack of dynamic factor assessment, and poor validity. Even private treatment providers, who are not mandated to use the WSSORLCT, but who are affected by its use, mentioned their discontent with the instrument in the survey.

Given the apparent consensus by individuals within and outside public agencies and data showing that the WSSORLCT is not an ideal instrument for assessing risk among Washington's sex offenders,²⁹ efforts are currently underway to adopt new instruments.

DOC and JRA have engaged in efforts to replace the WSSORLCT with more appropriate instruments for their purposes as well as those of law enforcement. A WASPC representative described the anticipated collaboration with DOC and JRA in future training for law enforcement personnel. In addition, several initiatives seek to collect data on Washington's sex offenders in order to have a better understanding of the connection between risk factors and recidivism in the state. For instance, DOC and DSHS are heading a task force known as the Joint Sex Offender Assessment Initiative, which will test the validity of several risk assessment instruments (including the WSSORLCT), evaluate dynamic risk factors, and make recommendations regarding best practices for Washington's institutions.³⁰

Conclusion

The overall picture that emerged from Washington's system for managing sex offenders was one of diverse practices. Correctional entities are mandated to use the WSSORLCT in their pre-release assessment of risk. In order to meet other institutional needs and to compensate for the WSSORLCT's shortcomings, these agencies are employing additional tools (such as the LSI-R, MnSOST-R, STATIC-99, and ISCA). While DOC relies on standard instruments, JRA appears to generate more internal tools and procedures, perhaps because research on juvenile sex offenders lags behind that of adult offenders, and validated instruments are rare. The risk assessment information in both agencies contributes to decisions regarding facility assignment, treatment planning, risk level recommendation, referral for civil commitment, and parole conditions.

Among parties who work with adult sex offenders in Washington, there seems to be consensus about the utility of the MnSOST-R and STATIC-99. In addition to the increased use of these instruments at DOC, JFU evaluators often use them in their assessments

of SVP candidates and private treatment providers reported high utilization rates (especially of the STATIC). Of course, among individuals who have the freedom to use varied instruments in their risk assessments (e.g., JFU evaluators, private treatment providers, SCC evaluators), additional tools were also endorsed.

Among individuals who work with juvenile sex offenders, there was less consensus on the types of instruments and the best way to use them. Some groups have chosen to adopt adult measures and articulate their limitations, whereas others use instruments specifically designed for juveniles but whose validity and reliability have not yet been demonstrated. Still others reported relying on convergence of data from multiple instruments or selection of relevant components of various instruments. All professionals with whom we talked, however, agreed that the options available to them at this time are insufficient and that additional research with juveniles is needed to develop a more predictive risk instrument.

Finally, individuals who work with sex offenders in the community—mostly law enforcement personnel, but also community corrections staff and private treatment providers—expressed concerns about reliance on risk assessment decisions at the point of release over extended periods of registration. Some informants favored a process that enabled adjustment of risk levels under certain circumstances; however, no statewide protocol for such a process currently exists.

²⁹ See: R. Barnoski. (2006). *Predicting recidivism based on the LSI-R*. Olympia: Washington State Institute for Public Policy, Document No. 06-02-1201.

³⁰ H. Richards. (March 2008). *DOC DSHS Joint Sex Offender Assessment Initiative Steering Committee Progress Report*. Olympia: Author.

Appendix: References to Standard Risk Assessment Instruments³¹

Adult instruments

Level of Service Inventory Revised (LSI-R)

Andrews, D.A. & Bonta, J. (2001). *The Level of Service Inventory—Revised user's manual*. North Tonawanda, NY: Multi-Health Systems.

Minnesota Sex Offender Screening Tool Revised (MnSOST-R)

Epperson, D.L., Kaul, J.D., Huot, S.J., Hesselton, D., Alexander, W., & Goldman, R. (2000). *Minnesota Sex Offender Screening Tool—Revised*. St. Paul, MN: Minnesota Department of Corrections.

Rapid Risk Assessment for Sex Offender Recidivism (RRASOR)

Hanson, R.K. (1997). *The development of a brief actuarial risk scale for sexual offense recidivism*. Ottawa, Ontario, Canada: Department of the Solicitor General of Canada.

Static-2002

Hanson, R.K. & Thornton, D. (2003). *Notes on the development of Static-2002* (Report No. 2003-01). Ottawa, Ontario, Canada: Department of the Solicitor General of Canada.

Sex Offender Need Assessment Rating (SONAR) and Stable 2007

SONAR:

Hanson, R.K. & Harris, A.J.R. (2001). A structured approach to evaluating change among sexual offenders. *Sexual Abuse* 13(2): 105-122.

Stable 2007:

Hanson, R.K., Harris, A.J.R., Scott, T.-L., & Helmus, L. (2007). *Assessing the risk of sex offenders on community supervision: The Dynamic Supervision Project* (Document No. 2007-05). Ottawa, Ontario, Canada: Public Safety Canada.

Structured-Anchored Clinical Judgment (SACJ or SACJ-Minimum version)

Grubin, D. (1998). *Sex offending against children: Understanding the risk* (Police Research Series Paper No. 99). London: Home Office, Research Development and Statistics Directorate, Policing and Reducing Crime Unit.

Violence Risk Assessment Guide (VRAG) and Sex Offender Risk Appraisal Guide (SORAG)

VRAG:

Harris, G.T., Rice, M.E., & Quinsey, V.L. (1993). Violent recidivism of mentally disordered offenders: The development of a statistical prediction instrument. *Criminal Justice and Behavior* 20: 315-335.

SORAG:

Quinsey, V.L., Harris, G.T., Rice, M.E., & Cormier, C. (2005). *Violent offenders: Appraising and managing risk* (2nd ed.). Washington, DC: American Psychological Association.

Washington State Sex Offender Risk Level Classification Tool (WSSORLCT)

State of Washington Department of Corrections. (1999). *Washington State Sex Offender Risk Level Classification*. Olympia, WA: Author.

³¹ For instruments revised and given the same name (e.g., MnSOST and Mn-SOST-R), only the latest version of the instrument is presented here. Instruments internally developed by public agencies, such as JRA, are not listed.

Juvenile instruments

Estimate of Risk of Adolescent Sexual Offense Recidivism (ERASOR)

Worling, J.R. & Curwen, T. (2001). Estimate of Risk of Adolescent Sexual Offense Recidivism (ERASOR; Version 2.0). In M.C. Calder (Ed.), *Juveniles and children who sexually abuse: Frameworks for assessment* (2nd ed., pp. 372-397). Dorset, United Kingdom: Russell House Publishing.

Juvenile Sex Offender Assessment Protocol (JSOAP-II)

Prentky, R.A. & Righthand, S. (2003). *Juvenile Sex Offender Assessment Protocol II Manual*. Washington, DC: Office of Juvenile Justice and Delinquency Prevention.

Juvenile Sexual Offense Recidivism Risk Assessment Tool (J-SORRAT-II)

Epperson, D.L., Ralston, C.A., Fowers, D., DeWitt, J., & Gore, K.A. (2006). Actuarial risk assessment with juveniles who offend sexually: Development of the Juvenile Sexual Offense Recidivism Risk Assessment Tool-II (JSORRAT-II). In D. Prescott (Ed.), *Risk assessment of youth who have sexually abused: Theory, controversy, and emerging strategies* (pp. 118-169). Oklahoma City, OK: Wood & Barnes.

Structured Assessment of Violence Risk in Youth (SAVRY)

Borum, R., Bartel, P., & Forth, A. (2006). *Structured Assessment of Violence Risk in Youth (SAVRY)*. Oxford, United Kingdom: Pearson Education.

Washington State Sex Offender Risk Level Classification Tool (WSSORLCT)

State of Washington Department of Corrections. (1999). *Washington State Sex Offender Risk Level Classification*. Olympia, WA: Author.

Youth Level of Service/Case Management Inventory (YLS/CMI)

Hoge, R.D. & Andrews, D.A. (1995). *The Youth Level of Service/Case Management Inventory: Description and evaluation*. Ottawa, Ontario, Canada: Carleton University, Department of Psychology.

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