



# Irish Youth Justice Service

Seirbhís na hÉireann um Cheartas i leith an Aosa Óig

Literature Review

*Risk Assessment Tools for*

*Children in Conflict with the Law*

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## **1.0 Introduction**

The Irish Youth Justice Service (IYJS) was established in 2005 as an executive office of the Department of Justice, Equality and Law Reform to work with the Office of the Minister for Children – now the Office of the Minister for Children and Youth Affairs (OMCYA). It is guided by the principles of the Children Act, 2001 and provides services to children under the age of 18 who come into conflict with the law. The IYJS works with An Garda Síochána, the Probation Service, the Courts Service and other statutory bodies such as the Health Service Executive (HSE) and non-statutory bodies in the community and voluntary sector. It is also responsible for managing the four children's detention schools. The National Youth Justice Strategy 2008-2010 cites the need to identify appropriate tools to assess risk and needs of children at various stages in the criminal justice system as a key objective (IYJS, 2008).

This literature review aims to produce a summary analysis of research literature on risk assessment tools. It begins by defining the concepts of risk and need. This is followed by a review of the development of risk assessment tools. Several risk assessment tools are then described including two that are used in Ireland – the Youth Level of Service/Case Management Inventory (YLS/CMI), a Canadian risk assessment tool developed by Hoge and Andrews (2002) and Asset developed in Britain by the Youth Justice Board (2000). Following this, principles of risk assessment and management are outlined. Finally, recommendations include the IYJS supporting the introduction of a general risk assessment instrument and providing training and support for staff. Risk assessment should form part of each young person's comprehensive assessment when they become involved with the juvenile justice sector – whether that is in one of the four children's detention schools or in a community project which is funded by the IYJS.

## **2.0 Scope of this Literature Review**

This literature review involves an analysis of research, policy and other relevant documents published between 1990 and 2008. Both generic and specialised tools that assess risk and need in young people who offend are described. Only assessment tools are included where evidence regarding their effectiveness has been reported in at least one peer-reviewed publication. These publications were identified by searching electronic databases including Sage Online and the ISI Web of Knowledge. While a number of risk assessment tools have been developed to

assess different types of adult offenders, a smaller number have been developed specifically for young people (Burman et al, 2007). Those which are in common use within juvenile justice are reviewed here.

### **3.0 Risk and Need**

Assessing the risks and needs of young offenders has become standard practice in many juvenile justice jurisdictions (Upperton and Thompson, 2007) so an understanding of the concepts of risk and need is essential. Indeed, judgements about risk and need factors form the basis for important decisions involving young people not just within juvenile justice systems but also within child and adolescent mental health and social services (Worling and Langstrom, 2003; Kemshall, 2008). While it is reasonable to assume that practitioners have a shared understanding of risk across the various sectors, Raynor et al (2000) caution that they may have different understandings of risk. Different understandings of the concept can also occur within the same sector (Little et al, 2004). For example, the Youth Justice Board (2005) advises that risk can mean:

- The risk of re-offending – how likely an offender is to re-offend and the timescale.
- The risk of harm to others – the likelihood of the offender committing an offence that is likely to inflict serious harm to others.
- The risk of harm to the offender – whether the young person will be harmed by their own actions or by the actions or omissions of others.

In the juvenile justice setting, the term risk is often used to mean both the probability of any re-offending and the danger of a harmful violent offence taking place. In the latter case, the issues of concern will be the nature of the possible offence and who the potential victims are rather than simply the probability of an offence occurring in a given time (Kemshall and Pritchard, 1996). This kind of ambiguity about whether risk primarily indicates the probability of further offences or the danger presented should they occur can lead to confusion. For example, what exactly is meant by a high risk offender? Is it someone who is very likely to commit further offences of a routine nature or someone whose next offence is likely to be serious if it occurs? Thus, there are different types of risk and consequently different assessment tools that have been developed to assess them. The main types of risk assessed for within juvenile justice settings include:

- (i) Assessment of risk of general recidivism
- (ii) Assessment of risk of violence
- (iii) Assessment of risk of sexual violence.

Risk factors have been classified in the literature as broadly falling into two categories: static and dynamic (Boram, 2003). Static risk factors include those that are historical and do not change (e.g. age at first offence, gender, prior offence history). Dynamic risk factors are typically individual, social or situational factors that often do change or can change over time (e.g. attitudes, beliefs, drug use, peer group). These are sometimes referred to as criminogenic needs (Hoge and Andrews, 1996). Criminogenic needs are those that are directly related to offending (Stephenson et al, 2009) as opposed to needs that are not linked to reduced recidivism (Ashford, Sales and Reid, 2001). The use of the term ‘criminogenic need’ has been questioned because it is not how the word need is commonly understood (Farrow et al, 2007). However, the use of the word need suggests that the young person requires an intervention and therefore reinforces the link between the assessment of risk and subsequent interventions. This is essential because practitioners working with offenders must make risk management and rehabilitation work together (Farrow et al, 2007). Andrews and Bonta (1998) argue that it is the combined assessment of risk and need that improves the ability to predict who is likely to offend and outlines what interventions should take place to reduce risk.

#### **4.0 Development of Risk Assessment Tools within Juvenile Justice**

The current emphasis on risk assessment stems from a body of research that challenged the pessimistic view prevalent in the 1980s - that intervention did not work with offenders (Newburn, 2007). This led to the development of the ‘what works’ movement or the Risk-Needs-Responsivity (RNR) Model where the risks and needs of the offender should drive the selection of an appropriate intervention which targets offending behaviour by tackling criminogenic needs (Taxman et al, 2006) and focuses on evidence based practice (Raynor, 2003). One of the main messages of the ‘what works’ meta-analytical reviews was that cognitive behavioural approaches were generally associated with lower reconviction rates (Baker, 2004). The RNR Model contained three basic principles of rehabilitation (Andrews and Bonta, 1998). The risk principle asserts that those young people at higher risk of re-offending require higher levels of service. The need principle asserts that programmes should

target criminogenic needs and thereby reduce the chances of future criminal activity (Andrews et al, 1990). The responsivity principle asserts that treatment programmes should be delivered in a style and mode that is consistent with the ability and learning style of the offender (Andrews and Bonta, 1998). A further principle has been added to these and asserts that professional discretion should be used to inform the risk assessment (Connolly et al, 2006). This also means that there are circumstances when clinical judgement should override the above principles to allow for flexibility and innovation. Burnett and Roberts (2004) argue that this emphasis on evidence based practice has resulted in probation and youth justice services being overhauled and that a vital element of this has been the development and accepted usage of systematic assessment tools.

The RNR Model is not without its critics (Ward et al, 2007). For example, Hannah Moffat and Maurutto (2003:3) argue that when the term professional discretion or clinical judgement is used, that it “includes a host of professionals or paraprofessionals with little or no professional training in risk assessment.” Another criticism of the RNR model is that it has been implemented in a large scale and heavily manualised, prescriptive manner in the move towards evidence based practice. This “one size fits all” approach is said to fail to consider the specific needs, values and issues of individual offenders focusing instead on offenders’ risk profiles and ignoring the relevance of wider systemic issues (Ward and Maruna, 2007:22). They argue that this means that workers are limited to managing the clusters of risk factors that offenders present with. Furthermore, it can undermine offenders’ motivation to change and the development of the essential therapeutic alliance between the worker and the offender. Farrow et al (1999) suggest that it is important to focus not just on the removal of risk factors but on the development of human and social capital (Dolan, 2006) to support desistance from crime. However, Burman et al (2007) advise that the critics are supportive of the empirical research that supports the aspects of RNR relevant to risk assessment. They suggest that the model should be refined to provide practitioners with guidance about how risk factors actually work to cause offending (i.e. individually, in interaction with each other and in interaction with other contextual and situational influences). Raynor (2003:335) concludes that the future for evidence based practice is promising as many of the criticisms are based “on misunderstandings either of what the available research supports or of how the new developments are being implemented.” One of the reasons for scepticism is that the justice sector entered the realm of evidence based practice somewhat later than a number of other public services, notably healthcare and education (McIvor and Raynor, 2007).

It was the risk principle from the RNR model that led to efforts to develop risk assessment tools that could be used with offenders. Risk assessments are based broadly on professional or clinical judgement and actuarial methods and are designed to predict recidivism (Gavazzi et al, 2007). Four generations of risk assessment have been identified in the literature (Andrews et al, 2006). The first generation was based on the clinical judgement and intuition of the professional doing the assessment. However, such unstructured clinical approaches led to inconsistency, bias and poor transparency in the decision making process (Hoge, 2002; Burman et al, 2007). Second generation tools involved more standardised assessments that made use of actuarial methods over subjective judgement. These tools typically focused on static risk factors (e.g. age at first arrest and age of first alcohol or drug use) and as such posed serious limitations on intervention as neither the practitioner nor the offender could work to change these. The difficulties with first and second generation risk assessment led to the assimilation of need into risk assessment practice. The third generation incorporated both clinical and actuarial methods and aimed to include assessment of dynamic risk factors or criminogenic need factors to guide various decisions such as the type of intervention required. By highlighting specific criminogenic needs, third generation risk/needs assessment tools aimed to individualise risk assessment in order to guide practice but without compromising predictive validity. Difficulties associated with third generation tools include demands made on workers' time (due to their increased complexity), related dilemmas in balancing comprehensiveness and predictive accuracy with usefulness and brevity, the reintroduction of elements of professional judgement and related issues of consistency and bias and concerns about the ability of tools to address issues of gender and diversity (Roberts et al, 2001). Like the third generation tools, the newer fourth generation of risk assessment instruments is based on the evidence about 'what works' in interventions with young offenders (Burnett and Roberts, 2004). Rather than simply predicting offending, these tools aim to systematically bring together information about an offender's history and needs to develop a treatment plan (Bonta, 2002). This new approach is known as structured clinical judgement; it is based on assessment by trained people with appropriate expertise and supports a multidisciplinary approach rather than the insight of a particular individual (Burman et al, 2007).

## 5.0 Assessment of Risk of General Recidivism

Risk assessment is central to many decisions in the criminal justice process around the world (Burman et al, 2007). Raynor et al (2000) advise that probation services in the UK have been required to undertake risk assessments since 1992. In Ireland, the Young Persons' Probation Service uses a general risk assessment, the Youth Level of Service/Case Management Inventory (YLS/CMI) (Hoge and Andrews, 2002) with each referral for a pre-sanction report (Probation Service, 2005). However, this practice is not standard across other areas of the juvenile justice system in Ireland. Only one of the four children's detention schools uses a formal risk assessment tool. Oberstown Girls' School use Asset (Youth Justice Board, 2000); this was developed and is widely used in the UK. Both the YLS/CMI and Asset are described below.

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

#### 5.2.1 *Description of the YLS/CMI including its History and Development, Authors, Aims and Applications*

The YLS/CMI was developed by two psychologists with extensive research experience from Carleton University, Canada. It is a quantitative survey of the attributes of offenders and their situations, relevant to level of supervision and treatment decisions for young people aged 12 – 18. It is used widely in Canada, Australia, New Zealand, UK (Burman et al, 2007) and Ireland. The YLS/CMI was developed from the Level of Supervision/Case Management Inventory (Andrews, 1982) which is used with adults. Andrews et al (2006) describe it as a fourth generation tool which aims to strengthen adherence with the principle of effective treatment and to facilitate clinical supervision.

#### 5.2.3 *Factors Measured by YLS/CMI and Scoring System*

The YLS/CMI is a 42-item inventory that assesses eight categories of criminogenic factors:

1. Prior and current offences and dispositions
2. Family circumstances and parenting
3. Education and employment
4. Peer relations
5. Substance use
6. Leisure and recreation
7. Personality and behaviour
8. Attitudes and orientation



Each item is coded as absent or present and the present items are summed to give a total score. Total scores range from 0 to 42. Cut-off scores, based on total scores, give four categories of risk for continued criminal activity (labelled “Summary of Risk and Needs Factors”) which are low, moderate, high and very high. Other sections assess other considerations such as appropriate contact level and case management considerations and apply clinical judgement to the assessment of risk. The assessment is completed based on interviews with the young person, review of clinical records and information gathered from collateral sources.

#### *5.2.4 Who can use the YLS/CMI?*

The YLS/CMI was designed to be used by probation officers and other frontline workers with training.

#### *5.2.5 Evidence relating to the Reliability and Validity of YLS/CMI including its Relevance to Subgroups (e.g. Female Offenders)*

The YLS/CMI has been evaluated psychometrically for reliability and validity; Jung and Rawana (1999) report that it is a robust tool that can be used to predict recidivism among young people across gender and ethnicity. Each young person’s risk and criminogenic needs can be reliably identified across different professional raters and its risk levels can adequately discriminate between high- and low-risk young people across a number of recidivism outcome measures (Schmidt et al, 2005). Meyers and Schmidt (2008) suggest that research on the YLS/CMI is limited but acknowledge that studies have shown its total score and subscale scores significantly discriminate between offender and non-offender groups.

#### *5.2.6 Strengths and Weaknesses of YLS/CMI*

Hoge and Andrews (1996) describe several strengths. The first is that it provides for a very broad assessment of factors known to be associated with youth crime. This selection of items was based on a review of the theoretical and empirical literature on the causes of youth crime. The inventory provides direct information about young people’s needs or areas where intervention would be appropriate. The assessment also provides a systematic basis for collecting information relevant to aggravating or mitigating circumstances. Finally, the detailed information about young people and their circumstances is valuable from a management information point of view. Burman et al (2007:81) found that practitioners view YLS/CMI as “systematic, tried and tested, quicker to complete than Asset and able to constructively inform

the subsequent action plan.” However, they also found that workers found that it was not conducive to gaining young people’s views, has a style that might result in a tick box mentality, cannot differentiate the type and severity of offence and does not have a separate ‘Risk of Harm’ section. Further weaknesses are as for any broad based risk assessment; it depends on information about the young person collected through clinical interview and observation, reviews of other assessment information and file review. The quality of the judgements yielded then depends on the quality of information available and the accuracy with which it is processed. Therefore it is essential that whoever is administering the tool has the training and support to administer it effectively. Furthermore, the YLS/CMI is designed to be revised every six months. This is particularly important given the developmental changes that occur during adolescence (Schmidt et al, 2005).

### 5.3 Asset

#### *5.3.1 Description of Asset including its History and Development, Authors, Aims and Applications*

The design and development work was done by the Centre for Criminological Research, University of Oxford and was informed by the Assessment, Case Management and Evaluation (ACE) (Roberts et al, 1996) and by subsequent efforts to adapt this for use with young offenders (Baker, 2005). It was introduced in 2000 and meant that for the first time, a common structured assessment profile was being used across the youth justice system in England and Wales with young people aged 10 - 17. Its implementation was a key initiative of the newly established Youth Justice Board who wanted to promote consistency and practice in the multidisciplinary youth offending teams (Baker, 2004).

#### *5.3.2 Factors Measured by Asset and Scoring System*

The core assessment profile includes some static factors (e.g. criminal history) but also focuses on dynamic factors. There are 12 main sections addressing key issues such as living arrangements, family and personal arrangements, education, training and employment, neighbourhood, lifestyle, substance use, thinking and behaviour and attitudes to offending. It also includes a section on positive factors and sections to screen for vulnerability and/or risk of serious harm to others.

Each section of the core profile prompts assessors to consider key issues and these questions require ‘yes/no’ responses. An overall rating (on a 0-4 basis) for each section is required and

this should reflect the link between any identified problems and the future likelihood of offending. Assessors should explain the reasoning behind a given rating in the evidence box for each section and show how risk factors are relevant to the offending behaviour of the particular young person being assessed. There is also a self assessment form called “What do you think?” which addresses similar issues to those in the core profile providing an opportunity for young people to express their own views and facilitating comparison between the views of young people and those of practitioners. Other components include a “Risk of Serious Harm” form to help practitioners assess whether a young person may go on to cause serious physical or psychological damage to others. Finally, there are intervention and risk management plans intended to help practitioners move from an assessment to an appropriate programme of planned work with a young person.

### *5.3.3 Who can use Asset?*

Asset is a structured assessment tool used by non-health practitioners who work in youth offending teams and Local Authority Secure Care in England and Wales on all young offenders who come into contact with the criminal justice system. It aims to look at the young person’s offence or offences and identify a multitude of factors or circumstances – ranging from lack of educational attainment to mental health problems – which may have contributed to such behaviour. The information gathered from Asset can be used to inform court reports so that appropriate intervention programmes can be drawn up. It will also highlight any particular needs or difficulties the young person has, so that these may also be addressed. Asset will also help to measure changes in needs and risk of re-offending over time (Youth Justice Board, 2000).

### *5.3.4 Evidence relating to the Reliability and Validity of Asset including its Relevance to Subgroups (e.g. Female Offenders).*

Several studies have been undertaken on behalf of the Youth Justice Board in relation to reliability and validity. The most recent study suggests that its predictive validity over 24 months was 64% (Baker et al, 2005). This included population subgroups such as female offenders, ethnic minorities and younger offenders. The study also found that inter-rater reliability was generally good but that in some cases, staff on youth offending teams may allocate ratings on the basis of perceived problems rather than the extent to which such problems were associated with a likelihood of further offending (e.g. female offenders with significant welfare needs).

### 5.3.5 *Strengths and Weaknesses of Asset*

The Youth Justice Board advocate that, when properly used, the tool “is capable of preventing further offending” as “offenders who are likely to continue to offend can be identified at the earliest stage and steps can be taken to prevent it with confidence.” (Youth Justice Board, 2002:9). Burman et al (2007) found that practitioners view Asset as being able to positively engage young people in the process of assessment, takes their views into account and is holistic. Stephenson et al (2009) suggest that while Asset can be helpful in assigning those more at risk of offending to more intensive interventions, there is too much emphasis on the negative aspects of a young person’s life with at the expense of protective factors which may ameliorate risk. Others have been more critical; citing the “spurious scientific accuracy offered by actuarial instruments such as the Asset form.” (Smith, 2003:211). However, claims that Asset leads to de-professionalism (Case, 2002) have been criticised as reflecting a lack of familiarity with its design and content and a limited awareness of how Asset is actually used in practice (Baker, 2005). But it has also been criticised by practitioners; a user survey yielded a number of concerns including its length, the potential intrusiveness of some of the questions, the time required to complete it well and uncertainty about using the ratings (Roberts et al, 2001). Further problems outlined included variability in the way the tool was used in different areas; practical difficulties around local policies, team structures, individual working styles, workload, resources and training all affected the way that it was used in practice. Furthermore, if information was missing, the quality of the assessment was affected. At the same time, practitioners were noted to see its potential in terms of areas such as promoting consistency, transparency and improved resource allocation. A further advantage cited was the structure it provided for new staff. Essentially, it is a tool that should be used “in the context of a practitioner’s skill and experience” (Stephenson et al, 2009:23).

## **6.0 Assessment of Risk of Violence**

One of the difficulties with general risk assessment tools cited in the literature is that tools such as the YLS/CMI and Asset do not have much to offer when assessing the risk of violence (Burman et al, 2007). This is because risk assessment for violence is not concerned with the probability of an event (such as reconviction) occurring but with its anticipated severity. There are a limited number of assessments designed specifically to assess violence risk in young people. Borum et al’s (2002) Structured Assessment for Violence Risk in Youth (SAVRY) is

described below. While the Psychopathy Checklist: Youth Version (PCL:YV) developed by Forth et al (2003) was not designed specifically to assess violence risk and is not a risk assessment per se, it is also described as it has been demonstrated to predict recidivism in males (Burman et al, 2007).

## 6.1 Structured Assessment for Violence Risk in Youth (SAVRY)

### 6.1.2 *Description of the SAVRY including its History and Development, Authors, Aims and Applications*

The SAVRY was developed in Florida by three forensic psychologists from the University of South Florida; it was modelled on an adult risk assessment, the Historical Clinical Risk-20 (HCR-20) (Webster et al, 1997). The HCR-20 provides 20 historical, clinical and risk-management variables empirically supported in the literature as correlates of violence (Meyers and Schmidt, 2008). Like the HCR-20, the SAVRY is based on the professional judgement model; it aims to help professionals to make an informed evaluation of violence risk that will aid intervention and management decisions. To this end, it identifies dynamic and modifiable risk factors that can be targeted for intervention. By including these dynamic risk factors, it is possible to measure change of specific risk items and indeed overall risk (Lodewijks et al, 2008). It was designed for use as an aid or a guide in professional risk assessments and intervention planning for violence in youth. It is specifically intended to assist in the assessment of violence risk in adolescents between the ages of 12 and 18.

### 6.1.2 *Factors Measured by SAVRY and Scoring System*

The SAVRY contains 24 risk items from the existing research on adolescent development and youth violence. The risk items are grouped into three domains which includes Historical Risk (10 items), Social/Contextual Risk (six items), Individual/Clinical Risk (eight items) and a Protective Factors domain (six items). The risk items have a three-level coding structure (low, moderate and high) and the protective items have a two-level structure (absent or present). Specific coding guidelines for each item and level are provided. The SAVRY manual explicitly advises against the use of numerical indices and cut off points in clinical decision making. The final SAVRY rating of low, moderate or high represents a structured judgement regarding the risk for future violence.<sup>1</sup>

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<sup>1</sup> The Risk Score is only used for research purposes. The total is derived by numerically transforming and summing codes of low, moderate and high for the 24 items to 0, 1 and 2 respectively. In clinical

### 6.1.3 *Who can use SAVRY?*

It is designed for use by professionals in a variety of disciplines who conduct assessments and/or make intervention plans concerning violence risk in youth. The authors recommend that at a minimum, those who use it should have expertise (i.e. training and experience) in conducting individual assessments, child/adolescent development and in youth violence; in general, psychologists, psychiatrists, social workers and probation workers would be qualified to use it (Department of Mental Health Law and Policy, 2002).

### 6.1.4 *Evidence relating to the Reliability and Validity of the SAVRY including its Relevance to Subgroups (e.g. Female Offenders).*

While research on the SAVRY's ability to assess violence risk in its early stages, several studies have been published which are reported to show promising results (Meyers and Schmidt, 2008). For example, a UK study found its predictive validity to be moderate for both violent and general recidivism (Dolan and Rennie, 2006). Bartel et al (2003) also found that institutional aggressive behaviour and aggressive conduct disorder were predicted by all three SAVRY risk domains and the SAVRY risk rating in a retrospective analysis of three population samples including two of young males in detention and a community sample. Meyers and Schmidt (2008) found that it maintains its predictive validity for follow up periods beyond one year with ability to predict general recidivism within both one-year and three-year follow up and also non-violent recidivism within one-year. This suggests that many of the items tap into the larger construct of general recidivism. This study also found that its inter-rater reliability ranged from good to excellent. Furthermore, while it was also found to have good predictive validity for girls, several significant differences between girls and boys were found in relation to sample characteristics, mean SAVRY individual item scores and base rate for violence after discharge. In relation to sample characteristics, boys tended to have more diagnoses of disruptive behaviour disorder and fewer other disorders as classified on the Diagnostic and Statistical Manual of Mental Disorders-IV - DSM-IV (American Psychiatric Association, 1994). The finding that girls differed to boys on some SAVRY items is not in line with previous research suggesting that "risk markers for aggression are more similar than different for girls and boys" (Penney and Moretti, 2007:35). The higher history of self harm and suicide attempts and better school achievement for girls have been found before but boys scored higher on items including exposure to violence at home and childhood history of maltreatment. Finally, male adolescents were found to be three times more likely to commit a violent re-offence than

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applications, the Summary Risk Rating is used. This is the qualitative final professional risk judgement based on an overall interpretation of the 24 risk items and the six protective items for the case at hand.

female adolescents. Viljoen et al (2008) found that the SAVRY was not as good at predicting re-offending among younger adolescents (i.e. adolescents aged 15 or younger). One reason suggested for this is that due to developmental factors, young people may score higher on certain items measured (e.g. understands risk factors / lack of empathy / impulsivity etc). Thus, raters may believe that younger adolescents are likely to engage in antisocial behaviour and score them as being high risk.

#### *6.1.5 Strengths and Weaknesses of SAVRY*

The SAVRY is user friendly and the vast majority of items can be coded from existing file information in a reasonable period of time without requiring additional assessments (Meyers and Schmidt, 2008). However, experts have noted that it may be challenging to assess risk for violence among adolescents “because adolescence is a period of enormous change and development” (Viljoen et al, 2007: 6). Moreover, Welsh et al (2008) caution that as the SAVRY is relatively new, it has not been scrutinised to the same degree as other risk assessment measures; Olver et al (2009) agree that further research in this area is warranted. Nonetheless, Meyers and Schmidt (2008) describe it as a promising tool and a solid contribution to the field of adolescent risk assessment.

## 6.2 The Psychopathy Checklist-Youth Version (PCL-YV)

### *6.2.1 Description of the PCL-YV including its History and Development, Authors, Aims and Applications*

The PCL-YV is a 20-item clinical rating tool that assesses young people on several behavioural and personality characteristics associated with psychopathy. It closely parallels the adult version, the Hare Psychopathy Checklist (Hare, 1991), with some items having been slightly modified for use with adolescents. The tool was developed in response to the growing theoretical and applied interest in the construct of psychopathy as it applies to children and adolescents. This attention is due in part to the research with adults that has demonstrated a strong relationship between psychopathy and serious repetitive crime, violent behaviour and a poor treatment prognosis. The lack of evidence for successful intervention in the criminal careers of adult psychopaths highlights the importance of identifying psychopathic traits early in development. Research in this area may lead to the development of early intervention strategies designed to modify the pathway to persistent, diverse and serious antisocial behaviour that is associated with psychopathy.

### *6.2.2 Factors Measured by PCL-YV and Scoring System*

Four domains of functioning are surveyed: Interpersonal, Affective, Behavioural and Antisocial. Each item is rated on a three-point scale and scores range from 0 to 40. Rather than categorising on a total score, the PCL-YV is used to represent the degree to which a young person possesses psychopathic traits. The scale yields a total score as well as two factor scores, one reflects psychopathic personality traits and the other reflects a deviant, unstable lifestyle. The PCL-YV helps to identify potential patterns of cheating, fighting, bullying and other antisocial acts in young people.

### *6.2.3 Who can use PCL-YV?*

The PCL-YV involves a semi-structured interview format with items within it surveying a broad range of personality and behavioural dimensions. These include lack of remorse or guilt, parasitic lifestyle, lack of realistic goals and relationships. Users must have a professional qualification to doctorate level - i.e. clinical or forensic psychology (www.sigmaassessmentssystem.com).

### *6.2.4 Evidence relating to the Reliability and Validity of the PCL-YV including its Relevance to Subgroups (e.g. Female Offenders)*

The Hare Psychopathy Checklist- Revised has been found to have strong psychometric properties and the PCL-YV studies show equally promising results (Catchpole and Gretton, 2003). Validity data show that it has a good predictor of recidivism in a sample of adolescent sex offenders (Gretton et al, 2001) and in general offenders (Brandt et al, 1997) and its scores have been found to be strongly correlated with violent offence history (Murray et al, 1994). However, Jung and Rawana (1999) argue that it does not predict offending in females but that other psychological variations such as vulnerability to depression and low self esteem may be criminogenic for young women. Schmidt et al (2006) agree that it is not useful with female and further evidence suggests it does not cater for ethnically heterogeneous samples (Edens et al, 2007). Further research is needed to understand the application of the psychopathy construct in girls and its relationship to recidivism (Penney and Moretti, 2007; Vincent et al, 2008).

### *6.2.5 Strengths and Weaknesses of PCL-YV*

Although this personality construct was not developed specifically for risk assessment (unlike the SAVRY or the YLS/CMI), it has been used in this area despite being controversial (Welsh et al, 2008). For example, there are concerns about applying the construct of psychopathy to



young people. While the authors of the tool advise that it is inappropriate to use the tool to render a clinical or forensic diagnosis, they acknowledge that psychopathy is a psychological term rather than a legal one and it has negative connotations among the general population (Book et al, 2006). There have also been reports in the literature of how the tool has been misused. For example, general characteristics of adolescence may be mistaken for psychopathic tendencies (Edens, 2001). For this reason, it is clear that users must have appropriate qualifications prior to administering this assessment. It is not appropriate for non-clinical staff and clinicians who do use it must have an advanced graduate degree in social, medical or behavioural sciences and have appropriate professional credentials (e.g. be registered with the Irish Psychological Society).

## **7.0 Assessment of Risk of Sexual Violence**

There have been few follow-up studies with adolescents who commit sexual offences (Worling and Langstrom, 2003). Only one has been validated in the UK. The Assessment, Intervention and Moving On Project (AIM) was set up in Manchester in 2000 (Print et al, 2000). An American tool, The Juvenile Sex Offender Protocol-II (J-SOAP-II) (Prentky and Righthand, 2003) is also cited frequently in the literature. Both are described below.

### **7.1 Assessment, Intervention and Moving On Project (AIM)**

#### **7.1.1 *Description of the AIM Assessment Framework including its History and Development, Authors, Aims and Applications***

The AIM framework presents guidelines for practitioners from a wide range of agencies including the police, social services, probation, education and health. It aims to provide a common language and shared approach to sexual offending (Print et al, 2002). The project was set up to improve the way professionals respond to young people aged 10 – 17 who display sexually harmful behaviour. The assessment framework considers offence specific and developmental factors, the role played by parents/carers and the community/environment as dynamics that affect the young person.

### *7.1.2 Factors Measured by the AIM Framework and Scoring System*

The framework consists of a number of steps to assist and encourage practitioners in gathering and analysing information on the risks posed by the young person as well as their needs. The following key components should be followed:

1. Assigning a lead agency which identifies assessors, consultant and date for completion of assessment report.
2. Applying the assessment to assist in decisions about the identification of services.
3. Covering four domains – Offence Specific, Developmental, Family/Carers and Environment
4. Applying the assessment to construct an outcome matrix which provides a framework within which to structure decision making.

A scoring system is incorporated for practitioners. The number of factors applicable to the young person and their environment is calculated on high- and low- concern factors and high and low strengths. The young person's characteristics are derived from a continuum of strengths and needs and help to inform treatment and sanctions.

### *7.1.3 Who can use the AIM Assessment Framework?*

The framework was designed to be used with a wide range of practitioners including youth offending teams, police, social services, health and education.

### *7.1.5 Evidence relating to the Reliability and Validity of the AIM including its Relevance to Subgroups (e.g. Female Offenders)*

A two-year evaluation found that there was a high degree of consistency between different assessors; however its predictive ability is unknown (Griffin and Beech, 2004). AIM was described in the study as a positive, clear and helpful process for practitioners.

### *7.1.6 Strengths and Weaknesses of AIM*

The use of AIM has allowed for the establishment of interagency protocols for multidisciplinary working with young offenders in Manchester. Following its introduction, police changed their practice from using the Risk Matrix 2000 (Hanson and Thornton, 2000), which was developed for use with adults, to using AIM with young people. However, a

weakness was identified in the two-year evaluation study with some teams in the Manchester region continuing to use Asset as an alternative assessment tool to AIM.

## 7.2 Juvenile Sex Offender Protocol-II (J-SOAP-II)

### 7.2.1 *Description of the J-SOAP-II including its History and Development, Authors, Aims and Applications*

The J-SOAP-II is a checklist; its purpose is to aid in the systematic review of risk factors that have been identified in the literature as being associated with sexual and criminal offending. It is designed to be used with boys aged 12 to 18 but the authors explicitly state that decisions about re-offence risk should not be based exclusively on the J-SOAP-II (Prentky and Righthand, 2003). In other words, it should always be used as part of a comprehensive risk assessment. This risk assessment scale for juvenile sex offenders was developed at Joseph J Peters Institute in Philadelphia in 1994. In developing this instrument, the authors selected risk factors that had empirical support and/or clinical relevance.

The risk assessment variables were developed after reviews of the literature that covered five areas:

1. Clinical studies of juvenile sex offenders
2. Risk assessment / outcome studies of juvenile sex offenders
3. Risk assessment / outcome studies of adult sex offenders
4. Risk assessment / outcome studies from the general juvenile delinquency literature
5. Risk assessment studies on mixed populations of adult offenders.

### 7.2.2 *Factors Measured by J-SOAP-II and Scoring*

The J-SOAP-II is a 28-item checklist of risk factors that was designed to assess risk for sexual violence as well as general delinquency. The J-SOAP-II has four scales. Two scales – Sexual Drive / Preoccupation (e.g. prior sexual offence charges) and Impulsive / Antisocial Behaviour (e.g. past school behaviour problems) include static risk factors that generally do not change over time. The other two scales, Intervention (e.g. remorse and guilt) and Community Stability / Adjustment (e.g. management of sexual urges) focus on dynamic (or potentially changeable) risk factors. Items are rated on a three point scale with a higher score representing greater risk. A total score is then obtained by summing the items on the four scales. Various total scores

are not associated with classifications so the J-SOAP-II functions as an “empirically informed guide” rather than an actuarial tool (Viljoen et al, 2007:9).

### *7.2.3 Evidence relating to the Reliability and Validity of J-SOAP-II including its Effectiveness with Subgroups (e.g. Female Offenders)*

Despite the fact that the J-SOAP-II appears to be widely used, relatively little is known about its predictive validity; with one study finding that although total scores on it (and the SAVRY) were able to predict nonsexual aggression with some degree of accuracy - neither significantly predicted sexual violence (Viljoen et al, 2008). In relation to subgroups, studies to date have not focused specifically on risk factors for sexual recidivism among adolescent females. However, no clear gender differences in risk factors for adolescent female as compared to adolescent male general (including sexual) offenders, or aggressive behaviour have been found in meta-analytic studies. Therefore, Worling and Langstrom (2003) advise that not using structured risk assessments with adolescent females who sexually offend is not supported by the literature. As stated above though, assessments in relation to sexual risk should form part of a comprehensive risk assessment as opposed to a stand alone assessment.

### *7.2.4 Strengths and Weaknesses of J-SOAP-II*

The major weakness identified for the J-SOAP-II is its limited ability to predict sexual re-offending. One study showed that while sexual recidivism was low, a sizable proportion of the young people had committed other types of offences (Viljoen et al, 2008). This emphasises the need to assess risk for nonsexual offending in addition to assessing for sexual violence among adolescents who have committed a sexual offence. A further weakness is that research has shown that the J-SOAP-II was less significant in predicting re-offending among younger adolescents (Viljoen et al, 2008). Younger adolescents (i.e. young people aged 15 and younger) were more likely than older adolescents to be incorrectly judged as being a high risk for sexual and nonsexual violence following discharge. This finding may be due to younger adolescents receiving higher scores on certain items on these tools (e.g. understands risk factors / lack of empathy / impulsivity) because of their developmental stage rather than stable personality factors that are indicative of long term re-offence risk. Furthermore, sexual violence committed by young adolescents may seem more serious and deviant. Therefore, raters may believe that these young people are more likely to engage in antisocial behaviour and thus tend to score them as being high risk.

## **8.0 Risk Assessment and Management**

### *8.1 Standardising Practice*

Hannah Moffat and Maurutto (2003) advise that a dominant theme to emerge from the academic literature is the need for further research studies to examine the validity and reliability of risk assessments that are used with young offenders. Furthermore, they argue that most of the research has been conducted on small populations by those working within the juvenile justice system or indeed by the authors of the tools. Despite these limitations, Burman et al (2007) suggest that risk assessment tools are useful in that they provide a helpful mechanism of standardising practice within and across agencies. However, it is important to state that an assessment tool is only as good as the person administering it. Practitioners need to be able to analyse the information gathered and use it to develop whole case hypotheses or formulations (Schwalbe, 2008a). These can then be used to evaluate how risk factors interact with and influence each other, the level and type of risk posed by the individual and how best to respond to them. Practitioners should also be able to update or amend their hypotheses if and when a young person's circumstances change. However, Baker (2007) expresses concern that the skills youth justice practitioners have at collecting relevant information for assessments is not matched by analytical ability. Furthermore, Towl (2005) cautions against anchoring bias; this is what happens when practitioners are not willing to change their minds having completed an assessment. Bailey (2002) argues that practitioners need to accept that risk is dynamic and must be reviewed regularly. Risk assessment should be seen as an ongoing process, subject to review, supporting access to appropriate services and supported by effective information exchange across agencies (Burman et al, 2002). Practitioners need to continuously build a body of knowledge that makes the connections between research, theory and practice; they should reflect on why some interventions work and others don't and change their practice if necessary (Farrow et al, 2007). Research has identified that lack of training can affect how risk assessments are interpreted (Her Majesty's Inspectorate of Probation, 2006) and in turn, this must affect how interventions are planned. Processes such as clinical supervision (Pritchard, 1995) and training can help to ensure that practitioners are competent in risk assessment and management (Worling and Langstrom, 2003).

### *8.2 Comprehensive Assessment*

A large number of persistent, serious offenders face additional problems that need to be addressed including mental health needs, drug use needs and problems with school (Huzinga et al, 2000). Chitsabesan et al (2006) conclude that there are high levels of unmet mental health

needs among young people in the youth justice sector. Therefore, it is essential that risk assessment is linked with an assessment protocol that includes mental health screening (Schwalbe, 2008b). This fits with Burman et al's (2007) finding that fourth generation risk assessment tools support a multidisciplinary approach rather than the insight of one person. It is also important to remember that use of a general risk assessment tool such as Asset or YLS/CMI does not preclude use of more specialised risk assessment tools. In fact, there is some evidence that adding the SAVRY can improve the predictive validity of general risk assessments (Melton and Kimbrough-Melton, 2006). Furthermore, although the PCL-YV was originally designed to measure a personality syndrome, Penney and Moretti (2007) report that its use in comprehensive risk assessment is becoming more commonplace. However, given the potential misuses of the PCL-YV (Olver et al, 2009), it is essential that specialist staff administer and interpret it. Hoge and Andrews (1996) advise that the level of expertise required for administering, scoring and interpreting assessments within juvenile justice systems varies; for example, the YLS/CMI is designed to be used by staff who have completed training on the tool but other measures, such as the PCL-YV require a higher level of knowledge and experience. Working effectively to manage risk requires a holistic understanding of the young person and knowledge of intervention strategies that recognise the importance of the young person's personal, social and familial contexts (Burman et al, 2007). Therefore, specialised tools can and should form part of a comprehensive risk assessment (Prentky and Righthand, 2003; Douglas and Kropp, 2002). Rather than viewing risk management exclusively in terms of public protection and control as is the case for adult offenders (Ward and Stewart, 2002), a developmental view recognises that young people's behaviour and personalities are not fixed and that "stabilising and supporting the normal maturation process can lead them away from engagement in harmful, victimising conduct" (Burman et al, 2007:56). This entails a holistic, team approach which targets the young person's overall situation including their personal and social relationships. Thus, a risk assessment on its own will not be enough to plan interventions that will improve outcomes (Steinhart, 2006) and a "battery of assessment tools" (Hoge, 1999: 258) may be necessary to provide a comprehensive assessment which will inform more successful interventions. Hayes and O'Reilly (2007) advocate that multidisciplinary assessment and intervention teams are necessary to address the serious levels of criminality and complex psychological difficulties that young people in detention in Ireland have.

### 8.3 *Using the Risk Assessment to Inform Intervention*

Catchpole and Gretton (2003) advise that risk assessment and intervention are complementary processes that identify risk factors for young people (risk assessment) and address these issues (intervention). Risk assessment is the first step in the juvenile justice process of managing young offenders but it must be linked with rehabilitation (Farrow et al, 2007). Olver et al (2009) argue that preventing recidivism through treatment and effective case management is the ultimate purpose of risk assessment. Treatment planning can only occur if staff have reliable ways to identify a young person's risk and needs; it is the assessment process that will allow this comprehensive or individualised picture of a young person (Grisso et al, 2005). For example, the YLS/CMI supports treatment planning by including an integrated case planning protocol in the manual that links interventions with the key risk factors that were raised in the assessment (Andrews et al, 2006). A further benefit here is that risk assessment instruments can be used to measure change and monitor progress in interventions (Schwalbe, 2008a) but there is evidence to suggest that assessed risk does not necessarily guide intervention (Sutherland, 2009). Roberts et al (2001) found that practitioners often view the completion of risk assessments as isolated pieces of work and not linked to other tasks such as report writing, review of progress or intervention planning. It is assessment that underpins effective planning by practitioners and risk assessment is only one component of this (Stephenson et al, 2009). If programmes are not able to address offenders' multiple problems, they are not likely to succeed (Communities that Care, 2001). The gap between assessment and intervention must be addressed (Burman et al, 2007) if we are serious about delivering the best outcomes for young people who come into conflict with the law (IYJS, 2008). A comprehensive assessment of risk and need will guide the development of an individualised intervention programme which will match the programme to the young person rather than expecting the young person to fit the programme. Cann et al (2005) suggest that programme completion is a key factor in success with significant reductions in reconviction. Motivation to change offending behaviour may be a contributory factor but young people's ability to engage in interventions may also be a feature. For example, Davies et al (2004) found that the literacy demands of many programmes exceed young offenders' skills and some practitioners have difficulty adjusting programmes to accommodate young people's needs which can lead to disengagement. Moreover, given the high levels of intellectual disability (Hayes and O'Reilly, 2007) and language difficulties (Byran et al, 2007) among this population it is evident that interventions must be pitched at each young person's level; if not time and resources will be wasted. Therefore, risk assessment must be part of an overall assessment process for young people to

ensure that they are given every possible opportunity to engage in interventions which will improve their outcomes.

## 9.0 Summary and Conclusion

Burman et al (2007) advise that the research literature in the area of risk assessment is improving and expanding all the time. They argue that research has led to risk assessment practice evolving from using clinical judgement or an actuarial approach to the realisation that risk assessment is better when both are used together. The two main tools used in risk assessment for general recidivism are the YLS/CMI and Asset. More specialised tools are also available. The SAVRY was designed specifically to assess the risk of violence and the PCL:YV, while not a risk assessment per se, has also been used in this area. Finally, the AIM provides a framework for assessing the risk of sexual harm while the J-SOAP-II is used for this purpose in the US. However, neither the AIM nor the J-SOAP-II have been subject to as much research as the other tools (Worling and Langstrom, 2003). Despite their limitations, risk assessment tools provide a helpful mechanism of standardising practice within and across agencies (Burman et al, 2007). However, the general risk assessment cannot be considered as a stand alone assessment and must form part of a comprehensive assessment process. This includes the use of more specialised risk assessment tools as required as well as a holistic assessment of young people's needs. If an assessment is comprehensive enough to inform intervention it can be an extremely effective way of reducing recidivism (Shepherd et al, 2005).

Two of these tools are used within the juvenile justice sector in Ireland; the Young Persons' Probation Service use YLS/CMI and Oberstown Girls' School use Asset. Based on this literature review, it is recommended that the IYJS support the introduction of a general risk assessment tool so that risk factors can be identified and interventions planned and delivered based on an up to date assessment. Given that the YLS/CMI is already used nationally by the Young Person's Probation Service it seems an obvious choice for use in other areas of the juvenile justice sector. Using a standard risk assessment tool will allow practitioners to use a shared language (Office of the Minister for Children, 2007). Moreover, it will allow for faster and more systematic transitions when a young person is detained or discharged (Hannah Moffatt and Maurutto, 2003). The Probation Service would be an ideal resource for the IYJS in terms of training and support for staff but also in terms of policy development. Clear



guidelines are required on when and where the assessment should be used (e.g. prior to discharge from detention). McIvor and Raynor (2000:143) caution that without specific guidelines for justice workers, “the application of risk to practice ... will either not occur or be inconsistent.” Moreover, Sutherland (2009:54) argues that when practitioners do not use assessment tools in the manner intended, it can be “indicative of wider systemic issues and influences which must be taken into consideration.” Finally, an auditing body should be established to develop and oversee implementation of a systematic audit procedure to ensure that information is collected, reviewed and available for evaluation of assessments and to ensure quality control, consistency and that clinical judgement is being used appropriately (Hannah Moffat and Maurutto, 2003). As Burman et al (2007) conclude, assessing risk of harm, re-offending and delivering age appropriate and effective interventions are essential to any strategy designed to reduce recidivism. They argue (2007:90) that “the best prospects for development rest in a reflective and genuine dialogue between practitioners, policy makers and researchers.”

## **10.0 Recommendations**

- 10.1 The IYJS should support the introduction of assessments to assess risk and needs of children at various stages in the criminal justice system. Underlying principles informing this process should include:
  - 10.1.1* Risk assessment practice should be standardised across the criminal justice system
  - 10.1.2* Risk assessment cannot stand alone; it must form part of a comprehensive assessment of risk and need
  - 10.1.3* Interventions should be based on assessment.
  
- 10.2 The IYJS should set up a working group with a view to devising and agreeing an appropriate assessment process for use in community and detention settings. Areas for consideration include:
  - 10.2.1* Selection of appropriate assessment tools.
  - 10.2.2* Development and implementation of policy guidelines for risk assessment including training and clinical supervision for staff who will administer, score and interpret assessments.

*10.2.3* Compatibility with screening tools (e.g. mental health screening).

*10.2.4* Availability of specialist staff to provide more detailed assessment as required.

*10.2.5* Prioritisation of research in this area.

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