XI. **Risk Assessment**
There are presently no empirically validated, actuarial evaluation tools which can accurately estimate the risk of adolescent sexual re-offending. However, a number of high-risk factors have been identified in the literature and by consensus of professionals in the field. One tool utilized to evaluate John’s risk to re-offend is the Estimate of Risk of Adolescent Sexual Offense Recidivism (ERASOR), Version 2.0, February 2001, developed by James R. Worling, PhD and Tracey Curwen, MA. This prediction model is an empirically-guided process based upon current research data, which involves clinical judgment after evaluating the data in relation to John.

John demonstrates several factors that indicate a high risk to re-offend. Static factors that cannot be changed include his history of sexual assault to a child which occurred two or more times and having engaged in diverse sexual behaviors. High risk dynamic factors that need to be addressed in treatment and supervision include deviant sexual interests, obsessive sexual interests/preoccupation with sexual thoughts, attitudes supportive of sexual offending, high-stress family environment, problematic parent-offender relationships/parental rejection, parent not supporting sexual-offense-specific assessment and/or treatment, environment supporting opportunities to re-offend sexually, no development or practice of realistic prevention plans/strategies, and incomplete sexual-offense-specific treatment.

There are several risk factors which appear to be partially or possibly present. These are all dynamic factors which can be addressed in treatment and supervision. They include an antisocial interpersonal orientation, lack of intimate peer relationships/social isolation, interpersonal aggression, and poor self-regulation of affect and behavior (impulsivity).

XII. **Recommendations**
John’s case was staffed by the Treatment Team, and was judged to be at high risk of re-offending if returned to his home situation. Youth with similar risk factors require a level of supervision beyond our client treatment, and a structured living setting is usually preferable and recommended.

This assessment of John’s risk to re-offend and treatment issues is to be considered invalid one year or sooner if there is significant change in any social, environmental, familial, sexual, affective, physical, or psychological area.

XII. **Signatures**
DISCUSSION QUESTIONS:

Based on this case study, formulate recommendations for John and his family. Include:

1. What intervention components are most critical?
   a. Was this case appropriate for legal prosecution?
   b. Can the John remain at home? If not, where should John be placed?

2. What services are needed by John?

3. What services are necessary for John’s parents?

4. What are the services needed for the victim(s)?

5. What safeguards need to be implemented during assessment and treatment?

6. What do you, the child welfare professional, need to do now that the assessment is complete?

7. Who needs to know about the results of the assessment?