

## 10: Assessment: The J-SOAP II



**NOTE:** This guide:

- Should be read in conjunction with the J-SOAP II manual and the other risk assessment guides\*,
- Provides a commentary on the tool,
- Aims to assist SABTS practitioners to use the tool.

**DO NOT** use the J-SOAP II without:

- Reading the online manual,
- Being trained by a practitioner who is experienced in using the J-SOAP II.

Reading this guide **does not** provide training in using the instrument.

Access J-SOAP II at: <http://www.csom.org/pubs/jsoap.pdf>

\*Read this guide in conjunction with the following guides:

- **7: Assessment and treatment for SABs: An overview,**
- **8: Risk assessment of youth who engage in SABs: An overview,**
- **9: Assessment: The ERASOR**
- **11: Assessment of females engaging in SABs.**

### J-SOAP II: An introduction

**Authors: Robert Prentky, Ph.D. Sue Righthand, Ph.D. in 2003.**

The Juvenile Sex Offender Assessment Protocol-II (J-SOAP-II) is a checklist for reviewing risk factors associated with sexual and criminal offending. It is designed for use with:

- Boys aged 12 to 18 years who have been adjudicated for sexual offenses,
- Non-adjudicated youths with a history of sexually coercive behaviour (from the J-SOAP II manual).

The J-SOAP II was developed in the late 1990s onwards and published in 2003, within a similar time period to the ERASOR assessment tool. The theory and thinking behind the ERASOR reflects the state of the field at that time. Why is this important to understand?

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At that time, the field of adolescent sexually abusive behaviour treatment was moving from being heavily influenced by adult theories and practices of sex offender treatment, to being influenced by child development, attachment, trauma, and brain developmental theories.

The (different) authors of the ERASOR and the J-SOAP II constructed these tools by:

- Reviewing the literature for factors relevant to the risk of sexually abusive behaviours occurring (at that time SAB was referred to as *juvenile sexual offending*),
- Including 'intuitive' factors thought to be associated with risk of sexually abusive behaviours,
- Using several risk factors from the adult literature that seemed to be also associated with adolescent SAB – given the state of the field at that time.

No formal qualifications are required to use the J-SOAP II and ERASOR, however clinicians should not attempt to use them without:

1. Reading and understanding the manual for both tools,
2. Understanding the theory and practice behind broad risk assessment principles in general and adolescent risk assessment specifically, and
3. Being able to undertake a number of assessments with guidance from a supervisor or clinician experienced in this area and familiar with the tools.

*Clinicians who undertake use of these tools and risk assessment without undertaking adequate training and supervision may be at risk of performing unethical practice.*

Today the J-SOAP II and ERASOR are the most popular adolescent risk assessment tools currently in use.

### Research on the J-SOAP II

Much research has been carried out about the J-SOAP II and the ERASOR. The results are confusing because researchers have found different outcomes on these tools' effectiveness.

There is a comprehensive, concise review and critique of the research in the juvenile section of the US Department of Justice SMART website (Office of Sex Offender Sentencing, Monitoring, Apprehending, Registering and Tracking). <https://www.smart.gov/pdfs/JuvenileRisk.pdf>

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There is an article by Phil Rich: *'Assessment of Risk for Sexual Reoffense in Juveniles Who Commit Sexual Offences'*, and several other useful items. Dr Rich comments on the overall effectiveness of the tools, as well as giving more in-depth analysis of where issues exist. As an example of the potentially confusing commentary regarding risk assessment of adolescents, Worling and Långström (2003, 2006) contend that most risk factors commonly associated with juvenile sexual offending lack empirical validation.

Other research suggests that:

- Some of the subscales of these two popular tools, the J-SOAP II and ERASOR, predict risk of general or violence recidivism rather than sexual recidivism,
- Sexual recidivism is predicted by the overall score rather than individual subscale scores.

Clinicians assessing young people for the risk of sexual recidivism should keep in mind that current risk assessment instruments (e.g: J-SOAP II, ERASOR) may not be accurate enough to make predictions that require a high degree of precision (Viljoen et. al., 2012). The message to be taken away from all this is that the research findings are 'confused' to say the least.

### 'Best' use of J-SOAP & ERASOR for risk assessment

- The good news for practitioners using these tools is that they appear to be of the greatest assistance in assessment situations when paired with clinical interview by experienced clinicians.
- Use the J-SOAP II and ERASOR to 'confirm' your clinical interview outcomes. In other words, look for any disparity between what your clinical interview findings tell you and what your J-SOAP II/ERASOR findings tell you. Always discuss differences with your supervisor.
- Understand what the subscales tell you:
  - **Subscale 1** (Sexual Drive/Preoccupation Scale) tells you about how much the SABs may be about 'sex' per se.
  - **Subscale 2** (Impulsive/Antisocial Behavior Scale) provides information about whether the young person being assessed is engaging in generally 'sex only' (not conduct disordered) or 'sex plus' (conduct disordered) behaviours. This will assist greatly with treatment planning in regards to content as well as being predictive of some of the issues that may hinder treatment – for example the client not turning up or dropping out of treatment.

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- **Subscale 3**, (Intervention Scale) assists in targeting dynamic deficits for treatment. Most youth being assessed will score high in this subscale at commencement of treatment. This subscale can be useful in some circumstances for tracking treatment progress.
- **Subscale 4** (Community Stability/Adjustment Scale) again provides information regarding dynamic treatment targets – in particular regarding emotional awareness and management of emotional states and the level of community support the youth experiences.
- A scoring sheet is then used to record item, subscale, static and dynamic and total scores. No cut-off scores to indicate clinical significance are provided. Scoring sheet details are provided further on in this guide.
- The J-SOAP II and the ERASOR scoring systems present assessors – in particular inexperienced assessors, with challenges:
  - J-SOAP II uses a numerical scoring system, which would seem to be easier to use than a non-numerical system. However there is no official scoring guide to what different scores may mean, or what cut-off scores might be.
  - ERASOR uses a non-numerical system. The user has to look for patterns and clusters of responses to determine risk, but there is no key or cut-offs to help you understand definitively what the scores mean.
  - Some items are derived directly from the adult literature and are not supported by child developmental theories or current research. For example ‘item 3 – male child victim’:
    - Risk is raised by one point where the child is male, in spite of research indicating that access ‘trumps’ desire in adolescent sexually abusive behaviour situations,
- Although, as indicated by the points above, some items are problematic, individual item issues may not have enough power to significantly ‘upset’ the overall score.

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### The items on the J-SOAP II

The items used on the J-SOAP II are as follows:

#### 1. Sexual Drive/Preoccupation Scale

- |  |       |
|--|-------|
| 1. Prior Legally Charged Sex Offenses      | 0 1 2 |
| 2. Number of Sexual Abuse Victims          | 0 1 2 |
| 3. Male Child Victim                       | 0 1 2 |
| 4. Duration of Sex Offense History         | 0 1 2 |
| 5. Degree of Planning in Sexual Offense(s) | 0 1 2 |
| 6. Sexualized Aggression                   | 0 1 2 |
| 7. Sexual Drive and Preoccupation          | 0 1 2 |
| 8. Sexual Victimization History            | 0 1 2 |
- Sexual Drive/Preoccupation Scale Total (minimum score = 0, maximum score = 16)

#### 2. Impulsive/Antisocial Behavior Scale

- |   |       |
|---|-------|
| 9. Caregiver Consistency  | 0 1 2 |
| 10. Pervasive Anger   | 0 1 2 |
| 11. School Behavior Problems  | 0 1 2 |
| 12. History of Conduct Disorder                                       | 0 1 2 |
| 13. Juvenile Antisocial Behavior                                      | 0 1 2 |
| 14. Ever Charged or Arrested Before Age 16                            | 0 1 2 |
| 15. Multiple Types of Offenses  | 0 1 2 |
| 16. History of Physical Assault and/or<br>Exposure to Family Violence | 0 1 2 |
- Antisocial Behavior Scale Total (minimum score = 0, maximum score = 16)

#### 3. Intervention Scale

- |   |       |
|---|-------|
| 17. Accepting Responsibility for Offense(s) | 0 1 2 |
| 18. Internal Motivation for Change          | 0 1 2 |
| 19. Understands Risk Factors                | 0 1 2 |
| 20. Empathy                                 | 0 1 2 |
| 21. Remorse and Guilt                       | 0 1 2 |
| 22. Cognitive Distortions                   | 0 1 2 |
| 23. Quality of Peer Relationships           | 0 1 2 |
- Intervention Scale Total (minimum score = 0, maximum score = 14)

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Intervention network for children and young people displaying sexually abusive behavior

### 4. Community Stability/Adjustment Scale

- 24. Management of Sexual Urges and Desire 0 1 2
  - 25. Management of Anger 0 1 2
  - 26. Stability of Current Living Situation 0 1 2
  - 27. Stability in School 0 1 2
  - 28. Evidence of Positive Support Systems 0 1 2
- Community Stability Scale Total (minimum score = 0, maximum score = 10)

### J-SOAP II Score Summary

#### Static/Historical Scales

1. Sexual Drive/Preoccupation Scale Score: \_\_\_\_\_/16 = \_\_\_\_\_

(Add Items 1–8 [range: 0–16])

2. Impulsive-Antisocial Behavior Scale Score: \_\_\_\_\_/16 = \_\_\_\_\_

(Add Items 9–16 [range: 0–16])

#### Dynamic Scales

3. Intervention Scale Score: \_\_\_\_\_/14 = \_\_\_\_\_

(Add Items 17–23 [range 0–14])

4. Community Stability Scale Score: \_\_\_\_\_/10 = \_\_\_\_\_

(Add Items 24–28 [range: 0–10])

Static Score (Add items 1–16) \_\_\_\_\_/32 = \_\_\_\_\_

Dynamic Score (Add items 17–28) \_\_\_\_\_/24 = \_\_\_\_\_

Total J-SOAP Score (Add items 1–28) \_\_\_\_\_/56 = \_\_\_\_\_

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Finally, when using the J-SOAP II for the first few times, until you become familiar and comfortable with the tool;

- Always discuss your scoring for both the subscales and the total score with a colleague or supervisor. Ensure you have - general - agreement regarding scoring. This overall agreement is referred to as *inter-rater reliability*,
- Inter-rater reliability assists us to ensure the veracity of our assessment findings.

Remember: The J-SOAP II is a risk assessment instrument that forms – overall – a small component of an overall risk assessment. The J-SOAP II on its own does not comprise a comprehensive risk assessment. Use this, or any other risk assessment tool, to inform your views and considerations formed through clinical interview and information gathering in other forums.

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