

Violence Risk Scale- Youth Sexual Offense Version

**Olver, Rojas, Lewis, Gordon, and Wong
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**INTRODUCTION
&
RATING INSTRUCTIONS**

Introduction

The Violence Risk Scale Youth Sexual Offense (VRS-YSO) is designed to fill a number of needs that exist in the youth criminal justice system. There is no generic risk assessment instrument that can be used under all conditions. The VRS-YSO was specifically developed to assess the risk of sexual violence for **youths**¹ in the criminal justice or forensic mental health system, in particular, those who are in **institutions** or in the community and may have participated in a period of treatment. The VRS-YSO is intended to be gender neutral, culturally responsive, and developmentally sensitive.

A person's risk for sexual violence can change, for example, after participation in effective **treatment** programs. A tool that assesses the risk of sexual violence must therefore be sensitive to changes in risk. The VRS-YSO was developed based on the conception that to provide a comprehensive evaluation of an youth's risk for sexual violence and changes in risk, in particular, during treatment, it is necessary to assess both stable (static or historical) and dynamic (changeable) variables.

VRS-YSO Stable (Static) and Dynamic Variables

Static risk variables that assess historical events such as past criminality can be important predictors of recidivism, but remain unchanged regardless of treatment interventions. In adults, historical childhood or adolescent events, such as family upbringing, are clearly static in nature. Whereas in youth, family upbringing is only partly historical; history is still in the making. As such, we refer to such historical or semi-historical variables in the VRS-YSO as ‘Stable’ rather than ‘Static’ variables. The six Stable variables (S1 to S6) of the VRS-YSO are measures of some past or ongoing behaviours or conditions (e.g. Early Onset of Serious Antisocial Behaviours, Instability of Family Upbringing, etc.) that are linked to risk of sexually violent recidivism.

Dynamic variables are also important risk predictors (Gendreau, 1996). Unlike static variables, dynamic variables are changeable and can reflect changes in risk after treatment. The 18 Dynamic Variables (D1 to D18) measure lifestyle, various pro- and antisocial attitudes and behaviours, personality characteristics, and social support network, all of which have been empirically or theoretically linked to sexually violent recidivism. With treatment or other interventions, the Dynamic Variables can change over time.

¹ Words that are in the Glossary of Terms are bolded on first appearance in the text.

The 6 Stable and 18 Dynamic risk variables of the VRS-YSO were identified from an extensive review of the risk assessment and treatment literature and are empirically or theoretically linked to violence (see Literature Review). The stable and dynamic variables are rated on a 4-point scale to reflect the extent of the problems identified by the variables. When combined, the total Stable and Dynamic Variable score represents the youth's current or pre-treatment risk. Dynamic variables that received high ratings (e.g. 2 or 3) are potential treatment targets.

Assessing Treatment Change Using the VRS-YSO

The Stages of Change Model (Prochaska & DiClemente, 1986; Prochaska, DeClemente & Norcross, 1992) or Transtheoretical Model of Change (TM) provides a useful heuristic to conceptualize the change process.

The TM has been validated through studies of treatment-facilitated or client-mediated (self-help) modification of addictive and other problem behaviours, including, alcohol abuse, cigarette smoking, obesity, and domestic violence (Prochaska et al., 1992). The model postulates that youths who modify their problem behaviours move through a series of stages: the precontemplation, contemplation, preparation, action and maintenance stages. This model is termed the Transtheoretical Model of Change because the stages of change appear to be the same regardless of the underlying theoretical assumptions of the treatment approach.

The stages of change correspond to the improvement that the client demonstrates. Each stage is characterized by specific client behaviours. Before being successfully treated, the person may cycle through most or all of the stages a number of times. Relapse or cycling through the stages is considered to be a rule rather than an exception (Prochaska et al., 1992). As the youth progresses through the different stages of change, treatment gains become more consistent and stable and the risk of relapse should be reduced accordingly.

We have made modifications to the TM and incorporated it in the VRS-YSO to conceptualize and measure treatment changes in forensic clients. The VRS-YSO uses the TM to measure quantitatively behavioural, attitudinal, and affective changes as the result of treatment. Improvement indicated by progression through the stages of change is reflected in the youth's lower post-treatment risk rating. The modified TM is used in the VRS-YSO to measure treatment changes using the following descriptions of the stages of change:

- In the precontemplation stage, the youth has no awareness of the problems and has no intention to change in the near future. Many youths in this stage are unaware or in complete denial of their problems. They deny or attribute the problem to external causes (e.g., “I don't have an anger problem" or "the only reason I'm in custody is because the system is rotten to the core and I never get a fair shake”).
- Youths in the contemplation stage recognize their problem areas and want to overcome them but **relevant behavioural change** is not yet evident.
- The preparation stage is distinguished from the contemplation stage by the presence of observable indications of change related to the youth's problem areas. The youth recognizes the problem area(s) and relevant behavioural improvements are evident; however, the changes may be recent relative to the duration of the problem behaviour(s) and tend not to be consistent over time or situations; lapses are quite frequent.
- During the action stage, youths actively modify their behaviour, attitudes, and/or their environment in order to overcome their problems. Relevant behavioural changes observed in the action stage have been consistent and stable over an extended period of time relative to the frequency and duration of the problem behaviours, but have not yet been generalized to various key high-risk situations.
- The last stage is the maintenance stage in which relapse prevention techniques are used consistently to prevent relapse and to consolidate and strengthen the gains made in the action stage. In addition to the consistency and stability of the changes over an extended period of time, the maintenance stage is further characterized by the generalization of changes to high-risk situations that are relevant to the youth's offending behaviour(s).

Progression from one stage to the next stage would indicate that the youth has improved and, as such, the risk should be lowered. The lowering in risk is reflected by a corresponding decrease in the risk rating of .5 for each stage the youth has progressed². For example, by moving from the preparation to the maintenance stage, a progression of 2 stages, the risk rating would decrease by 1 (i.e. 2 x .5). The progression through the stages therefore is translated into a quantitative decrease in risk.

² There is no corresponding decrease in the risk rating for a youth's progression from PreContemplation to Contemplation because of the absence of relevant behavioural change.

Differences between the Preparation, Action and Maintenance stages

Raters sometimes have difficulties distinguishing between the above 3 stages. Individuals in all 3 stages show behavioural changes that are relevant to their identified treatment targets. The differences are reflected primarily along 3 dimensions: the extent of the behavioural change, that is, the comprehensiveness of the behaviour used to maintain positive changes, the stability of change over time, and the stability of change across a variety of situations (generalization) that are challenges to the youth.

General characteristics that correspond with the three stages are as follows:

Preparation stage: the extent and stability of the changes are quite limited. Lapses are quite frequent, and changes are often restricted to specific situations. For example, the positive changes may be quite recent relative to the duration of the problem behaviour(s) and/or the changes may be evidenced only under specific circumstances (e.g. during a group session) and/or when interacting with specific youths.

Action stage: the extent and stability of the changes are substantial. The positive changes have been consistently maintained over an extended period of time relative to the duration and frequency of the problem behaviour(s), however, as yet, have not been tested in key high-risk situations that were problematic in the past. For example, a youth who has a history of sexual offenses against children, has been very receptive to treatment and consistently demonstrated positive changes but has not yet coped with the challenges of being in the unsupervised proximity of a child.

Maintenance stage: the extent, stability, and generalization of the changes are substantial. Positive changes have been consistent over an extended period of time and have been tested in high risk situations that were problematic in the past.

In summary, the VRS-YSO:

1. provides a quantitative measure of the risk of sexual violence of youth, in particular, those who have had contact with the criminal justice or forensic mental health systems and may be housed in institutions or in the community;
2. assesses risk and change in risk based on Stable (historical) and Dynamic (changeable) variables that are empirically or theoretically linked to sexual violence;
3. identifies the client's relevant treatment targets and areas of strength;
4. assesses the client's readiness for treatment;
5. provides a quantitative measure of treatment change and pre- and post-treatment risk;
6. is developmentally sensitive and gender and race neutral in its application;
7. is informative to those involved in the management of risk of sexual violence in the community;
8. can be used by workers in the criminal justice system after 1 to 2 days of intensive training; no professional qualifications such as those required to make psychiatric diagnoses are necessary.

Instructions for VRS-YSO Rating

General principles in rating the Stable and Dynamic variables

- Ratings are based on the youth's lifetime functioning including time spent in the community and/or in an institution up to the present time. However, emphasis should be on more recent functioning which provides a better prediction of future functioning. Institutionalization (e.g., secure custody) may artificially inhibit some high-risk behaviours such as substance use that could be more easily observed in the community. The rater is encouraged to utilize appropriate proxy behaviours during periods of **custody** (such as continued association with known drug dealers) as indicators of the youth's current functioning. Any changes that the youth has made (with or without the benefit of treatment programs) should be taken into account in the current assessment.
- Given that adolescence is a time of substantial physical, mental, and emotional development and change, ratings should be made taking into account the youth's age-appropriate behaviours and societal norms. For example, behaviours that may be deemed inappropriate at a later stage of adolescence may be less so at an earlier stage.

Rating Stable Variables

- Each stable variable is rated 0, 1, 2 or 3. The ratings of the Stable Variables are quite straightforward and are completed based on the descriptions provided.
- The relevant Stable Variables should be re-rated where applicable.

Rating Dynamic Variables

- The "Objective" section of each Dynamic Variable gives an overall description of the construct the Dynamic Variable is designed to capture, and should be read in conjunction with the rating descriptions.
- Each Dynamic Variable is rated 0, 1, 2, or 3. In general, the higher the rating, the more the variable is associated with sexual violence in the youth's lifetime functioning. A 0-rating indicates that the variable in question has no relationship with sexual violence, and a 3-rating indicates that there is a consistent and significant relationship with sexual violence. The prototypical characteristics for the ratings of 0 and 3 are described in considerable detail for each dynamic risk variable to allow the rater to establish anchor points at the two ends of the scale. Raters should consider 1 as less positive, as the case may be, than 0, and 2 as less serious or negative than 3. Exceptions to this general rule are indicated in the rating instructions for the variable. The descriptions for 0 and 3 for

each of the dynamic variables are prototypical characteristics, or illustrations that the rater should use to gain an understanding of the underlying construct to be rated. However, the descriptions provided should *not* be considered as definitive or all inclusive. For example, a rating of 3 could be given as long as the youth's characteristics closely match the intent of the construct described

Rating Stages of Change

Identifying treatment targets

For youths admitted to a treatment program, potential treatment targets are the Dynamic Variables rated 1, 2 or 3. Dynamic variables rated 2 or 3 are clearly problem areas linked to sexual violence and should be treated. Dynamic Variables rated as 1 may represent lower risk areas or high-risk areas that have already been addressed by treatment or other interventions, and only require ongoing monitoring or low intensity treatment. Dynamic variables rated as 0 are clearly unrelated to sexual violence and therefore, do not require treatment.

- **Pre-treatment ratings**

For all identified treatment targets, rate the pre-treatment Stage of Change according to the Stages of Change rating instructions by putting a circle (O) around the appropriate stage on the score sheet.

For Dynamic Variables rated as 0 or 1 that are determined to have negligible or no relationship to sexual violence, the rater can omit the Stage of Change rating as treatment is not warranted and no change is necessary. However, Dynamic Variables rated as 1 due to a decrease in risk over time, require ongoing monitoring and the Stage of Change rating should be completed to reflect the current level of treatment readiness.

- **Post-treatment ratings**

At the end of treatment, rate the post-treatment Stage of Change for all identified treatment targets according to the Stages of Change Rating Instructions by putting a X on the appropriate stage on the score sheet.

Computing reduction in risk at the end of treatment

- Determine the number of stages the youth has progressed since the commencement of treatment. A change score of .5 corresponds to progression from one stage to the next. For example, a progression from the Preparation Stage pre-treatment to Maintenance Stage post-treatment (i.e., the progression of two stages) would warrant a change score of 1 (.5 x 2). Change scores of 0, .5, 1.0, and 1.5 represent progression through 0, 1, 2, and 3 stages respectively.

Note: The progression from the PreContemplation Stage to the Contemplation Stage does not warrant a reduction in risk because of the absence of relevant behavioural change. However, it is useful to record this progress for those involved in treatment delivery because different interventions should be used for those in the PreContemplation and the Contemplation stages. As indicated on the score sheet, regression at the end of treatment should be reflected by adding a change score of .5 for each stage that the youth regressed, with the exception of a regression from the Contemplation to PreContemplation stage.

Guarding against rating biases

- To avoid rating bias, the rater is encouraged to read and review the objective and rating descriptions each time a rating is done. This will ensure that the rating is an accurate indication of the extent to which the youth's characteristics match the descriptions provided in the manual rather than what the rater can remember which may be influenced by previous ratings. As well, when the rater is uncertain about what rating to give (e.g., 2 or 3), the rater is encouraged to alternate their ratings such that sometimes the uncertainty results in the higher rating and sometimes in the lower rating.

Guarding against cultural biases

- When rating clients from minority cultures, the rater should be sensitive to the fact that the standardized rating instructions may have to be modified to accommodate culture-specific behaviours. For example, open and frank discussions of the cohort's criminal behaviours in therapy groups are considered inappropriate in some cultures. As such, a reluctance to self-disclose or to give feedback to others should not necessarily be considered as noncompliance with treatment. If in doubt, raters should consult knowledgeable colleagues concerning cross-cultural distinctions before rating.

Clinical Override

A Clinical Override is also included in the manual to allow the rater to make special judgments of risk of sexual violence, independent of, or in conjunction with the results of the ratings. The override is designed to address extraordinary or unique situations not covered by the VRS-YSO variables. For example, a specific threat of sexual violence made toward an identified youth may be considered serious enough to override even a composite assessment of low risk using the VRS-YSO.

Variables that cannot be rated for various reasons

- If a lack of information prevents the rater from scoring a particular variable, it should be omitted. Also, a variable may be omitted if it is not logically applicable to a case (for example, rating someone in custody for the first time without formed release plans on "Return to High Risk Situations"). If a variable is omitted, the rater should indicate on the score sheet that there is insufficient information to rate (I), or that the variable is not applicable (N). The corresponding stage of change is also omitted for each variable not rated.
- Should missing information necessary to rate the risk variable become available shortly after the pre-treatment assessment, the information can then be used to rate the omitted variable(s) and stage of change to complete the pre-treatment assessment. Should missing information become available later in the course of treatment, the omitted risk variable can be rated at the end of treatment. All the information made available during treatment should be taken into account to complete the post-treatment rating.
- An additional calculation is required to give a Prorated Total Score when variables are omitted in the rating. The Total Score must be prorated to take into account the omitted items. The formula for such a calculation is as follows:

$$\text{Prorated Total Score} = \frac{\text{Total Score} \times 24}{(24 \text{ minus number of omitted variables})}$$

Obtaining Information for Rating Stable and Dynamic Variables

To prevent the potential of introducing systematic biases to the data, the rater should rate the variables and complete the risk assessment after reviewing different sources of information. Biases may be introduced when the assessment is based on a limited source of information (for example, the self-report of the youth). Ideally, the different sources of information should converge, pointing to the same conclusion, and as much as possible, the rater should rate each variable based on converging information. This increases the reliability and validity of the results. In cases where there is significant conflicting information, further investigation is necessary.

Sources of Information

Case Files

Information in case files should be used extensively when available. Information may be available from case reports, psychiatric or psychological reports, presentence reports, court reports, judges' comments, previous treatment reports, custodial progress reports, police reports, juvenile records, and other criminal justice agency reports. If a past report or record is considered to be important and is not available, it should be obtained before an assessment commences. If the report cannot be located after repeated attempts, it should be indicated in the body of the assessment. The rater may decide that in the absence of such a report, scoring the variable accurately is compromised significantly and therefore may elect to omit the item due to insufficient information. Other omitted items may relate to the non-applicability of the item for a particular youth (See the section on "*Variables that cannot be rated for various reasons*").

Institutional Misconduct

Reviewing the appropriate file or other similar documentation is strongly recommended before the rating is done, especially for those with a history of institutional violence or management problems.

Interview

The youth should be interviewed prior to completing the ratings. The information obtained in the interview can be used to clarify ambiguous file information and will provide an important

additional source of information. The semistructured interview in this Manual can be used as a guide to conduct the pre- and post-treatment interviews. The section on treatment readiness and responsivity is especially relevant for stage of change ratings.

Information of Community vs. Institutional Behaviour

The rater should take into account, when relevant, the youth's behaviours in the community and within institutions to complete a rating. When rating a youth, who has been institutionalized continuously for a significant portion of his or her adult life, relatively more emphasis should be placed on institutional behaviours and treatment progress. In contrast, when rating a youth who has experienced only short and/or frequent periods of institutionalization, more emphasis should be placed on community behaviours unless significant events occur in the institutions.

Institutions are artificial environments. Institutional behaviours may not always be representative or predictive of community behaviours. The rater should consider the conditions that the youth has had exposure to within the institutional environment when assessing the extent and stability of positive behaviour change. This is particularly important for youths whose victims are not accessible in the institutions, for example, significant others in the case of batterers. In this case, the youth obviously does not have the opportunity to continue to abuse his or her victims. However, the abusive behaviour may still be evident and may simply be manifested in a different form, such as controlling behaviours or aggressive, hostile stances toward staff. In evaluating change in behaviours, it is important to consider the proxy institutional behaviours that are analogous to the target behaviours that the youth has demonstrated in the community.

Other Collateral Information

In many situations, information obtained from family members and significant others is helpful in rating the variables. For example, it is very useful to interview significant others in the assessment of youths incarcerated for domestic violence. It cannot be overemphasized that the rater should not hesitate to go beyond what is suggested here in the gathering of information. No valid assessment can be made without a valid and comprehensive information base.

Glossary

The definitions of some words that the rater may not be familiar with and/or are specific to their use within the VRS-YSO, are provided in the Glossary. Each of these words is bolded upon first appearance in the text.

Step-by-Step VRS-YSO Rating Instructions

Pre-Treatment Rating

1. **Review and rate the Stable Variables according to the descriptions provided. Circle the appropriate number (0, 1, 2, or 3) on page 1 of the score sheet. Add and enter the sum of the Stable Variable scores on page 1 of the VRS-YSO score sheet marked "Total Stable Variable Score Before Treatment".**
2. **Review and rate the Dynamic Variables according to the descriptions provided. Circle the appropriate number (0, 1, 2, or 3) under the "Pre-tx" column on page 2 of the score sheet.**

To complete the ratings, first read the "Objective" and then read the rating descriptions provided for both '0' and '3' prior to rating the variable. The rater should then determine the extent to which the youth's characteristics match either the 0 or 3 rating description. The 1-Rating should be considered as less positive than 0, and 2 as less serious or intense than 3.

Add the Pre-Treatment Dynamic Variable scores in the "Pre-tx" column and enter the sum in the box marked "Pre-tx Total Dynamic Variable Score" on page 2 of the score sheet.

3. **Add the Total Stable Variable Score and Total Dynamic Variable Score and enter the sum in the corresponding box on page 2 of the score sheet.** This is the pre-treatment VRS-YSO risk score.

Note: If any items were omitted, refer to Page 15 to obtain a prorated score.

4. **If no treatment is planned, the assessment is complete. The sum of the Total Stable Variable Score and Total Dynamic Variable Score is the youth's assessed risk level.**
5. **For those expected to participate in treatment, in addition to steps 1 through 4, determine the Pre-Treatment Stage of Change for each Dynamic Variable identified as a treatment target according to the descriptions provided. Place a circle (O) around the appropriate stage (i.e. P/C, P, A or M) on page 2 of the score sheet.** The rater should read the descriptions of all the stages prior to determining the rating. The Maintenance Stage and Precontemplation/Contemplation Stage can be considered as anchor points for the ratings. *The pre-treatment rating descriptions of the corresponding dynamic variables also provide useful information for rating the Stage of Change for each variable.*

Post-Treatment Rating

1. At the end of treatment, the relevant Stable Variables should be re-rated where applicable.
2. Place the Total Stable Variable Score in the corresponding box on Page 2 of the score sheet under the "Post-tx" column. For each Dynamic Variable, determine the corresponding Stage of Change at the end of treatment according to the descriptions provided. Record the information on the VRS-YSO Score Sheet by putting a cross (X) over the appropriate stage.
3. Determine the number of stages through which the youth has progressed since the commencement of treatment. Compute the change score as follows. A change score of .5 corresponds to progression from one stage to the next one. For example, a progression from the Preparation Stage to Maintenance Stage at the end of treatment (i.e., two stages) would warrant a change score of 1 (.5 x 2). Change scores of 0, .5, 1.0, and 1.5 represent progression through 0, 1, 2, and 3 stages respectively.

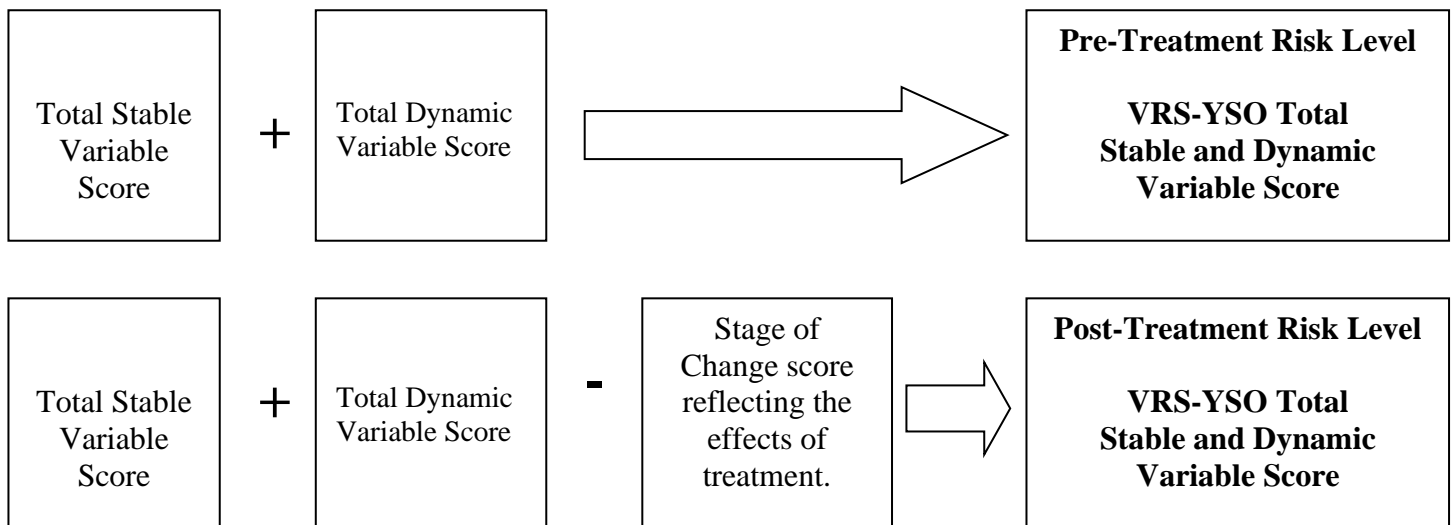
Note: The progression from the PreContemplation Stage to the Contemplation Stage does not warrant a reduction in risk because of the absence of behavioural change. However, it is useful to record this progress for those involved in treatment delivery because different interventions should be used for those in the PreContemplation and the Contemplation stages. As indicated on the score sheet, regression at the end of treatment should be reflected by adding a change score of .5 for each stage that the youth regressed, with the exception of a regression from the Contemplation to PreContemplation stage.

4. Circle the change score (0, .5, 1.0, or 1.5) under the "# of Stages changed x .5" column.
5. For each Dynamic Variable identified as a treatment target, subtract the Post-Treatment change score (0, .5, 1, or 1.5) from the Pre-Treatment Dynamic Variable Score ($a-b$). Enter the difference in the "Post-Tx" column ($a-b$).
6. For each dynamic variable not identified as a treatment target, transpose the rating in the Pre-treatment (Pre-tx) column to the Post-treatment (Post-tx) column. Omitted Pre-treatment variables could be completed as a post-treatment rating if information not present at the time of the Pre-Treatment assessment is now available.
7. Add the Post-Treatment Dynamic Variable scores in the "Post-tx" column and enter the sum in the box marked "Post-Tx Total Dynamic Variable Score".

8. Add the Post-Treatment Total Dynamic Variable Score to the Total Stable Variable score to obtain the VRS Post-Treatment Total Risk Score.

Note: If any items were omitted, refer to Page 15 to calculate a pro-rated score.

The diagram below illustrates the VRS-YSO rating scheme.



STABLE VARIABLES

S1 Early Onset of Serious Antisocial Behaviors

Objective

To determine the extent to which the youth (prior to age 10) engaged in serious antisocial behavior that resulted in significant disruption of day-to-day functioning or, had the youth been older, would have resulted in formal sanctions. Serious antisocial behavior includes assaulting or bullying other individuals, stealing, drug use or distribution, or sexually intrusive behaviors.

Rate Overall Behavior

0 1 2 3

0 Rating

Prior to age 10 there are no indications that the youth engaged in any type of serious antisocial behavior.

1 Rating

The youth acted out in a few isolated antisocial acts incidents prior to age 10. Problems were not considered serious as evidenced by the fact that they were handled usually within the family.

2 Rating

The youth engaged in antisocial or problematic activities on a number of occasions before age 10. The caregivers likely required the assistance of some community agencies to assist them in managing the child's behaviors.

3 Rating

Antisocial and problematic behaviors were quite typical occurrences before age 10. The seriousness of the behaviors often warranted the involvement of personnel from agencies such as school, social services, or criminal justice to assist in managing the behaviors. Repeated school transfers not resulting from relocation may also be evident.

S2 Criminality

Objective

To determine whether, since the age of 12, criminal behaviors are part of the youth's customary behavior.

Rate Overall Behavior

0 1 2 3

0 Rating

The youth has not engaged in criminal activity.

1 Rating

The youth has only engaged in a few isolated criminal acts. However, these are atypical incidents. It is unlikely that the youth has had formal contact with the justice system.

2 Rating

The youth has engaged in criminal behaviors on a number of occasions. The youth likely will have been arrested and/or had official contact with the justice system. While criminal activities have occurred repeatedly, they still do not take up a substantial amount of the youth's free time or constitute a pattern of such activities.

3 Rating

Criminal behavior seems to be a typical part of the youth's functioning. The youth is likely to have had multiple arrests and convictions. He or she may spend a substantial portion of their free time engaging in criminal activities.

S3 Instability of Family Upbringing

Objective

To determine the stability of the youth's upbringing.

Note: Family is defined as biological family, extended family, foster care, group home, or a similar childcare arrangement.

Rate Overall Behavior

0 1 2 3

0 Rating

The youth was raised in a fairly stable family environment. His or her physical and emotional needs were generally met. There is no evidence to suggest emotional, physical, or sexual abuse or neglect. The youth may have been placed in foster care but there was good quality care and supervision.

1 Rating

There is less stability and structure in the individual's family upbringing than is described in the 0 Rating but the youth's overall upbringing could be described as fairly stable and adequate.

2 Rating

There was relatively more stability and structure in the youth's family upbringing than is described in the 3 Rating but the youth's overall upbringing could be described as unstable and inadequate.

3 Rating

The youth has experienced very little family stability to the point of the assessment. Caregivers may have been unwilling or unable to provide proper supervision of the youth. Discipline may have been nonexistent, harsh, or punitive. The individual may have experienced emotional, physical, and/or sexual abuse and neglect. The youth may have spent time in a number of foster homes or with a number of different people (friends, relatives, acquaintances) where there was significantly substandard care and supervision compared to local or generally acceptable standards of care.

S4 Prior Sex Offenses

Objective

To determine the extensiveness of the youth's official sexual offending history.

Rate Overall Behavior

0 1 2 3

0 Rating

The youth has no charges or convictions for prior sex offenses.

1 Rating

The youth has one prior charge or conviction for a sex offense.

2 Rating

The youth has two prior charges or convictions for sex offenses.

3 Rating

The youth has three or more prior charges or convictions for sex offenses.

Note: Count the total number of officially sanctioned sexual offenses, that is, arrests, charges and convictions for any sexually motivated offense. Do not count the index sex offense, (the youth's most recent sex offense), which is usually but not necessarily the one for which the current disposition was imposed. A sexually motivated offense is any actual, attempted, or threatened sexual behavior directed towards an individual who has either not consented or was unable to give consent (e.g. due to young age or was developmentally delayed). The sex offense can be either a contact offense with physical victim contact or non-contact offense with no physical victim contact, including child pornography offenses. *Include* self-reported official sexual offenses that may have been left out of official records, or is only available in official records from another jurisdiction or country, but *exclude* sex offenses that have not been reported to authorities (e.g., social services, police).

S5 Unrelated Victims

Objective

To determine the number of unrelated victims against whom the youth has committed sex offenses.

Rate Overall Behavior

0 1 2 3

0 Rating

The youth has no unrelated victims. Alternatively, the youth has only related victims.

1 Rating

The youth has one unrelated victim.

2 Rating

The youth has two unrelated victims.

3 Rating

The youth has three or more unrelated victims.

Note: To score this item, count the number of different unrelated victims (*related* refers to kinship wherein marriage would ordinarily be prohibited such as aunt/uncle, siblings, or cousins) from the individual's sexual offenses. Foster siblings are considered to be related if the youth has resided with them for a continuous period of one year or longer. Information used in the scoring of this item can come from official records, self-report, collateral information, or other credible sources that identifies the nature of the offender's relationship to the victim. In the case of multiple sexual offenses perpetrated against the same victim, the victim would be counted only once.

S6 Number and Gender of Victims

Objective

To determine the number of male victims against whom the youth has committed sex offenses.

Note: Count the total number of male and female victims reported in current and prior sexual offenses. Information used in the scoring of this item can come from official records, self-reported officially sanctioned sex offenses, collateral information, or other credible sources.

Rate Overall Behavior

0 1 2 3

0 Rating

The youth has one female victim and no male victims.

1 Rating

The youth has one male victim and no female victims.

2 Rating

The youth has two or more female victims OR the youth has one male victim and any number of female victims.

3 Rating

The youth has two or more male victims.

DYNAMIC VARIABLES

Sexually Deviant Lifestyle Pattern (D1) Risk Rating

Objective

To determine the extent the youth's *overall* lifestyle, or a particular part of his or her lifestyle, is characterized by sexual deviancy.

Rate Overall Behavior

0 1 2 3

Note: The definition of sexual deviance is not restricted to official convictions of sexual crimes. All sexually inappropriate behaviors, such as grooming or creating opportunities to gain access to potential victims, are considered as sexually deviant.

0 Rating

The youth does not have a sexually deviant lifestyle. This rating may be given to those who have a very marginal, unstable, or poorly adjusted existence, as long as the youth's lifestyle within the community is not sexually deviant.

1 Rating

Less positive than 0.

2 Rating

Less serious than 3.

3 Rating

Sexual deviance is an integral part of the youth's everyday life, which revolves around activities that contribute to his/her sexually deviant behavior. For example, these activities may include: sexually deviant thoughts, viewing child or violent pornography, or isolating from others, which has led to sexually deviant behavior. The individual, by way of seemingly innocuous activities, may actively create and/or deliberately arrange opportunities to offend sexually. For example, babysitting, volunteering or obtaining a summer job to work with children or other potential victims, or frequenting social activities (e.g., parties) to gain access to potential victims. Thus, sexually deviant behavior, or activities that could clearly precipitate sexually deviant behavior, becomes integrated into a way of life for the youth who may derive sexual gratification, power and control, or excitement from the behavior.

Sexually Deviant Lifestyle Pattern (D1) Stages of Change Pre- and Post-Treatment Rating

Objective

To determine the youth's stage of change for this factor at the start and end of treatment.

Maintenance Stage: If there was evidence of a sexually deviant lifestyle, he/she has abandoned the deviant attitudes, beliefs, and behaviors that sustain the lifestyle. The youth may have participated in appropriate treatment programs and demonstrated the relevant changes. Evidence of such change may be reflected in the identification, development and consistent use of relapse prevention strategies. The youth has effectively addressed and modified characteristics and factors that have facilitated sexual offending, and may be involved in healthy lifestyle practices (e.g., consensual relationship). These positive behaviors have been stable over an **extended period of time** and have withstood challenges across a variety of relevant situations, that is, high-risk situations related to the individual's problem behavior(s).

Action Stage: The youth has many of the characteristics described in the maintenance stage and although these characteristics and replacement behaviors have been sufficiently stable over an extended period of time, they have not yet been adequately demonstrated across relevant high-risk situations.

Preparation Stage: The youth recognizes his/her problems and has made observable efforts at overcoming them. There are **appropriate behavior changes**, however these may be relatively recent and/or tend not to be consistent over time; lapses may be quite frequent.

Contemplation or Precontemplation Stage:

Contemplation Stage: The youth recognizes their problem areas and wants to overcome them but relevant behavioral changes are not yet observable.

Precontemplation Stage: The youth has no awareness of the problems associated with a sexually deviant lifestyle and demonstrates no intention to change in the near future. The individual may deny that there is a problem with his/her sexual behavior or externalize blame.

Sexual Compulsivity (D2) Risk Rating

Objective

To determine if the youth has a pattern of highly repetitive or compulsive sexual behavior, whether deviant or non-deviant. **Note:** *In rating this item, it is important for raters to consider sexual development norms for adolescents.*

Rate Overall Behavior **0 1 2 3**

0 Rating

The youth has no history of highly repetitive or compulsive sexual behavior. The youth does not demonstrate an unusually high sex drive.

1 Rating

Less positive than 0.

2 Rating

Less serious than 3.

3 Rating

The youth has demonstrated repetitive deviant or non-deviant compulsive sexual activity. Elements of sexual compulsivity may include excessive masturbation, many incidences of indecent exposure, promiscuity or many one-night stands, frequent use of pornography or sexual fantasies. The extent and duration of offending behaviors may also provide evidence of sexual compulsivity. The youth may report having problems controlling a powerful sex drive. For example, a child molester may feel compelled to masturbate several times a day to fantasies of children, or may have accumulated a large collection of child pornography, which he/she has a strong urge to use frequently.

Sexual Compulsivity (D2)

Stages of Change Pre- and Post-Treatment Rating

Objective

To determine the youth's stage of change for this factor at the start and end of treatment.

Maintenance Stage: The youth actively controls his/her sexual compulsive behavior, and demonstrates the clear and consistent absence of deviant sexual activity. Other indications may include the use of control techniques as well as identifying and avoiding factors that culminate in sexually compulsive behavior. These positive behaviors have been stable over an extended period of time and have withstood challenges across a variety of relevant situations, that is, high-risk situations related to the individual's problem behavior(s).

Action Stage: The youth has many of the characteristics described in the maintenance stage and although these characteristics have been sufficiently stable over an extended period of time, they have not yet been adequately demonstrated across relevant high-risk situations.

Preparation Stage: The youth recognizes his/her problems and has made observable efforts at overcoming them. There are appropriate behavior changes, however these may be relatively recent and/or tend not to be consistent over time; lapses may be quite frequent.

Contemplation or Precontemplation Stage:

Contemplation Stage: The youth recognizes their problem areas and wants to overcome them but relevant behavioral changes are not yet observable.

Precontemplation Stage: The youth has no awareness of the problems and demonstrates no intention to change in the near future. The individual may deny that there is a problem with sexually compulsive behavior or make superficial commitments to address his/her problem(s). The youth continues to demonstrate a pattern of compulsive sexual activity, and there is evidence of a high and poorly controlled sex drive.

Offence Planning (D3) Risk Rating

Objective

To determine whether the youth showed evidence of planning or victim grooming in the sexual offence(s).

Rate Overall Behavior **0 1 2 3**

0 Rating

The youth's offence appears to be unplanned, impulsive, and opportunistic in nature. The youth did not initially contact or establish a relationship with the victim for the purposes of sexual offending. The youth's offence indicates coincidental contact with victims. There is no planning or victim grooming. For example, a peer-age rapist may have sexually assaulted a girl he found passed out at a party.

1 Rating

Less positive than 0.

2 Rating

Less serious than 3.

3 Rating

The youth clearly demonstrates planning or victim grooming in his/her offending. Evidence of this may involve a planned course of action prior to offending, such as selecting a particular location, a weapon, means of overcoming victim resistance, avoiding detection and plans to engage in specific sexual acts. Careful mental rehearsal of the offence is a form of planning. Evidence of grooming involves a period of becoming acquainted with, and building trust of potential victims for the purpose of the offence (e.g., playing games with children). Further, the offender may have a history of seeking out potential victims. For example, a child molester may have a history of placing himself in a position to secure easy access to children (e.g. babysitting), befriend them, and then offend against them.

Offence Planning (D3)

Stages of Change Pre- and Post-Treatment Rating

Objective

To determine the youth's stage of change for this factor at the start and end of treatment.

Maintenance Stage: If there has been evidence of offence planning or victim grooming, the youth no longer engages in such behaviors. Confirmation of such changes may be reflected in an awareness of high-risk situations and warning signs that could lead to relapse and adherence to a relapse prevention strategy. These positive behaviors have been stable over an extended period of time and have withstood challenges across a variety of relevant situations, that is, high-risk situations related to the youth's problem behavior(s).

Action Stage: The youth has many of the characteristics described in the maintenance stage and although these characteristics have been sufficiently stable over an extended period of time, they have not yet been adequately demonstrated across relevant high-risk situations.

Preparation Stage: The youth recognizes his/her problems and has made observable efforts at overcoming them. There are appropriate behavior changes, however these may be relatively recent and/or tend not to be consistent over time; lapses may be quite frequent.

Contemplation or Precontemplation Stage:

Contemplation Stage: The youth recognizes their problem areas and wants to overcome them but relevant behavioral changes are not yet observable.

Precontemplation Stage: The youth has no awareness of his/her problems, offence planning or associated problems and demonstrates no intention to change in the near future.

Callous and Unemotional (D4) Risk Rating

Objective

To determine whether the youth appears to be callous and unemotional in his or her interactions with others.

Note: The purpose of this item is to assess the presence of callous/unemotional traits characteristics rather than the associated antisocial behaviors or conduct problems.

Rate Overall Behavior **0 1 2 3**

0 Rating

The youth has very few or none of the characteristics described in the 3 Rating below.

1 Rating

Less positive than 0.

2 Rating

Less serious than 3.

3 Rating

A rating of 3 should be given to those whose *overall* personality profile is consistent with the following characteristics. The youth appears to be unconcerned about the feelings of others such as showing little concern about the reactions of family members to his or her antisocial activities. The youth does not seem to experience strong feelings such as being able to express or experience remorse for wrongdoing, instead the youth may give the impression of “play-acting” his or her emotions. Although the youth may be described as superficially charming, he or she may present as egocentric and grandiose and may have a tendency to manipulate others for personal gain.

The youth may have received a diagnosis or have been described as conducted disorder.

However, simply having a previous diagnosis of Conduct Disorder is not sufficient for a 3 Rating. Rate the item based on the extent to which the individual’s overall characteristics match the characteristics described in the 3 Rating.

Callous and Unemotional (D4)

Stages of Change Pre- and Post-Treatment Rating

Objective

To determine the youth's stage of change for this factor at the start and end of treatment.

Maintenance Stage: The youth has significantly changed his/her behaviors that are characteristic of callous/unemotional traits. The youth may have gained a substantial amount of insight concerning how callous/unemotional traits have influenced his or her behaviors. However, gaining insight by itself does not warrant a rating of Maintenance Stage. The youth must be able to “walk the talk”, that is, to demonstrate the appropriate behaviors over an extended period of time and in a variety of relevant situations. The youth has accepted responsibility for past sexual violence and has implemented alternative behavioral strategies to avoid sexual violence. Little or no incidences of lying, conning, or manipulating others have been evident. Increased empathy may be evident in the form of improved perspective taking skills, recognition of the impact of their behavior, or sincere expressions of remorse. This evidence must exist for an extended period of time. Within custodial settings, there should be indications of consistent cooperation with the staff and others. The youth should actively avoid highly criminalized individuals and high-risk situations as possible. It is important to distinguish between those who are simply attempting to look good for staff and decision-makers (e.g. behavioral improvements that are highly situationally dependent) as opposed to those who have made real and consistent changes. The youth should have also engaged in attainable goal setting and has made realistic plans for the community (e.g., a community safety plan that identifies prosocial supports and ambitions). These positive changes have been stable over an extended period of time and have withstood challenges across a variety of relevant situations, that is, high-risk situations related to the individual's problem behavior(s).

Action Stage: The youth has many of the characteristics described in the maintenance stage and although these characteristics have been sufficiently stable over an extended period of time, they have not yet been adequately demonstrated across relevant high-risk situations.

Preparation Stage: The youth recognizes his/her problems and has made observable efforts at overcoming them. There are appropriate behavior changes, however these may be relatively recent and/or tend not to be consistent over time; lapses may be quite frequent.

Contemplation or Precontemplation Stage:

Contemplation Stage: The youth recognizes their problem areas and wants to overcome them but relevant behavioral changes are not yet observable.

Precontemplation Stage: The youth has no awareness of the problems and demonstrates no intention to change in the near future. The individual is unaware of the relationship between his or her personality characteristics and sexual behavior and has made no effort to change. The individual may deny that there is a personality problem or externalize blame.

Cognitive Distortions (D5)

Risk Rating

Objective

To determine if the youth uses cognitive distortions to justify or rationalize his or her sexually deviant behavior(s).

Rate Overall Behavior **0 1 2 3**

Note: A distortion of perception that is symptomatic of the presence of a mental illness is not considered to be a cognitive distortion for the purpose of rating this item.

0 Rating

The youth does not demonstrate distorted cognitions. The youth does not minimize or downplay the severity of his or her actions, or try to justify, excuse, or rationalize sexually deviant behavior(s). The youth tends to consider alternative perspectives rationally and objectively within their developmental and intellectual capability.

1 Rating

Less positive than 0.

2 Rating

Less serious than 3.

3 Rating

The youth tends to maintain a distorted point of view regarding the offence and/or the victims. The cognitive distortions may include excuses, justifications or rationalizations, blaming and minimization of the seriousness of the offense. The youth's over-reliance on atypical past experiences may have seriously biased his/her interpretations of current events. The youth may be quick to discount alternative viewpoints as inaccurate or irrelevant and is generally reluctant to consider information or evidence that contradicts his or her viewpoints. The youth may frequently demonstrate rigid, "black and white", or stereotypical thinking patterns that make the modification of problematic beliefs and thoughts difficult. Cognitive distortions may include: 1) attitudes that support sexual contact with young children (e.g. "having sex with kids is a good way to teach them about sex"); 2) rape myths (e.g. "women secretly wish to be raped"); 3) excuses, justifications or rationalizations (e.g. "we were just playing a game"); 4) minimization of seriousness or harm of the offence (e.g. "she wasn't hurt"); 5) dehumanizing the victim (e.g. "she sleeps around and had it coming"); or 6) blaming the victim (e.g. "she came on to me").

Note: Total or partial denial in and of itself may not warrant a rating of 3. In such cases, the rater will need to take into account the general tendencies of youth sex offenders to be defensive about their offences.

Cognitive Distortions (D5)

Stages of Change Pre- and Post-Treatment Rating

Objective

To determine the youth's stage of change for this factor at the start and end of treatment.

Maintenance Stage: If cognitive distortion was a concern, the youth now has recognized and modified his/her distorted thinking patterns (e.g. minimization, justification, blaming, etc.) by using various cognitive restructuring techniques. The youth now shows an accurate perception of the link between sexual behaviors and their contributing factors and the understanding of what needs to be done for relapse prevention. These positive changes have been stable over an extended period of time and have withstood challenges across a variety of relevant situations, that is, high-risk situations related to the youth's problem behavior(s).

Action Stage: The youth has many of the characteristics described in the maintenance stage and although these characteristics have been sufficiently stable over an extended period of time, they have not yet been adequately demonstrated across relevant high-risk situations.

Preparation Stage: The youth recognizes his/her problem areas and has made efforts to modify cognitive distortions. There are appropriate changes, however these may be relatively recent and/or tend not to be consistent over time; lapses may be quite frequent.

Contemplation or Precontemplation Stage:

Contemplation Stage: The youth recognizes their problem areas and wants to overcome them but relevant behavioral changes are not yet observable.

Precontemplation Stage: The youth has no awareness of the problems and demonstrates no intention to change in the near future. The youth has no awareness of his or her cognitive distortions. The youth tends to readily reject alternative perspectives without evaluating them. The youth may refuse to do perception checks, and maintains distorted points of view.

Interpersonal Aggression (D6)

Risk Rating

Objective

To determine if the youth uses aggressive behaviors (sexual or nonsexual) extensively or consistently in interpersonal interactions. For the purpose of rating this item, aggression directed against objects alone (e.g. punching walls, breaking things, trashing rooms, etc.) could be considered as interpersonally aggressive.

Rate Overall Behavior **0 1 2 3**

0 Rating

On the whole, the youth does not use aggressive behaviors habitually or extensively in interpersonal interactions. Aggressive behaviors include verbal aggression (e.g., swearing, shouting, etc.), physical aggression (e.g., hitting, intimidation, threatening gestures, etc.) and passive-aggressiveness (e.g. silent treatment, withdrawal etc.). The emphasis should be placed on the habitual or extensive use of aggressive behaviors in interpersonal relationships. Thus, isolated or mildly aggressive episodes do not constitute habitual or extensive use and should be given a rating of 1 or 2 accordingly.

1 Rating

Less positive than 0.

2 Rating

Less serious than 3.

3 Rating

There is evidence that the youth habitually or extensively uses aggressive behaviors in his or her interpersonal interactions. The aggressive behaviors may, but not necessarily, result in physical violence. As long as aggressive behaviors are a major and consistent component of the individual's interpersonal interaction style, a rating of 3 is given. Persistent stalking behavior, **pimping**, or engaging in violent fantasies are considered to be interpersonal aggression.

Interpersonal Aggression (D6)

Stages of Change Pre- and Post-Treatment Rating

Objective

To determine the youth's stage of change for this factor at the start and end of treatment.

Maintenance Stage: The youth has consistently relinquished the use of aggression (i.e., verbal aggression, passive-aggressiveness, and/or physical aggression), including aggressive intimidation tactics, to meet his or her needs, including sexual needs. The youth demonstrates a prosocial interpersonal style. Alternative strategies are consistently used to avoid resorting to aggressive behaviors. These positive changes have been stable over an extended period of time and have withstood challenges across a variety of relevant situations, that is, high-risk situations related to the individual's problem behavior(s).

Action Stage: The youth has many of the characteristics described in the maintenance stage and although these characteristics have been sufficiently stable over an extended period of time, they have not yet been adequately demonstrated across relevant high-risk situations.

Preparation Stage: The youth recognizes his/her problems and has made observable efforts at overcoming them. There are appropriate behavior changes, however these may be relatively recent and/or tend not to be consistent over time; lapses may be quite frequent.

Contemplation or Precontemplation Stage:

Contemplation Stage: The youth recognizes their problem areas and wants to overcome them but relevant behavioral changes are not yet observable.

Precontemplation Stage: The youth has no awareness of the problems and demonstrates no intention to change in the near future. The individual is unaware of his or her use of interpersonal aggression. The individual is resistant to the development of alternative interpersonal strategies to avoid interpersonal aggressive behavior.

Emotional Control (D7)

Risk Rating

Objective

To determine if the youth's tendency to undercontrol *or* overcontrol emotions has culminated in sexual offending. Undercontrol is defined as not being able to control appropriately the rapid change in the intensity of feelings, for example, "flying off the handle," getting frustrated and angry very quickly. Being overcontrolled is typical of those who tend to "bottle-up their feelings" only to explode into sexual aggression or violence later. The focus of this item is to assess *emotions* as opposed to attitudes or behaviors.

Rate Overall Behavior **0 1 2 3**

0 Rating

Overall, there is no relationship between the inability to regulate positive or negative emotions (see 3 Rating below) and sexual violence; no history of emotional responses that typically have resulted in sexual behavior is indicated. There is no evidence of emotional outbursts, explosive rage, serious depressive episodes, or overcontrolling feelings, which culminated in sexual offending.

1 Rating

Less positive than 0.

2 Rating

Less serious than 3.

3 Rating

A consistent relationship between sexual offending and the inability to control emotions is indicated. Negative emotional state(s) such as feelings of jealousy, loneliness, humiliation, rejection, inadequacy, or anger, or positive emotional states such as feelings of excitement or anticipation are associated with sexual offending. For example, a youth may report experiencing intense feelings of loneliness and rejection prior to committing a sexual offence and was unable or unwilling to do anything about such feelings. Alternatively, a youth may experience feelings of excitement just prior to exposing him or herself. The youth may also tend to "bottle-up" his or her feelings, brood, and/or act in a passive, submissive way, only to explode at a later time. These behaviors, which may be triggered by very specific events (e.g., following peer or family conflict), do not have to result in criminal charges or convictions to warrant a 3 rating.

Emotional Control (D7)

Stages of Change Pre- and Post-Treatment Rating

Objective

To determine the youth's stage of change for this factor at the start and end of treatment.

Maintenance Stage: The youth does not resort to over- or under-controlling his or her emotions and employs alternative strategies to avoid the negative consequences of the lack of emotional control. These positive changes have been stable over an extended period of time and have withstood challenges across a variety of relevant situations, that is, high-risk situations related to the individual's problem behavior(s).

Action Stage: The youth has many of the characteristics described in the maintenance stage and although these characteristics have been sufficiently stable over an extended period of time, they have not yet been adequately demonstrated across relevant high-risk situations.

Preparation Stage: The youth recognizes his/her problems and has made observable efforts at overcoming them. There are appropriate behavior changes, however these may be relatively recent and/or tend not to be consistent over time; lapses may be quite frequent.

Contemplation or Precontemplation Stage:

Contemplation Stage: The youth recognizes their problem areas and wants to overcome them but relevant behavioral changes are not yet observable.

Precontemplation Stage: The youth has no awareness of the problems and demonstrates no intention to change in the near future. The individual demonstrates no awareness of the link between the inability to manage emotions and sexual violence. The individual may attempt to justify or externalize the causes of poor emotional control.

Insight (D8)

Objective

To determine the extent to which the youth understands the factors that precipitate his/her past sexual offences. Understanding is the first step to change. Therefore, the focus of this item is on the understanding of the precipitating factors of sexually deviant behavior and *not* necessarily on the translation of the understanding into behavior changes.

Rate Overall Behavior **0 1 2 3**

0 Rating

The youth demonstrates a good understanding of what precipitated past sexual offending as evidenced by the ability to identify relevant factors that precipitated and maintained his or her sexual offending; a willingness to disclose, examine, and accept responsibility for sexual offending; and a willingness to address these areas. The individual does not attempt to externalize blame or justify his or her offending behaviors. For mentally ill or developmentally delayed youth, the rater should assess how well the individual understands the precipitating factors that culminated in sexual violence within the limits of his or her cognitive or developmental ability.

1 Rating

Less positive than 0.

2 Rating

Less serious than 3.

3 Rating

The youth shows no insight into the precipitating factors of sexual offending as evidenced by the denial of responsibility, blaming others or the system, avoiding discussing details of the offense, and/or refusing to address sexual offending through recommended interventions. A rating of 3 is given if the youth claims to have no memory of the offense and declines to use other relevant life situations or examples to understand the precipitants of sexual offending. If the youth maintains that the sexual offense is an isolated event therefore it is not possible to understand what precipitated the offence, a rating of 3 is given.

Insight (D8)

Stages of Change Pre- and Post-Treatment Rating

Objective

To determine the youth's stage of change for this factor at the start and end of treatment.

Maintenance Stage: The youth now has good insight into the cause of past sexual offending. The youth can identify specific factors (e.g., thoughts, feelings, behaviors, triggers) associated with sexual offending, recognizes high-risk areas, and does not attempt to justify the offense(s). These positive changes have been stable over an extended period of time and have withstood challenges across a variety of relevant situations, that is, high-risk situations related to the individual's problem behavior(s).

Action Stage: The youth has many of the characteristics described in the maintenance stage and although these characteristics have been sufficiently stable over an extended period of time, they have not yet been adequately demonstrated across relevant high-risk situations.

Preparation Stage: The youth recognizes his/her problem areas and has begun to identify specific factors (e.g., thoughts, feelings, behaviors, triggers) associated with sexual violence. There are appropriate changes, however these may be relatively recent and/or tend not to be consistent over time; lapses may be quite frequent (e.g., attempting to justify or minimize the use of sexual violence or aggression).

Contemplation or Precontemplation Stage:

Contemplation Stage: The youth is aware of his/her problem areas and may have begun to identify specific thoughts, feelings, behaviors, and triggers associated with sexual offending but relevant behavioral changes are not yet observable.

Precontemplation Stage: The youth has no insight or awareness of the problems and demonstrates no intention to change or try to gain in the near future. The youth is unable to identify the relationship between thoughts, feelings, and behaviors that have culminated in sexual offending. Rather than accepting responsibility for his or her actions, the individual has a tendency to justify or minimize sexual offending behaviors.

Substance Abuse (D9) Risk Rating

Objective

To determine the extent to which substance abuse is linked to sexual offending.

Note: Substance is defined as any material, usually a drug (e.g., alcohol or other substance) that is used generally for mind-altering purposes.

Rate Overall Behavior **0 1 2 3**

0 Rating

The youth does not have a substance abuse or substance related problem linked to sexual offending. The individual may drink socially and occasionally, may have become intoxicated. He/she may have experimented with or even use drugs quite frequently, however, substance use has not been linked, directly or indirectly, to sexual offending behavior.

1 Rating

Less positive than 0.

2 Rating

Less serious than 3.

3 Rating

A substance abuse or substance related problem has been linked to sexual offending. There may be evidence of a history of substance abuse problems that directly precipitated or culminated in sexual offending behaviors. For instance, the youth may frequent drinking parties, or venues involving the use of other substances, and engage in sexual offending behaviors while intoxicated (e.g., sexually assaulting a female who is passed out). Under the influence of alcohol and/or drugs, may show significant behavioral changes that have led to sexual offending.

Substance Abuse (D9)

Stages of Change Pre- and Post-Treatment Rating

Objective

To determine the youth's stage of change for this factor at the start and end of treatment.

Maintenance Stage: There is consistent and significant evidence to indicate that the link between sexual offending behaviors and substance abuse has been broken. Simply participating in programs for substance abuse is not sufficient. A genuine commitment to abstinence should include: no illegal drug use, repeated negative drug testing, consistent and motivated participation in substance abuse programs, exploration of the reasons for substance abuse, seriously abiding by relapse prevention plans (including the consistent use of alternative coping/risk reduction strategies), enlisting prosocial and anti-substance abuse resources in custody and/or in the community, and distancing oneself from the substance abuse subculture. These positive changes have been stable over an extended period of time and have withstood challenges across a variety of relevant situations, that is, high-risk situations related to the individual's problem behavior(s).

Action Stage: The youth has many of the characteristics described in the maintenance stage and although these characteristics have been sufficiently stable over an extended period of time, they have not yet been adequately demonstrated across relevant high-risk situations.

Preparation Stage: The youth recognizes his/her problems and has made observable efforts at overcoming them. There are appropriate behavior changes, however these may be relatively recent and/or tend not to be consistent over time; lapses may be quite frequent.

Contemplation or Precontemplation Stage:

Contemplation Stage: The youth recognizes their problem areas and wants to overcome them but relevant behavioral changes are not yet observable.

Precontemplation Stage: The youth demonstrates no awareness of the relationship between substance use and sexual offending or the need to address substance abuse problems in the near future. The youth may make superficial claims about wanting to join substance abuse programs on release, or comment about the uselessness of substance abuse programs. If the youth does attend such programs, participation may be marginal at best. There may be documented incidents or strong suspicions for the procurement, distribution, and use of illegal substances and/or evidence of close associations with the substance use sub-culture in the youth's immediate setting.

Community Support (D10) Risk Rating

Objective

To determine if community support is adequate to meet the needs of the youth.

Rate Overall Behavior **0 1 2 3**

0 Rating

Positive community support in the form of stable accommodation, employment opportunities, relocation, positive family support, prosocial psychological support, counseling, family visits, verified admission to a treatment or supervised day program, vocational training, educational training etc., is available to the youth, and the youth displays a genuine willingness and desire to utilize such support. The youth's family (or surrogate family equivalent) is a source of positive, prosocial, and appropriate emotional support and constructively assist in the prevention of further sexual offending. The more diverse and comprehensive the support system, the more beneficial it will be to the youth. The support system has to be legitimate, prosocial, and reasonably stable.

1 Rating

Less positive than 0.

2 Rating

Less serious than 3.

3 Rating

Positive community support (as described above) is not available or is totally inadequate to meet the needs of the youth. The youth has not actively participated in identifying or developing community support. Though available, the youth refuses to utilize positive community support or to acknowledge such support is necessary to reduce his or her likelihood to sexually reoffend. The family support system (or equivalent) seems to enable the youth and undermine intervention, supervision, or risk management efforts.

Community Support (D10)

Stages of Change Pre- and Post-Treatment Rating

Objective

To determine the youth's stage of change for this factor at the start and end of treatment.

Maintenance Stage: The youth acknowledges the importance of community support, has quality community support available, and utilizes it when available. In addition, the youth has developed realistic back-up strategies to self manage should community support be temporarily interrupted. Additional resources, such as family therapy, may have been utilized to repair or strengthen support systems that were damaged or undermined by the youth's sexual offending. These positive changes have been stable over an extended period of time and have withstood challenges across a variety of relevant situations, that is, high-risk situations related to the individual's problem behavior(s).

Action Stage: The youth has many of the characteristics described in the maintenance stage and although these characteristics have been sufficiently stable over an extended period of time, they have not yet been adequately demonstrated across relevant high-risk situations.

Preparation Stage: The youth recognizes his/her problems and has made observable efforts at overcoming them. There are appropriate behavior changes, however these may be relatively recent and/or tend not to be consistent over time; lapses may be quite frequent.

Contemplation or Precontemplation Stage:

Contemplation Stage: The youth recognizes their problem areas and wants to overcome them but relevant behavioral changes are not yet observable.

Precontemplation Stage: The youth has no awareness of the problems and demonstrates no intention to change in the near future. The youth does not recognize the importance or need for community support to reduce the risk of sexual offending. The youth may deny that he or she has a problem or requires community support or the youth is reluctant to develop community support.

Return to High-Risk Situations (D11)

Risk Rating

Objective

To determine the extent to which the youth's previous or anticipated returns to high-risk situations in the community are related to sexual offending.

Rate Overall Behavior **0 1 2 3**

0 Rating

The youth does not wish to return to identified high-risk situations that will bring him or her in close contact with factors linked to sexual offending. Should the return to high-risk situations be inevitable, the youth has developed comprehensive and realistic alternative **safety plans** or strategies to avoid or appropriately manage risk factors in these situations.

1 Rating

Less positive than 0.

2 Rating

Less serious than 3.

3 Rating

The youth is planning to return to or has to return to (because of a lack of community-based options) a situation that has been closely linked to sexual offending (e.g., residing with a family member who he/she victimized in the past). In the latter case, the youth has not developed strategies to avoid or adequately manage risk factors within such high-risk situations. The youth may have requested to return to a low-risk situation but characteristically, quickly returns to a high-risk situation. A score of 3 is given if the youth has requested a similar release, unless a comprehensive and detailed safety plan has been developed and there are genuine indicants to suggest adherence to the plan.

Return to High-Risk Situations (D11)

Stages of Change Pre- and Post-Treatment Rating

Objective

To determine the youth's stage of change for this factor at the start and end of treatment.

Maintenance Stage: The youth recognizes that successful life in the community is dependent upon avoiding high-risk situations and has developed strategies and skills to avoid them. A comprehensive and realistic safety plan has been developed, shared with family or major social supports, and adhered to over an extended period of time. These positive changes have been stable over an extended period of time and have withstood challenges across a variety of relevant situations, that is, high-risk situations related to the youth's problem behavior(s).

Action Stage: The youth has many of the characteristics described in the maintenance stage and although these characteristics have been sufficiently stable over an extended period of time, they have not yet been adequately demonstrated across relevant high-risk situations.

Preparation Stage: The youth recognizes his/her problems and has made observable efforts at overcoming them. There are appropriate behavior changes, however these may be relatively recent and/or tend not to be consistent over time; lapses may be quite frequent.

Contemplation or Precontemplation Stage:

Contemplation Stage: The youth recognizes their problem areas and wants to overcome them but relevant behavioral changes are not yet observable.

Precontemplation Stage: The youth has no awareness of the problems and demonstrates no intention to change in the near future. The youth has no recognition of high-risk situations or of the need to avoid them. The youth may attempt to justify returning to a high-risk situation(s) and may even actively and deliberately expose themselves to them.

Sexual Offending Cycle (D12) Risk Rating

Objective

To determine if the youth's sexual offending tends to be repeatedly precipitated by similar circumstances that have often resulted in similar outcomes, that is, whether there is a cycle of sexual offending.

Rate Overall Behavior **0 1 2 3**

0 Rating

There is no history of sexual offending or if there is such a history, the incidents were not precipitated by similar circumstances. It is likely that the sexual offending is an isolated incident or it is uncharacteristic of the individual's typical behavior.

1 Rating

Less positive than 0.

2 Rating

Less serious than 3.

3 Rating

There is a fairly obvious **sexual offending cycle** associated with the inappropriate sexual behavior. Sexual offending is typically linked to identifiable situational (e.g., babysitting), interpersonal (e.g., rejection, family conflict), or personal (e.g., boredom, anger) precipitating factors or triggers. If a relapse into substance abuse characteristically leads to sexual offending, a score of 3 should be given.

For the purpose of rating this item, a highly versatile young offender, that is, a youth who has committed multiple sexual offences under different situations (e.g. different victim groups: younger children and peer age victims, or with different precipitating factors), also should be rated 3.

Sexual Offending Cycle (D12)

Stages of Change Pre- and Post-Treatment Rating

Objective

To determine the youth's stage of change for this factor at the start and end of treatment.

Maintenance Stage: If there was evidence of a sexual offending cycle, the individual demonstrates awareness of the factors that precipitated past sexual offending, and has developed relapse prevention strategies to prevent the cycle of sexual offending from occurring. These positive changes have been stable over an extended period of time and have withstood challenges across a variety of relevant situations, that is, high-risk situations related to the individual's problem behavior(s).

Action Stage: The youth has many of the characteristics described in the maintenance stage and although these characteristics have been sufficiently stable over an extended period of time, they have not yet been adequately demonstrated across relevant high-risk situations.

Preparation Stage: The youth recognizes his/her problems and has made observable efforts at overcoming them. There are appropriate behavior changes, however these may be relatively recent and/or tend not to be consistent over time; lapses may be quite frequent.

Contemplation or Precontemplation Stage:

Contemplation Stage: The youth recognizes their problem areas and wants to overcome them but relevant behavioral changes are not yet observable.

Precontemplation Stage: The youth has no awareness of or insight into of the repeat occurrence of his/her sexual offending and demonstrates no intention to change in the near future. The youth does not recognize triggers that precipitate sexual offending. The youth may deny that cyclical events typically lead to sexual offending.

Impulsivity (D13) Risk Rating

Objective

To determine if the youth *typically* reacts impulsively to situations or provocations.

Rate Overall Behavior **0 1 2 3**

0 Rating

Impulsivity is the tendency to do or say things “on the spur of the moment” or to “act now and think later.” The youth does not *typically* respond impulsively. The youth generally considers the consequences associated with his or her actions before responding. The youth’s overall behavior should be considered, not just behavior associated with sexual offending.

1 Rating

Less positive than 0.

2 Rating

Less serious than 3.

3 Rating

The youth typically reacts impulsively in a verbal and/or physical manner. Behaviors are often associated with "spur of the moment" occurrences in which the youth reacts without pausing to consider the costs or consequences of negative behavior. The youth tends not to consider relevant information before reacting. Within a custody setting, the youth may quickly react to provocations. Impulsivity need not necessarily result in physical or verbal aggression in order to give the individual a score of 3. As long as impulsivity is characteristic of the youth’s mode of behavior, a score of 3 is warranted.

Impulsivity (D13)

Stages of Change Pre- and Post-Treatment Rating

Objective

To determine the youth's stage of change for this factor at the start and end of treatment.

Maintenance Stage: If the youth was impulsive, he or she now consistently demonstrates the ability to consider consequences prior to reacting and recognizes the association between impulsive behaviors and negative consequences. These positive changes have been stable over an extended period of time and have withstood challenges across a variety of relevant situations, that is, high-risk situations related to the individual's problem behavior(s).

Action Stage: The youth has many of the characteristics described in the maintenance stage and although these characteristics have been sufficiently stable over an extended period of time, they have not yet been adequately demonstrated across relevant high-risk situations.

Preparation Stage: The youth recognizes his/her problems and has made observable efforts at overcoming them. There are appropriate behavior changes, however these may be relatively recent and/or tend not to be consistent over time; lapses may be quite frequent.

Contemplation or Precontemplation Stage:

Contemplation Stage: The youth recognizes their problem areas and wants to overcome them but relevant behavioral changes are not yet observable.

Precontemplation Stage: The youth has no awareness of the problems and demonstrates no intention to change in the near future. The youth is unaware of the tendency to react impulsively or the relationship between impulsive behavior and negative outcomes. The youth is not able to control impulsive behaviors.

Noncompliance with Community Supervision (D14) Risk Rating

Objective

To determine the youth's willingness to comply with community supervision or involvement in relevant gradual release planning.

Rate Overall Behavior **0 1 2 3**

0 Rating

There is consistent and genuine willingness to comply with community supervision, for example, keeping appointments, checking in and maintaining meaningful contact with supervisors, and abiding by supervision conditions (e.g., curfew, approved residence). Supervision likely is viewed by the youth as a positive resource and support rather than as an inconvenience or unnecessary intrusion. If the youth has never been released under supervision, the youth's compliance can be assessed by their willingness to work with institutional staff and community youth workers who assist in the youth's release planning. Willingness could be demonstrated by the individual taking initiative and exerting consistent effort in formulating and/or developing appropriate release or transfer planning.

1 Rating

Less positive than 0.

2 Rating

Less serious than 3.

3 Rating

There is consistent noncompliant behavior with respect to the community supervision. The youth may reject or attempt to undermine the directions of community supervision by subverting or circumventing them. The youth may have been placed in custody due to a failure to abide by community conditions, and may have breached an undertaking, probation, or deferred custody. If in custody, the youth does not see the need to work with those who could assist him/her in developing release planning or the youth may be resistant to the release recommendations of institutional staff.

Noncompliance with Community Supervision (D14) Stages of Change Pre- and Post-Treatment Rating

Objective

To determine the youth's stage of change for this factor at the start and end of treatment.

Maintenance Stage: The youth is aware of the need to comply with the conditions of community supervision and acknowledges that noncompliance will increase the risk of further criminal behavior, including sexual offending. For example, the youth may seek to work closely with case workers or parole officers in release or transfer planning and also in securing positive community support and abide by other conditions intended to decrease risk of offending. The youth may have developed a comprehensive and realistic release plan that incorporates community supervision. These positive changes have been stable over an extended period of time and have withstood challenges across a variety of relevant situations, that is, high-risk situations related to the individual's problem behavior(s).

Action Stage: The youth has many of the characteristics described in the maintenance stage and although these characteristics have been sufficiently stable over an extended period of time, they have not yet been adequately demonstrated across relevant high-risk situations.

Preparation Stage: The youth recognizes his/her problems and has made observable efforts at overcoming them. There are appropriate behavior changes, however these may be relatively recent and/or tend not to be consistent over time; lapses may be quite frequent.

Contemplation or Precontemplation Stage:

Contemplation Stage: The youth recognizes their problem areas and wants to overcome them but relevant behavioral changes are not yet observable.

Precontemplation Stage: The youth has no awareness of the problems and demonstrates no intention to change in the near future. The youth has no awareness of the importance to comply with community supervision. The youth may claim that community supervision is unnecessary or irrelevant. Within custody, the youth may be resistant to comply with staff recommendations for future community programming and monitoring.

Treatment Noncompliance (D15)

Risk Rating

Objective

To determine the youth's attitude and commitment to sex offender treatment **Note:** If the youth has not previously attended or is just beginning a sex offender treatment program, this item may be omitted due to insufficient information. Re-rate the item when the information is available.

Rate Overall Behavior **0 1 2 3**

0 Rating

The youth has successfully completed previous sex offender treatment program(s), or has demonstrated close adherence to the therapeutic process in a current program. The youth appears to be committed to sex offender treatment and motivated for personal improvement and change. For example, the youth regularly attends treatment groups, completes homework assignments, has a positive attitude toward treatment, and is alert and attentive in group and engaged in the treatment process.

1 Rating

Less positive than 0.

2 Rating

Less serious than 3.

3 Rating

The youth has been discharged from one or more previous sex offender treatment programs and demonstrated clear treatment non-compliance or the youth refuses to attend sex offender treatment. While in treatment, the youth may participate minimally (e.g., frequent "I don't know"), refuse to complete therapeutic work, and demonstrate little motivation for change. The youth may maintain that sex offender treatment is not relevant despite sexual offending history.

Treatment Noncompliance (D15)

Stages of Change Pre- and Post-Treatment Rating

Objective

To determine the youth's stage of change for this factor at the start and end of treatment.

Maintenance Stage: If the youth is deemed to require sex offender treatment, he/she has successfully completed such program(s), has consistently shown commitment to treatment and motivation for change. These positive behaviors have been stable over an extended period of time and have withstood challenges across a variety of relevant situations, that is, high-risk situations related to the individual's problem behavior(s).

Action Stage: The youth has many of the characteristics described in the maintenance stage and although these characteristics have been sufficiently stable over an extended period of time, they have not yet been adequately demonstrated across relevant high-risk situations.

Preparation Stage: The youth recognizes his/her problems and has made observable efforts at overcoming them. There are appropriate behavior changes, however these may be relatively recent and/or tend not to be consistent over time; lapses may be quite frequent.

Contemplation or Precontemplation Stage:

Contemplation Stage: The youth recognizes their problem areas and wants to overcome them but relevant behavioral changes are not yet observable.

Precontemplation Stage: The youth has no awareness of the problems and demonstrates no intention to change in the near future. The youth has no awareness of the importance of compliance with treatment or claims that treatment is unnecessary or irrelevant. The youth may be resistant to comply with staff recommendations for sex offender programming or exhibits minimal and/or superficial participation.

Deviant Sexual Preference (D16) Risk Rating

Objective

To determine if the youth has a consistent sexual preference for deviant, rather than non-deviant, sexual stimuli.

Rate Overall Behavior **0 1 2 3**

0 Rating

The youth has not shown a pattern of deviant sexual preference as indicated under rating 3.

1 Rating

Less positive than 0.

2 Rating

Less serious than 3.

3 Rating

The youth shows a clear pattern of sexual interest or preferences, including thoughts and fantasies, for deviant sexual stimuli. Deviant sexual stimuli include, but are not limited to, very young children, age inappropriate partners, coercive sex, or sex involving humiliation or violence. Evidence of the above may come from assessments of deviant arousal, self-report accounts, official offence information (e.g. police report), or other reliable sources of information.

Deviant Sexual Preference (D16)

Stages of Change Pre- and Post-Treatment Rating

Objective

To determine the youth's stage of change for this factor at the start and end of treatment.

Maintenance Stage: If there was evidence of deviant sexual interests, the youth is now able to effectively suppress or control preference for deviant sexual stimuli. Evidence of this includes the identification and means of reliably mitigating external and internal risk factors and high-risk situations that contribute to a sexually deviant preference and associated behaviors such as adherence to relevant relapse prevention strategies. These positive behaviors have been stable over an extended period of time and have withstood challenges across a variety of relevant situations, that is, high-risk situations related to the individual's problem behavior(s).

Action Stage: The youth has many of the characteristics described in the maintenance stage and although these characteristics have been sufficiently stable over an extended period of time, they have not yet been adequately demonstrated across relevant high-risk situations.

Preparation Stage: The youth recognizes his/her problems and has made observable efforts at overcoming them. There are appropriate behavior changes, however these may be relatively recent and/or tend not to be consistent over time; lapses may be quite frequent.

Contemplation or Precontemplation Stage:

Contemplation Stage: The youth recognizes their problem areas and wants to overcome them but relevant behavioral changes are not yet observable.

Precontemplation Stage: The youth has no awareness of deviant sexual preference and demonstrates no intention to change in the near future.

Intimacy Skills Deficits (D17)

Risk Rating

Objective

Objective of the item is to assess the individual's capacity in forming and maintaining intimate relationships. **Note:** *The rater will need to take into account realistic developmental expectations for youths at different periods of adolescence (e.g., early versus late) in acquiring intimacy skills and in forming and maintaining relationships (e.g., dating versus marriage).*

Rate Overall Behavior **0 1 2 3**

0 Rating

There is evidence that the youth is able to form and maintain social and/or intimate relationships with age appropriate significant others. An intimate relationship is defined as a close physical and/or emotional relationship with a significant other that usually occurs within the context of a romantic relationship. The youth does not show signs of social anxiety, or a tendency to avoid involvement in social or dating relationships, as may be indicated by the ability to maintain a close friendship or dating relationship. The lack of stability in relationships may not necessarily be an indication of intimacy skills deficits unless it can be shown that the instability is the direct or indirect result of such deficits. For example, relationship instability due to poor money management is not indicative of an intimacy deficit. Heterosexual and homosexual relationships in the community are considered to be equivalent for the purpose of rating this factor.

1 Rating

Less positive than 0.

2 Rating

Less serious than 3.

3 Rating

The youth has substantial difficulty forming and maintaining social or intimate relationships as indicated in the 0 Rating. This may be evidenced by expressions of social anxiety associating with peers younger than him/herself, or shying away from opportunities to engage in such relationships, and, as a result, may be quite alone and/or socially isolated and this may lead to feelings of loneliness.

Intimacy Skills Deficits (D17)

Stages of Change Pre- and Post-Treatment Rating

Objective

To determine the youth's stage of change for this factor at the start and end of treatment.

Maintenance Stage: If there was evidence of an intimacy skills deficit, the youth is now able to engage in and form close social or physical and emotional relationships with significant others without feeling intimidated, fearful or anxious. The individual may welcome such experiences and find them rewarding.

Action Stage: The youth has many of the characteristics described in the maintenance stage and although these characteristics have been sufficiently stable over an extended period of time, they have not yet been adequately demonstrated across relevant high-risk situations.

Preparation Stage: The youth recognizes his/her problems and has made observable efforts at overcoming them. There are appropriate behavior changes, however these may be relatively recent and/or tend not to be consistent over time; lapses may be quite frequent.

Contemplation or Precontemplation Stage:

Contemplation Stage: The youth recognizes their problem areas and wants to overcome them but relevant behavioral changes are not yet observable.

Precontemplation Stage: The youth has no awareness of the problems and demonstrates no intention to change in the near future. The youth does not see intimacy skills deficits as an area of problem or concern or its possible connection with offending behaviors.

Interaction with Caregivers (D18) Risk Rating

Objective

To determine whether the ongoing interaction style between the youth and his or her parents/guardians is poor (e.g., non-supportive).

Rate Overall Behavior **0 1 2 3**

0 Rating

There is good evidence of a positive relationship between parents or parental figures and the youth. There is consistent and appropriate supervision and discipline, and there is no evidence of abuse or neglect. The youth and parental figures spend time together engaged in positive and constructive enjoyable activities and sharing feelings and ideas. Communications between the youth and parental figures are frank and open. The relationship is one of mutual respect and support. The youth appears to be strongly and positively connected to family members and other caretakers.

1 Rating

Less positive than 0.

2 Rating

Less serious than 3.

3 Rating

There is often much strain and conflict and little emotional closeness between the youth and family members. In extreme cases, this may lead to parental neglect and abuse. Parental supervision and discipline are either nonexistent or extremely harsh and punitive. Family communication may degenerate into aggressive verbal or physical exchanges. The youth may not have strong connections to family members and may be openly disrespectful and non-adherent to parental boundaries and restrictions. The youth may perceive caretakers as unsupportive. In extreme cases, youths may choose to isolate themselves rather than interact with caretakers.

Interaction with Caregivers (D18)

Stages of Change Pre- and Post-Treatment Rating

Objective

To determine the youth's stage of change for this variable at the start and end of treatment.

Maintenance Stage: The youth can now appreciate the importance of a mutually respectful and supportive relationship with his or her caregivers and has attempted to, or has been able to cultivate such a relationship to the extent possible, The communication between caregivers and the youth has improved significantly or at least to the extent possible through the actions of the youth. These positive changes have been stable over an extended period of time and have withstood challenges across a variety of relevant situations, that is, high-risk situations related to the youth's problem behaviour(s).

Action Stage: The youth has many of the characteristics described in the maintenance stage and although these characteristics have been sufficiently stable over an extended period of time, they have not yet been adequately demonstrated across relevant high-risk situations.

Preparation Stage: The youth recognizes his/her problems and has made observable efforts at overcoming them. There are appropriate behaviour changes, however these may be relatively recent and/or tend not to be consistent over time; lapses may be quite frequent.

Contemplation or Precontemplation Stage:

Contemplation Stage: The youth recognizes their problem areas and wants to overcome them but relevant behavioural changes are not yet observable.

Precontemplation Stage: The youth has no awareness of the problem and has no intention to change in the near future. The youth does not know how to maintain a healthy relationship with caregivers, nor is he or she able to appreciate its importance. The youth may have refused offers of help to develop a healthier relationship with caregivers.

Family Stress (D19)

Risk Rating

Objective

To determine whether there is a high level of stress within the youth's home environment over and above those described in D18, Interaction with Caregivers.

Note: This item refers to the current level of family stress in the youth's home environment. However, if the youth is in an institution at the time of rating, the level of stress in the home environment immediately prior to the youth's institutionalization, or in the youth's anticipated release environment can be rated. Family is defined as biological family, extended family, foster care, or a similar childcare arrangement.

Rate Overall Behaviour

0 1 2 3

0 Rating

The youth's home environment is generally quite stable. When necessary, family stress is dealt with quickly and constructively

1 Rating

Less positive than 0.

2 Rating

Less serious than 3.

3 Rating

The youth's home environment is very unstable often with a chronic unhealthy level of stress which could be the result of multiple moves and changes in residence, conflicts between parents and/or siblings, chronic financial problems and so forth.

Family Stress (D19)

Stages of Change Pre- and Post-Treatment Rating

Objective

To determine the youth's stage of change for this variable at the start and end of treatment.

Maintenance Stage: The youth can now appreciate the negative impact of family stress and can deal with it consistently in a positive and constructive manner that may include seeking help or using effective coping skills. These positive changes have been stable over an extended period of time and have withstood challenges across a variety of relevant situations, that is, high-risk situations related to the youth's problem behaviour(s).

Action Stage: The youth has many of the characteristics described in the maintenance stage and although these characteristics have been sufficiently stable over an extended period of time, they have not yet been adequately demonstrated across relevant high-risk situations.

Preparation Stage: The youth recognizes his/her problems and has made observable efforts at overcoming them. There are appropriate behaviour changes, however these may be relatively recent and/or tend not to be consistent over time; lapses may be quite frequent.

Contemplation or Precontemplation Stage:

Contemplation Stage: The youth recognizes their problem areas and wants to overcome them but relevant behavioural changes are not yet observable.

Precontemplation Stage: The youth has no awareness of the problems and has no intention to change in the near future. The youth does not recognize or may minimize the unhealthy level of stress within the home environment and, even if such stresses were recognised, no attempt within his/her ability is made to cope with them in a constructive manner.

Clinical Override

Though not captured in the VRS-YSO variables, there is strong evidence to suggest that the youth's actual level of risk is significantly different from the risk indicated by the ratings. For example, although indicated as a low risk in the ratings, the youth may have verbally expressed a serious intent to commit a violent act upon release or within the institution. The Clinical Override should be used to highlight such observations. The reported risk level should be adjusted accordingly with written justification. The Clinical Override also should be used to indicate exceptional medical, psychological, or social conditions that may have an impact on the youth's risk of violent recidivism. For example, serious cognitive impairment, acute stressors in the youth's family, peer group, etc., are conditions that may affect the overall assessment of risk.

The following is a list of potential conditions that may warrant the use of the clinical override. The list is not an exhaustive one; it presents examples of exceptional conditions that could elevate the youth's risk for sexually violent re-offending. If one or more of these circumstances are clearly present, the final VRS-YSO results may be adjusted to provide a more accurate appraisal of the individual's risk. For instance, an individual originally deemed at low risk for sexual violence may be elevated to high risk because one or more of the conditions below are satisfied.

Note: Some of the conditions below may require an opinion by a qualified mental health professional.

1) The Association of Symptoms of Mental Disorder and Sexually Violent Behaviours

There is a strong association between symptoms of mental disorder and sexual offending. The association may appear as violent behaviours when the individual is acutely mentally ill or, the individual is chronically ill and the ability to cope with daily living has deteriorated such that sexual offending frequently occurs. For example, if an individual's psychotic delusions are closely associated with acting out violently. For the purpose of using this clinical override, a mental disorder is defined as any formally diagnosed psychiatric disorder (DSM-IV or equivalent).

2) Cognitive Impairment or Acquired Brain Damage

The individual has sustained brain damage or head injury (e.g. fetal alcohol syndrome, organic brain syndrome), and this has been closely associated to the onset or exacerbation of sexual

offending. Alternatively, the individual may have cognitive or intellectual deficits which have also been closely associated with sexual offending.

3) Expressed Intent to Perpetrate Sexual Violence.

The individual has disclosed thoughts, plans, or intentions to perpetrate sexual violence such as having a specific victim targeted or detailed plan formulated. The more specific and detailed the plan, the higher the risk of a sexual offense.

Clinical Override Information

Comments/Relevant Information:

GLOSSARY

Glossary of Terms

Appropriate Behaviour Changes: Behaviour change that can mitigate the youth's risk of relapse in contrast with some behaviour change that may be irrelevant to risk reduction.

Conditional Release: Any type of release or return to the community under some conditional requirements, for example, probation, parole, community supervision, various forms of day passes, etc.

Conviction: Any criminal code violation wherein the person was found guilty by a court of law.

Custody: Custody refers to a condition under which a youth (in the present context) is held under the authority of a judicial (court) order. The custodial facility can be an institution where a convicted youth serves a sentence or a remand facility where the youth awaits a court appearance for pre-trial, trial, or sentencing. Secure custody typically refers to a jail-like setting with a high level of supervision and security; open custody is less restrictive with more freedom of movement and access to the community.

DSM-IV: *Diagnostic and Statistical Manual of Mental Disorder - Fourth Edition.* American Psychiatric Association, 1994.

Extended Period of Time: Within the context of assessing behavioural change, an extended period of time is a time period with stable and positive behaviour change that is substantially longer than the period of time within which problem behaviours have been observed.

Institution for Youth: Facility that provides temporary guardianship, care, and supervision for youth. This could be a group home, youth jail, prison, or custody facility (open or secure), or social services placements such as a therapeutic foster home.

Lapses: Regression to negative thoughts, feelings, or behaviours related to a problem(s) without resulting in the precipitation of the full-blown problem(s) or relapse.

Lifestyle: The habits, attitudes, tastes, moral standards, economic level, etc., that together constitute the mode of living of an individual.

Non-Adjudicated Violent Incidents: Violent incidents confirmed either in file documentation or by the youth but for which there has not been an adjudication and/or conviction in a court of law.

Positive Community Support: Legitimate support from the community in the form of positive home environment, accommodation, emotional and psychological support, etc.

Recidivism: Reoffending.

Relapse Plan: A plan or a set of strategies developed by the youth to assist with the maintenance of his or her prosocial behaviours.

Relevant Behavioural Change: Behaviours that mitigate the youth's risk of relapse.

Sexual Offending Cycle: A recurring pattern of sexually offending behavior characterized by similar precipitating factors and consequences.

Treatment: Interventions aimed at changing specific undesirable behaviours or conditions.

Violence: Any act which is likely to result in either physical or significant psychological harm. The definition of violence is not restricted to official convictions of violent crimes; all behaviours should be considered.

Weapons: Any object, excluding body parts, used to cause harm to others or to self.

Youth: For the purpose of rating the VRS-YV, youth is defined as individuals within the age range specified by the local equivalent of a form of youth criminal justice legislation. For instance, in Canada this is between 12 to 18 years of age.

**SEMISTRUCTURED
INTERVIEW**

Interview

Note: Questions not bolded are additional probes that could be asked.

Offender Information

1. ID (FPS)#: _____
2. Date of Birth (D/M/Y): _____
3. Institution where youth is being held: _____
4. Treatment program(s) in which youth is currently enrolled: _____
5. Commencement date of treatment. _____

Rater Information

1. Interviewer's name: _____
2. Date of Interview (D/M/Y): _____
3. Duration of Interview: From: _____ To: _____

Treatment Compliance and Responsivity

1. Since you were admitted to this facility, have you experienced any problems? _____

What kinds of problems? _____

2. Have you ever participated in any substance abuse programs in the past, and if so, which ones? _____

Was participation voluntary? _____

Did you attend regularly? _____

Do you think the program helped at all? _____

Why or why not? _____

Do you think further substance abuse interventions, either here or within the community, would prove useful? _____

Why or why not? _____

3. What other treatment program(s) have you recently participated in? _____

Was participation voluntary? _____

Did you attend regularly? _____

Which program(s) did you find most beneficial and why? _____

4. What are your treatment goals? _____

Which treatment goal(s) do you consider to be the most important? _____

5. How do you feel about this program? _____

What would you say is the best thing about the program? _____

What would you say is the worst thing about the program? _____

Do you think it will help you, and if so, how will you benefit? _____

What's different this time compared to previous treatment programs you have participated in? _____

6. What do you most want to change? _____

7. What do you consider as your most significant obstacle(s)? _____

8. Are your problems ongoing or have they generally been addressed and resolved? _____

Which problems are still ongoing? _____

Which problems have been resolved? _____

How did you resolve them? _____

What are the contributing events that led to these problems? _____

What do you consider to be the most effective way to solve difficult problems? _____

9. Are there any factors that may make it difficult to solve problems in this way? _____

How would you overcome these factors if they occurred? _____

10. What do you consider as the single most important thing in preventing relapse? _____

Can you identify other important factors in preventing relapse? _____

Current Status and Criminal History - The following section is intended to gather information about criminal history, lifestyle, current offence, the possible presence of any distortions or attitudes surrounding the current offence.

1. How long have you been at this institution/facility (months/years)? _____

2. Which institution were you at prior to coming here? _____

3. What were you convicted for? _____

How long is your sentence (days/months/years)? _____

When are you eligible for parole? _____

4. Do you feel it was a fair conviction? _____

Why or Why Not? _____

5. Describe what happened (i.e. in your own words). _____

Are you aware of any differences between your account of the offence and the official version (if so, can you explain the differences)? _____

6. What was your life like in the week(s) prior to the offence (e.g., Were you working? Were you getting along well with your family, boss, partner, etc., Were you financially, emotionally stable, etc.)? _____

7. Just prior to the offence, were there any factors or events that you think contributed or led to the offence? _____

Were there any stressful incidents or were you experiencing significant emotions (e.g., anxiety, depression, anger, rejection, etc.) prior to the offence?

8. Describe what your thoughts and feelings were just prior to committing your offence.
Prior: _____

9. Describe what your thoughts and feelings were during the offence.
During: _____

10. Describe what your thoughts and feelings were following the offence
Following: _____

11. What do you think most contributed to your committing this offence? _____

12. While your were offending did you feel that what you were doing was wrong? _____
How were you able to get past that (e.g., what kinds of things or thoughts facilitated your continuing with the offence)? _____

13. How do you feel about this and past offences now? _____

14. Do you think anyone else played any part in the offence? _____
In what way did other people or circumstances contribute to the offence? _____

15. In your opinion, is the description of victim impact in the official version, an accurate portrayal? _____
In what way is the description not accurate? _____

How do you think the victim(s) may have been affected by the incident? _____

16. Do you have any prior charges or convictions for violent offences? _____

17. When was the last time you received a charge or conviction for a violent offence? _____ What was the nature of these offence(s)? _____

18. Did you think about the current offence before it occurred? _____

For how long? _____

What kinds of things did you think about? _____

19. Were there any aspects of the offence that you planned in advance? _____

What aspects? (i.e. weapon, location, activities) _____

20. Who were the victim(s) (i.e. related, known, male)? _____

21. Prior to this incarceration, when was the last time you were out on the street? _____

For how long? _____

22. Have you ever served a successful probation or release period? _____

How many times? _____

During that (those) time(s) were you involved in criminal behaviours that did not result in additional charges or revocation of probation or release? _____

Can you identify positive events that may have contributed to your successful probation or release period(s)? _____

What was the longest successful period? _____

23. How many times have you breached the requirements of a conditional release? _____

Can you identify factors that may have contributed to your having breached the requirements of conditional release(s)? _____

24. What other types of offences have you been charged with? _____

25. Were you ever charged or convicted of any type of crime as a young offender (i.e., prior to age 17)? _____

What was the nature of the offence(s)? _____

How many times? Once? _____ Twice? _____ More than Twice? _____

Were any of the charges or convictions related to violent offending behaviours?

26. Were you ever expelled or suspended from school? _____

What kinds of things were you expelled or suspended for? _____

27. What grade did you achieve in school prior to incarceration? _____

Have you done any upgrading during incarceration? _____

What upgrading have you achieved? _____

28. How many times have your offences involved the use of violence? _____

29. How old were you when you were involved in your first violent incident? _____

What caused you to use violence at that time? _____

30. How old were you when you were *convicted* of your first offence in which violence was involved? _____

Numerous times or just once? _____

What caused you to use violence at that time? _____

31. Looking back on all of this, what do you wish you would have done differently? _____

32. Do you see any similarities or differences between the current offence and any other offending behaviours that you have been involved in? _____

Note: Emphasize that this question refers to both official convictions and non-adjudicated aggression. Also explain that similarities or differences refers to the type of offence, victim, harm inflicted, etc., as well as to the precipitating events (thoughts, feelings, significant events, etc.) that culminated in violent behaviours.

Employment History

1. What kind of work would you like to do when you are released? _____

Have you done this kind of work before? _____

Is this the occupation you would most like to have? _____

How long have you wanted to do this? _____

Have you planned for doing this in the future, i.e., have you received or are you receiving the necessary training? _____

2. What other types of jobs have you done? _____

What was the longest time you spent at one job? _____

What type of work was it? _____

Why do you think you changed jobs so frequently? _____

3. How did you tend to get along with your employers? _____

Did you ever get in trouble at work for being late or absent, drinking or using drugs on the job, or anything like that? _____

Have you ever been fired? _____

Why were you fired? _____

4. Have you ever been unemployed/laid off? _____

5. **What was your longest period of unemployment?** _____
Were you unemployed frequently? _____
How did you support yourself during that time(s)? _____
What kinds of things did you do to try to find work? _____
6. **Have you ever been in trouble for not paying bills, defaulting on a loan, not paying your rent, or not paying child support?** _____
What circumstances restricted your ability to meet these commitments? _____
7. **Have you ever needed to rely on someone (e.g., friends, relatives, partner) to support you?** _____
Who? _____
How frequently did this occur? _____
8. **Did you use criminal activities to support yourself?** _____
How frequently? _____
What types of crimes were involved? _____
Was anyone injured in your crimes? _____
How serious were the injuries? _____

Health

1. Do you have any serious medical problems? _____

Are you receiving any medication? _____

2. If so, what is the medication for? _____

3. If there is a diagnosis of a mental illness:

Did you tend to get into trouble when your illness got worse? _____

What sort of trouble did you get into? _____

Did you get better when you were treated? _____

Did you participate in treatment of any kind? _____

Did you find it helpful at all? _____

Why or why not? _____

Have you been hospitalized for mental, emotional, or behavioural problems in the past? _____

At what age? _____ More than once? _____

What incident(s) precipitated the hospitalization? _____

Family/Home Life

1. How old were you when you left home? _____

Why did you leave then? _____

What did you do to support yourself when you left home? _____

2. How would you describe your home life up to that point? _____

Would you describe your parents or caregivers as supportive or unsupportive of you? _____

Were your basic needs met with respect to nourishment, shelter, love? _____

3. How is your relationship with your family now? _____

Are there members of your family to whom you feel particularly close? _____

Who? _____

Do you talk with them or write to them quite regularly? _____

Are they willing and able to help you get on your feet when you are released? _____

In what ways have they indicated they are willing to support you? _____

Have they been supportive toward you in the past? _____

What did they do to demonstrate their support? _____

4. Do you have any children? _____

How old are they? _____

When was the last time you saw them? _____

When was the last time you spoke or wrote to them? _____

Are you planning to renew your relationship with them upon release? _____

What steps have you undertaken to ensure that your reunion with your children is successful?

5. Did you have a circle of friends or would you describe yourself as a loner? _____

Did the people you hung out with tend to get into trouble? _____

Did the kind of trouble you got into with your friends ever involve violence? _____

How often, and what kinds of violence were involved? _____

Looking back, do you consider yourself to have been a “follower” or a “leader” with respect to the commission of antisocial and/or violent behaviours? _____

Do you consider yourself to be easily influenced by others? _____

Interpersonal Relationships

1. Where were you living prior to your present incarceration? _____

How long had you resided there? _____

Are you planning to return to this area? _____

Do you consider this area to be a positive or negative environment for you? _____

Why? _____

2. Are you married, divorced, separated, or do you have an ongoing significant relationship with anyone at the present time? _____

How long has this relationship been going on? _____

Would you describe it as a good relationship? _____

Why or why not? _____

Were you unfaithful or promiscuous during your relationship? _____

Do you often fight or argue? _____

What did you typically argue about? _____

If divorced or separated, why do you think the break-up occurred? _____

Does your relationship(s) have anything to do with the current offence? _____

Did these kind of problems occur prior to the current offence? _____

Why do you think these things happen? _____

3. Have you had a long-term relationship with anyone (or anyone else)? _____

How long did the relationship last? _____

What made you break-up? _____

4. Have you had lots of girlfriends/boyfriends in the past? _____

How many? _____

5. Have you ever physically assaulted your partner? _____

What circumstances precipitated the assault? _____

6. Would you describe yourself as someone who generally gets along pretty good with most people? _____

Are there typical kinds of people you tend to select as friends? _____

Are there typical kinds of people you tend to avoid? _____

7. Have you ever conned someone or used manipulation as a mean to get what you wanted? _____

Were these techniques successful for you? _____

Do you think some people are easier to con or manipulate than others? _____

What kinds of people are easily manipulated? _____

Substance Abuse

1. Have you ever had a problem with alcohol or drug abuse? _____

What kinds of problems (e.g., impaired driving, fighting, criminality, physically harming others, blackouts, loss of control)? _____

Have these problems occurred frequently? _____

2. Is substance abuse related in any way to the current offence? _____

3. Describe what typically happens when you have had too much to drink? _____

4. Describe what typically happens when you do drugs? _____

5. **Do you consider yourself to be more easily provoked when you are under the influence of drugs or alcohol?** _____

6. **Do you consider substance abuse to be related to your involvement in violent behaviours?** _____

Why or why not? _____

Behavioural/Emotional Problems

1. **Generally speaking, would you describe yourself as someone who gets along pretty good with most people?** _____

Are there typical kinds of people you tend to select as friends? _____

Are there typical kinds of people you tend to avoid? _____

2. **Are there particular things that tend to anger you?** _____

What kinds of things? _____

When you get really angry, how long do you usually stay angry? _____

Do you think you have a bad temper? _____

Do you sometimes become aggressive when you can't get what you want? _____

Under what circumstances do you become aggressive? _____

Is this aggression verbal or physical, or both? _____

When was the last time you recall becoming aggressive? _____

3. **How do you typically react when faced with things that really upset you now?** _____

(e.g., physical fights, verbal aggression, isolation, etc.) _____

4. **How did you typically react when faced with things that really upset you before?**

(e.g., physical fights, verbal aggression, isolation, etc.) _____

5. **Are there differences in the way you respond when you are angry compared to when you experience other emotions (e.g., feeling sad, hurt, or anxious)?** _____

6. **Have you ever felt like you were going to explode?** _____

What kinds of things can make you feel like that? _____

7. **What was the most serious injury you ever caused someone?** _____

Why did it happen? _____

- 8. Is there anything else you could have done?** _____
 What could you have done differently? _____
- 9. If you have problems with other people, what do you think is the best way of solving them?** _____

 Do you find that most times you are able to solve problems this way? _____
 Are there any times that you can't solve problems this way? _____
 What other methods have you used? _____
- 10. Have you ever physically assaulted someone you were having a relationship with?** _____
 What circumstances precipitated the assault? _____
- 11. Do you have a tendency to do things on the spur of the moment (i.e., to act first and think later)?** _____
 Were your offences planned or more on the spur of the moment? _____
 Have you incurred institutional charge(s) as a result of reacting on the spur of the moment?
 _____ What type of charge(s)? _____
- 12. Since you were admitted to this facility, have you experienced any problems?** _____

 What kinds of problems? _____
 Do you tend to get along well with most of the peers here? _____
 Do you tend to get along well with most of the staff? _____
- 13. Did you experience any problems with staff or inmates at previous facilities?** _____

 What kind of problems? _____
 Did any of the incidents result in institutional charges? _____
 What were the charges? _____
 Did any of the incidents result in additional convictions? _____
- 14. When was the last time you incurred an institutional charge?** _____
 What institutional offence were you charged with? _____
 Do you think it was an appropriate charge? _____
 Why or Why not? _____

Weapon-Use

1. **Have you ever used a weapon to hurt or threaten someone?** _____
 What was it? _____
 Why did you think you needed it? _____
 Did you carry weapons before this? _____
 Did you use or carry weapons before the age of 17? _____
 Why? _____
 Did a lot of the people you hung out with or associate with carry weapons? _____
2. **When was the last time you used a weapon?** _____
3. **When was the last time you carried a weapon?** _____
4. **Do you think that carrying a weapon can minimize or increase your risk of becoming involved in a violent incident?** _____
 Under what circumstances? _____

Criminal Patterns

1. **What do you think are the main things that cause you to get into trouble with the law?** _____

2. **Are any of these things continuing to cause you trouble in your current institution?** _____

 Why do you think these things continue to effect you? _____
3. **Can you identify the specific thing(s) that precipitate your violence?** _____
 What are they? _____
4. **When was the last time you were involved in a physical altercation of any kind?** _____

 What was the general nature of that incident? _____

5. **What things are you doing or have you done to avoid becoming involved in physical altercations?** _____

6. **What do you consider to be the most effective way(s) for you to avoid committing criminal or violent acts in the future?** _____

7. Do you find it difficult to stay away from other inmates who continue to participate in illegal activities and/or who are sabotaging their treatment program? _____

8. Do you know what to do if you start to think or feel the way you did prior to getting into trouble? _____

What types of strategies have you developed to keep yourself from repeating the same mistake? _____

9. How do you feel about the effect your criminal or violent behaviour has had on others?

In what ways do you think the victim(s) have been affected? _____

Other than yourself, who do you think has been most affected by your criminal or violent behaviour? _____

In what ways have they been affected? _____

10. Looking back on the situation that resulted in your present incarceration, what do you wish you had done differently? _____

Goals

1. What are your plans after you are released? _____

Where do you plan to live? _____

Are there any aspects in that environment or situation that you think might be related to your criminal activities? _____

Do you think going to a different location or situation after release might help keep you crime free? _____

Why or why not? _____

2. Do you know people (other than those noted previously), that will help you when you are released? _____

Who? _____

In what specific ways will they help you? _____

How long have you known them? _____

Have any of these people had problems with the law? _____

What kinds of problems? _____

Do any of these people abuse alcohol or drugs? _____

3. What are your long-term goals? _____

What obstacles will you need to overcome in order to achieve those goals? _____

What strategies have you developed to overcome these obstacles? _____

4. When is your nearest release date or security review? _____

5. Are you working with your case worker or parole officer to develop a release plan to the community or to achieve a reduction in security level? _____

Can you describe your release plan? _____

Release plans should provide specific details concerning employment, community support, living arrangements, etc., as well as strategies the individual plans to use to address and manage high risk events? The following questions can be used as additional probes to assess the comprehensiveness of the individual's release or transfer plans (ask questions that are applicable).

Are you aware of any social or professional supports that are available to you, once you are released or transferred?

What support(s) are you aware of?

Have you been in contact with any of them? _____

Are there others that you plan to contact, either in the institution or within the community, that you think might be helpful?

Why or why not? _____

Are there any reasons that would keep you from using any supports? _____

Under what conditions would you not use the support(s)? _____

Do you foresee any particular challenges or obstacles that you might face upon release or transfer?

What do you think is the most important thing(s) for you to have in place to prevent relapse upon release?

Under what conditions would you not use the support(s)? _____

What are some of the specific tools (i.e., skills and strategies) you plan on using to manage any obstacles or challenges you might face?

Do you have any concerns about the future? _____

What types of concerns do you have? _____

Interviewer's Impressions/Offender's Clinical Presentation:

LITERATURE REVIEW