



FORENSIC TESTS IN SPANISH FOR ASSESSING JUVENILE OFFENDERS

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Conocer de forma objetiva y rigurosa las características psicológicas individuales del adolescente infractor, tales como la inteligencia, los rasgos de personalidad así como otras de naturaleza clínica y criminológica, son fundamentales para la aplicación de las medidas judiciales y educativas propias del contexto de la justicia juvenil. Las herramientas de Personológicas y Clínicas descritas en el artículo anterior (Wenger & Andrés-Pueyo, 2016) no son suficientes para atender a las necesidades criminogénicas de los adolescentes y y es preciso utilizar otras mucho más específicas. En el presente artículo se presentan una serie de instrumentos complementarios, desarrollados especialmente para el ámbito forense, que permiten realizar evaluaciones muy específicas, como por ejemplo, la valoración de riesgo de violencia o la evaluación de psicopatía. A continuación se describen pruebas y test psicológicos de tipo forense disponibles en español para profesionales del ámbito de la justicia juvenil.

Palabras clave: Evaluación psicológica, Justicia juvenil, Personalidad, Clínica, Forense.

Objectively and rigorously understanding the individual psychological characteristics of adolescent offenders, such as intelligence, personality traits and others of a clinical and criminological nature, is essential when developing appropriate processes for intervention in educational and judicial measures in the context of juvenile justice. However, the clinical and personological tools described in the previous article (Wenger & Andrés-Pueyo, 2016) are not enough to address the criminogenic needs of the adolescents and other, more specific, tools are needed. In this article, a number of complementary instruments developed specifically for the forensic area are reviewed. These tools enable us to carry out very specific assessments in this context, such as the evaluation of the risk of violence or the assessment of psychopathy. A review is also presented of the forensic psychological tests available in Spanish for professionals in the field of juvenile justice.

Key words: Psychological assessment, Juvenile justice, Personality, Clinical, Forensic.

In the first part of this publication (Wenger & Andrés-Pueyo, 2016), we describe a series of personological and clinical psychological tests, available in Spanish for use in the context of juvenile justice; from this review, we can appreciate a large body of available tools for professional practice which, when used for the appropriate purposes, are extremely useful for assessing and guiding the intervention processes with juvenile offenders. However, for working with this population there are several specific aspects of forensic evaluation that the tools described here do not cover, particularly for the evaluation of the relevant psychological variables in working with the juvenile justice population, such as violence risk assessment, either general or specific (e.g., risk of sexual violence) or the assessment of psychopathic traits in adolescents. For these specific aspects, instruments have been developed specifically for use in forensic and criminological

contexts, so this article focuses on describing the main psychological tests of forensic evaluation used in juvenile justice, available for Spanish-speaking populations.

The last twenty-five years have been very productive, as new technologies have been created, such as those for the risk assessment of violence and recidivism (Dematteo, Wolbransky, & Laduke, 2016), that have facilitated the efficient approach to forensic and criminological tasks which were previously dealt with rather unsystematically (Andrés-Pueyo & Redondo, 2007). Thus, in this article the forensic tools for use in juvenile justice contexts will be presented, such as the Jesness Inventory - Revised or JI-R (Jesness, 2004), a personality instrument designed for working with adolescents in justice, the Massachusetts Youth Screening Instrument 2 or MAYSI-2 (Grisso & Barnum, 1998) which addresses the mental health needs of this group, as well as the main tools for assessing adolescent psychopathy, the Psychopathy Checklist: Youth Version or PCL:YV (Forth, Kosson, & Hare, 2003) and the Youth Psychopathic Traits Inventory or YPI (Andershed, Kerr, Stattin, & Levander, 2002). Finally, a series of tools are described for the risk assessment of overall violence, such as the Youth Level of Service/Case Management

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Inventory or YLS/CMI (Hoge & Andrews, 2002) and the Estimate of Risk of Adolescent Sexual Offense Recidivism or ERASOR (Worling & Curwen, 2001b) specifically designed to evaluate the risk of sexual violence. (see Table 1).

The JI-R (Jesness, 2004) was developed to support the classification and specification processes of diagnosis of juvenile offenders, designed for the population of juvenile offenders from the age of 8 years onwards. It contains 160 dichotomous (true/false) self-report items and includes 10 personality scales: Social maladjustment, Value Orientation, Immaturity, Alienation, Manifest aggression, Withdrawal-depression, Social Anxiety, Repression and Denial. It also has a composite scale called the Asocial index, and two scales based on DSM-IV to anticipate diagnoses of Dissocial Disorder and Oppositional Defiant Disorder (Jesness, 2004). The advantages of JI-R include its sensitivity to changes in attitude occurred in a relatively short period of time, items

easily understood by young offenders, it encompasses a multidimensional measurement and facilitates a global index of "asociality" related to the levels of recidivism in criminal adolescents (Estevao & Bichuette, 1985). Moreover, there is empirical evidence that supports the JI-R as a tool that is able to evaluate the psychological heterogeneity that exists among the adolescent offender population (Allen Jr et al., 2003; Antequera & Andrés-Pueyo, 2008; Estevao & Bichuette, 1985; Graham, 1981; Kuncz & Hemphill, 1983; Manzi-Oliveira, 2012; Martin, 1981, Regina, 2008; Wenger, 2010). The JI-R has adaptations and exploratory studies carried out in Spain and Chile, as well standards for the Brazilian population (Antequera & Andrés Pueyo, 2008; Manzi-Oliveira, 2012; Moreno, 2009; Wenger, 2010).

Another instrument that is little known by professionals of juvenile justice in Spanish, but widely used in the USA is the MAYSI-2, developed by Grisso and Barnum (1998)

TABLE 1
EVALUATION INSTRUMENTS

Forensic Instrument	Original Authors	Adaptations in Spanish	Objective	Age range
Inventario Jesness-Revisado [Jesness Inventory –Revised] (JI-R)	Jesness (2004)	Brazil: Manzi-Oliveira (2012). Spain: Antequera and Andres Pueyo, (2008). Moreno (2009). Chile: Wenger (2010)	To support the processes of classifying and specifying the diagnosis of juvenile offenders	8 and over
Massachusetts Youth Screening Instrument 2 (MAYSI-2)	Grisso and Barnum (1998)	Spain: C. Moreno and Andres Pueyo (2014)	Screening in detecting mental and emotional health problems	12-17 years old
Youth Psychopathic Traits Inventory (YPI)	Andershed et al. (2002)	Spain: Hilterman et al. (2006)	Psychopathic traits in adolescents	12 years and over
Youth Level of Service / Case Management Inventory (YLS/CMI)	Hoge and Andrews (2002)	Spain: Garrido Genovés et al. (2004). Chile: Chesta (2009)	Risk of recidivism and identifying the dimensions where there is greater risk, which can guide the intervention	12-17 years
Psychopathy Checklist: Youth Version (PCL: YV)	Forth et al. (2003)	Spain: Garrido Genovés (2009); González et al. (2003); Silva (2009); Villar-Torres et al. (2014). Chile: Zuñiga et al, (2011)	Adaptation of the PCL-R for the adolescent population, evaluates psychopathic characteristics, prediction of violent recidivism	12-18 years
<i>Valoración Estructurada del Riesgo de Violencia en Jóvenes</i> [Structured Risk Assessment of Youth Violence] (SAVRY)	Borum et al. (2003)	Spain: Vallés and Hilterman (2011)	Prediction of risk of violence through three major domains: historical risk factors, individual risk factors and protective factors	12-18 years
<i>Ficha de Evaluación de Riesgos y Recursos</i> [Form for Risk Assessment and Resources] (FER-R)	Alarcón (2001)	Original version in Spanish	Evaluation of recidivism risk and protective factors	14-18 years
ERASOR	Worling and Curwen (2001b)	Venegas et al.(2013)	Assessment of risk of sexual recidivism	12-18 years
J-SOAP-II	Prentky and Righthand, (2003)	Spain: Garrido et al. (2006)	Assessment of risk of sexual recidivism	Males between 12 and 18 years
Structured Assessment of Protective Factors for Violent Risk: Youth Version (SAPROF: YV)	De Vries Robbé et al. (2015)	Spain: To be published	Structured evaluation of the protective factors for violence risk	12-18 years



for screening mental and emotional health in young users of the juvenile justice system between the ages of 12 and 17. The MAYSI-2 is a 52-item self-report instrument, standardised and reliable, and it is a measure for identifying signs of mental/emotional problems, including suicidal risk. The MAYSI-2 does not make a clinical diagnosis of mental health disorders, rather the direct scores obtained in each scale can support the decision as to whether or not to refer the adolescent to a complete evaluation in the field of mental health and/or crisis intervention. The MAYSI-2 offers two types of scores on the different scales assessing a score of "precaution" indicating the possible presence of clinical problems in the area evaluated by the scale. The other type of score is "warning", which corresponds to an unusually high score compared to other young people in juvenile justice programs (10% of the young people with the highest scores are located here). The score of "warning" proposes a more comprehensive evaluation should be carried out in the field of mental health and steps should be taken for specific intervention quickly (Moreno & Andrés-Pueyo, 2014). With regards to the gender difference in the use of the MAYSI-2, the findings suggest that women obtain higher scores than men, which is consistent with the literature (Vincent, Grisso, Terry, & Banks, 2008; Wasserman et al., 2004). Its advantages include easy administration (10-15 minutes), reading comprehension equivalent to the skills of 10-11-year-old children, and it can be performed without the need for an experienced mental health professional. There is one limitation; as it is an instrument that is only completed through self-report, the chances of not detecting any problems are increased, either because it is not reported or because the condition is exaggerated; moreover it is focused on experiences of recent occurrence and does not provide information about past medical history or other risk factors (Justice Research Center, 2002). Recently it has been adapted to different European languages including Spanish, Catalan and Arabic (Inforsana, 2015; Moreno & Andrés-Pueyo, 2014). From this last adaptation it has been possible to confirm that the results are similar to those obtained in the US, and the adolescents who enter closed regime centres are those with more symptoms of mental health problems, compared with those in open regime centres or evaluation centres. Also the instrument is able to provide reliable information on 5 of the 7 scales of the test, which makes the MAYSI-2 a promising tool for use in Spanish, further expansion being required in the research with this population (Moreno & Andrés-Pueyo, 2014).

Another construct of great relevance in the area of Juvenile Justice is psychopathy, the consolidation of which has been accompanied by the development of a basic tool for evaluation and diagnosis, the PCL-R. In particular we will present the PCL:YV (Forth et al., 2003), developed

as an adaptation of the PCL-R for the adolescent population. It is aimed at young people between 12 and 18 years of age and it evaluates patterns of deception, fighting, bullying and other antisocial acts in adolescents, the early detection of which is critical. The PCL:YV helps in assessing the factors that contribute to the development of antisocial behaviour and psychopathy in adulthood, as the authors defend the idea that psychopathic traits emerge gradually, and therefore it is possible to identify some of these issues early. The instrument is complex, much more so than a self-report questionnaire and requires the completion of a clinical semi-structured interview with the adolescent which must be videotaped, in addition to the testing of additional information from sources other than the young person in question. After obtaining both data sources, the next stage is to rate the 20 items that make up the PCL:YV through a rating scale ranging from 0 to 2 points (no, maybe, yes), using the manual where each of the items are described. The authors note that the average administration time is 90-120 minutes for the semi-structured interview with the adolescent and 60 minutes for the review of the collateral information (Forth et al., 2003). The authors do not specify a cut-off score for clinical diagnosis, since they consider it to be premature to adopt one when more empirical evidence is still needed to support the stability of psychopathy from adolescence to adulthood, so a dimensional score is provided related to the number and severity of the psychotic traits present in the person being evaluated (Forth et al., 2003). The PCL:YV is organised based on four factors: Factor 1, called the Interpersonal factor, includes the items False personal image, Grandiose sense of personal worth, Pathological lying and Manipulation for personal gain; Factor 2, or the Affective factor, includes Lack of remorse, Superficial Affect, Insensitivity and lack of empathy, and Failure to accept responsibility; Factor 3, or Impulsive behaviour, covers Stimulation seeking, Parasitic orientation, Lack of goals, Impulsivity, and Irresponsibility; and Factor 4, or the Antisocial factor, includes Poor anger management, Early behavioural problems, Serious violation of bail (measure), Serious criminal conduct, and Criminal versatility. The items Impersonal sexual behaviour and Unstable interpersonal relationships are the only items that are not included in any factor. The psychometric properties reported by the authors were obtained from 19 samples of clinical and forensic population, a total of 2438 young people (Forth et al., 2003), based on which it was concluded that the scores vary in relation to the context of administration of the PCL:YV, the samples with the highest scores were those of young people that were institutionalised, followed by those who were fulfilling sentences in a community setting and the ones who scored lowest were individuals who came from community



samples or clinics. The PCL:YV has demonstrated good prediction of violent behaviour (Gretton, Hare, & Catchpole, 2004; Hilterman, Nicholls, & van Nieuwenhuizen, 2013; Schmidt, Campbell, & Houlding, 2011). It has validations for Canada and England, while countries such as Spain, Chile and Argentina have adaptations and psychometric examinations (Garrido-Genovés, 2009; González, Molinuevo, Pardo, & Torrubia, 2003; Silva, 2009; Villar-Torres, Luengo, Romero, Sobral & Gómez-Fraguela, 2014, Zuñiga, Vinet, & León, 2011) that support its use with adolescents in juvenile justice contexts.

In the same vein, the YPI (Andershed et al., 2002) is worth a mention. It is an instrument of self-report developed for assessing psychopathic traits in adolescents from the age of 12 years in community (not legal) settings based on traditional models of psychopathy. The YPI focuses on personality traits and not those of antisocial behaviour, giving greater relevance to interpersonal and affective traits. It has 50 items which are answered on a 4-point Likert scale, and are grouped into the following three factors: Arrogance/Manipulation (made up of the subscales Dishonest Charm, Grandiosity, Lying, Manipulation), Callous/Unemotional (containing the subscales Remorselessness, Callousness, and Lack of empathy) and Impulsiveness/Irresponsibility (Thrill Seeking, Impulsiveness, and Irresponsibility). The items are presented indirectly and in a non-transparent way, the psychopathic traits being presented in the form of skills, reducing the influence of distortion due to social desirability in the responses. The research shows good psychometric properties for the YPI, supporting its use in juvenile justice for assessing psychopathic characteristics (Poythress, Dembo, Wareham, & Greenbaum, 2006), but it was found to have a low predictability (Cauffman, Kimonis, Dmitrieva, & Monahan, 2009). Finally, there is a Spanish adaptation of the instrument developed by Hilterman, Vallès and Gilaert (2006).

Unlike the tests of generalist or clinical origin applied to juvenile offenders, the tests dedicated to assessing the risk of violence and recidivism are very recent (Dematteo et al., 2016). After the educational nature of the juvenile justice system was established, a further step was taken in considering the risk of recidivism as an important consideration in specific interventions with young offenders, together with the importance of their mental health. This set of evaluation tools that have been specially built for work in the forensic field, particularly those instruments with predictive utility for both recidivism and violent behaviour (among which those following the technique of Structured Clinical Judgment predominate) characteristically contain aspects of both clinical assessment and actuarial elements, i.e., empirically validated prediction data (Andrés-Pueyo & Echeburúa,

2010). To perform this type of assessment it is necessary to use evaluation guidelines that direct the whole process, as well as specialists that have been trained in the use of the tools (Andrés Pueyo & Redondo, 2007). Next, we review the main instruments of structured professional judgment that allow an assessment of the static and dynamic factors that predict the recidivism of antisocial behaviour and the risk of violence in adolescents. The first is the YLS/CMI developed by Hoge and Andrews (2002) to estimate the risk of recidivism in adolescents aged between 12 and 17 years and to identify the dimensions where there is greater risk and which require prioritised intervention. Thanks to this dual nature the YLS/CMI is useful in terms of educational intervention within juvenile justice. The authors designed the instrument bearing in mind the assessments to be made in juvenile justice both pre- and post-sentence, which permits its use in the entire management of the case. The construction of the instrument is based on the three principles of case classification proposed by Andrews, Bonta and Hoge (1990). The first is called the Risk principle, and states that treatment services offered to offenders must be related to the level of risk presented, i.e., offenders with a high risk of recidivism should receive the most intensive treatments, while those at low risk should receive low-intensity treatments and may not even receive any type of treatment. The second principle is that of Need and notes that the treatment objectives should be linked with the criminogenic needs present in the case, since it is these needs that, when treated, will influence the reduction of recidivism. The third principle is Responsivity or individualization and it indicates that treatment decisions should consider other characteristics of the adolescent offender and their circumstances which may affect the responsiveness to treatment. These other characteristics are not generally criminal risk factors, but they have much relevance for handling the case.

As with the other protocols of risk assessment, the way to complete the YLS/CMI is through the extensive collection of information on the case by the professional in charge (from clinical and criminological records and interviews with the adolescent and/or third parties, such as family members, teachers or other professionals who know the adolescent). With all this information visible, the YLS/CMI can be completed in about 20 to 30 minutes (Hoge, 2005). The YLS/CMI has 5 parts, the first is the Evaluation of risks and needs, which contains 42 items and is divided into 8 groups of criminogenic risk factors (dynamic factors, which determine the objectives of the intervention and static factors, characterising the chronic risk of the case). These groups of items are: Crimes and past and current judicial measures, Educational guides, Formal education and employment, Relationship with peer group, Substance use, Leisure/fun,



Personality/behaviour, and Attitudes, values and beliefs. Each item is valued by the professional responsible with regards to its presence/absence in the case. In addition, in seven of the risk factors respondents are requested to detail qualitatively the strengths of the adolescent under evaluation in relation to that factor. There is also a space for comments and to describe in detail the sources of information the professional used to determine the presence of risk items (Hoge & Andrews, 2002). The second part is the summary of risk and need factors, first through the sum of items present (in each of the eight groups of risk factors evaluated). Next is the sum total of all of the groups, obtaining both an aggregate for each group of risk factors and an overall risk score; the latter offers four categories of risk and need level (from low to very high). The third part is interested in the Assessment of Other Needs/Special Considerations, which allows you to record the presence of other factors that may be relevant for the management of the particular case being evaluated. The fourth is the General Assessment of Risk/Need and in this section the professional in charge of the assessment should consider all of the available information relating to the case and should estimate the level of risk and need individually, which may or may not agree with the result obtained through the sum total of items at risk (second part) and, in any case, it must justify the reasons that led the professional to make this decision to ratify or modify the resulting valuation of actuarial calculation. The fifth part of the YLS/CMI requires the professional in charge of the assessment to indicate the intensity of treatment appropriate for the adolescent, considering the level of risk and need in doing so (Hoge & Andrews, 2002).

The YLS/CMI's ability to predict recidivism has been supported by several studies (Olver, Stockdale, & Wong, 2012; Schwalbe, 2007) including in the Spanish population (Graña, Garrido-Genovés, & González, 2008; Hilterman et al., 2013). It has been adapted in Spain with the name of *Inventario de Gestión e Intervención para Jóvenes* [Inventory of Management and Intervention for Young People] or IGI-J (Garrido-Genovés, López Silva, López & Molina, 2006) and in Chile as the *Inventarios de Riesgos y Necesidades Criminogénicas* [Inventories of Criminogenic Risks and Needs] (Chesta, 2009). For the Spanish case, all of the risk scales, except for the scale of Leisure/fun, are able to discriminate between recidivists and non-recidivists (Graña et al., 2008), similar to the findings by Garrido-Genovés et al. (2006), who additionally excluded the formal education/employment factor from the ability to differentiate between the two groups. Finally, the risk factors Past crimes, followed by Substance use and Personality/Behaviour are the best predictors of recidivism (Graña et al., 2008). It is currently used by

juvenile justice teams dealing with the post-sentence intervention in the community of Madrid (Graña & Rodríguez, 2011).

Another protocol for assessing the risk of violence and recidivism, specifically for adolescent populations, is the SAVRY (Structured Assessment of Violence Risk in Youth), developed by Borum, Bartel and Forth (2003) for predicting the risk of future violence, both physical and sexual, and the planning of criminal and clinical interventions in young and violent offenders from 12 to 18 years of age. It is an instrument that has 30 items, of which 24 assess risk factors and 6 assess protective factors. The risk factors are divided into Historical factors: items that are based on past behaviours or experiences, usually static and not susceptible to change that are useful for assessing the risk of further violent behaviour, but are less useful for assessing and planning interventions. Historical factors are Previous violence, History of nonviolent criminal acts, Early onset of violence, Follow-up in the past/failure of previous interventions, Attempted self-harm or suicide in the past, Exposure to domestic violence, History of child abuse, Crime among parents or caregivers, Early separation from parents or caregivers, and Poor performance at school. Then comes the set of Social/contextual factors, which consider the influence on the young person of interpersonal relationships factors, contact with social institutions and the environment. Here the factors to assess include Delinquency in the peer group, Peer group rejection, Stress experienced and the inability to face difficulties, Poor ability of parents to educate, Lack of personal/social support from other adults and Marginal environment. Lastly, we find the Individual factors, focusing on attitudes, aspects of the psychological and behavioural functioning of the adolescent under evaluation, which include items of Negative attitudes, Risk-taking/impulsivity, Substance abuse problems, Anger management problems, Low level of empathy/remorse, Concentration problems/hyperactivity, Low cooperation in interventions and Low interest/engagement at school. In addition, the SAVRY includes a group of protective factors - a major innovation in these tools - defined as the factors that can reduce the negative impact of the risk, or even decrease the probability of the occurrence of a future violent act. These factors are Prosocial involvement, Strong social support, Strong links and ties with at least one prosocial adult, Positive attitude towards interventions and authority, Strong commitment to school, and Perseverance as a personality trait (Borum et al., 2003). As the SAVRY is a protocol that is guided by the technique of Structured Clinical Judgment (Andres Pueyo & Echeburúa, 2010), on the coding sheet additional risk factors can be included that the evaluator considers relevant for understanding the potential risk of violence for the adolescent being evaluated. All of the risk factors of the SAVRY are encoded



in three levels: High, Moderate and Low, with no numerical value being assigned and no predefined cut scores. The other six items related to protective factors are encoded in two values (Present or Absent).

The SAVRY has a manual to complement the instrument, providing instructions, recommendations and definitions of coding criteria, as well as example cases, which are very informative. To complement it, the authors point out that to assess the risk or protective factors, evaluators can administer test or measurement scales to guide their decision as to whether or not to rate the item. Note that the SAVRY does not provide a final total risk score, as in the case of the YLS/CMI, instead the final evaluation must be made by the professional, taking into consideration the assessment of risk and protective factors as a whole (Borum et al., 2003). In relation to its ability to predict violence, in a study with 10 years of follow-up on juvenile offenders, the authors state that the SAVRY predicts robustly non-violent, violent and sexual recidivism in the group of adolescent males (Schmidt et al., 2011). As for the protective factors, the information is contradictory, since some studies indicate that with three years of follow-up the protective factors have a low predictive capacity (Rennie & Dolan, 2010), while with a follow-up of 10 years it was observed that the protective factors had a moderate to high effect size for predicting the absence of non-violent and violent recidivism (Schmidt et al., 2011). In the only predictive validity study published to date using the SAVRY in a Spanish juvenile justice population, after one year of follow-up it shows a moderate effect size for predicting recidivism (Hilterman et al., 2013). Furthermore, the estimate for recidivism carried out by the person responsible for the adolescent's case in the justice program (clinical and non-structured), with a self-report estimate from the adolescent in relation to their own recidivism, these two together were compared with the final score of the SAVRY, the latter showing significantly greater predictive ability. It has an authorised adaptation to Spanish and Catalan developed by Vallés and Hilterman (Borum, Bathel & Forth, 2011), and currently the SAVRY is used officially in the framework of the evaluation and intervention process established in the circuit Juvenile Justice of Catalonia (Cano & Andrés-Pueyo, 2012).

Another interesting protocol to review, because of its Latin American origin, is the Assessment Form for Risk and Resources, or FER-R (Alarcón, 2001), an instrument of structured professional judgment developed for use in programs of juvenile justice in Chile designed to prevent the risk of recidivism, among other objectives. The form consists of 60 items and permits the recording of two areas: Criminogenic risk factors and Protective factors, based on the assessment of static and dynamic risks. Among the static risks it assesses, it evaluates History of

social maladaptation behaviours, Derivation from protection/intervention programs and Impact of previous interventions. The dynamic risks it evaluates include Education, Peer relationships, Family, Interests of the adolescent, Drugs, Attitudes and manifest tendencies. Lastly, there is a final section that evaluates Family and personal protective resources. A predictive validity study has been carried out on the FER-R in which it demonstrated an adequate ability to predict recidivism in Chilean juvenile offenders (Alarcón, Wenger, Chesta, & Salvo, 2012).

Finally, we present two instruments for assessing the risk of sexual recidivism, the ERASOR and J-SOAP-II, together with a lesser-known instrument, SAPROF, which evaluates only the protective factors and is compatible with the use of any other protocol for risk assessment and can even be used independently. The ERASOR (Worling & Curwen, 2001b) is a checklist, developed on an empirical basis, which helps evaluators to estimate the short-term risk of sexual recidivism in adolescents aged 12 to 18 who have previously committed a sexual assault. It was designed as a single scale of 25 risk factors grouped into 5 themes: Sexual interests, attitudes and behaviour, History of sexual assault, Psychosocial functioning, Family functioning/environment and Treatment. Each risk factor is scored based on four possible criteria: Present, Possibly present, Not present and Unknown. The authors have developed a manual containing the description of each of the risk factors, which enables the coding of items (Worling & Curwen, 2001a), and they stress the need for all professionals who use it to become familiar with it, as well as with the different publications and follow-up research. Moreover, they emphasise that the evaluators must be highly trained in the assessment of adolescents, their families and, especially, in the issues of sexual violence. The use of the ERASOR requires multiple methods for collecting the information that allows the evaluator to estimate the risk of sexual recidivism of the adolescent. The authors propose using a combination of clinical interviews with the person being evaluated, the administration of psychological tests, the observation of behaviour and official information from the court case. As a minimum requirement, the evaluator must obtain information directly from the adolescent and from the official records of sexual assault. In addition, it is required to collect information from multiple sources, such as the victim, the police, the family and other mental health professionals linked with the adolescent. To determine the overall risk level of the person being assessed, the authors indicate that it is derived from the clinical judgment. Despite the existence of a relationship between the number of high-risk factors present in the person being evaluated and the final assessment of the risk of recidivism, the clinical judgment should also take into



consideration the combination of factors present, as the evidence indicates that the presence of just one particular risk factor may indicate a high risk, for example, the statement by the adolescent that they will commit another sexual assault or self-reporting sexual interest in children and minors. There are a number of international studies indicating that the ERASOR has good psychometric properties and adequate prediction capabilities (Viljoen, Elkovitch, Scalora, & Ullman, 2009; Worling, Bookalam, & Litteljohn, 2012). There is a Spanish translation available, but it is unpublished and only available on request from the authors of the translation (Venegas, Sanchez, Hilterman & Siria, 2013).

The Juvenile Sex Offender Assessment Protocol-II or J-SOAP-II (Prentky & Righthand, 2003) is a checklist that allows evaluators to conduct a systematic review of risk factors that the literature has associated with adolescents that commit sex crimes. The authors designed it for use with adolescent boys between the ages of 12 and 18 who have been prosecuted for committing a sexual offense as well as with adolescents that have not been convicted, but have a history of coercive sexual behaviour. It is suggested that the decision regarding the risk of recidivism is not made based only on the J-SOAP-II, rather it must be a part of a comprehensive evaluation in the risk assessment process. The instrument consists of 28 items, covering static risk factors organised into two scales: Sexual orientation/impulse and Impulsivity-Antisocial behaviour; and dynamic risk factors through the scales of Intervention, and Adjustment and social stability. Studies on forensic samples support its predictive capability, validating its use as a complementary tool for the assessment of the risk of recidivism of sexual assault in adolescents (Martinez, Flores, & Rosenfeld, 2007; Viljoen, Mordell, & Beneteau, 2012). The Spanish adaptation was developed by Garrido, Silva and López (2006), with the name *Protocolo de Evaluación de Agresores Sexuales Juveniles* [Assessment Protocol Juvenile Sex Offenders].

Finally, the Structured Assessment of Protective Factors for Violent Risk: Youth Version, or SAPROF-YV (de Vries, Geers, Stapel, Hilterman, & de Vogel, 2015), is a tool for the structured assessment of protective factors for risk of violence, built for use in combination with and to complement other risk assessment tools, such as the SAVRY or the YLS/CMI. According to the authors this combination facilitates a more balanced assessment of the future risk of violence and sexual violence, while also helping to focus the attention on the prevention of violence from a positive approach to treatment. The version for adolescents between the ages of 12 and 18 was produced in 2013, the authors note that the protective factors may be even more promising for the positive development of adolescent offenders, and they hope that

this version will be an important complement to the risk assessment in juvenile justice. Particularly professionals in the field of forensic psychiatry state that the SAPROF (in its adult version) is proving to be very useful in formulating treatment objectives, justifying the phases of treatment, monitoring the progress taking place in each phase and facilitating positive communication regarding the risk (de Vogel, de Ruiter, & Bouman, 2011). The SAPROF-YV consists of 16 dynamic protective factors, based on the international literature related to the factors that are specific to the risk of youth violence, and organised into 4 groups of items, the first concerning Resilience: Social competence, Coping, Self-control and Perseverance. The second group comprised of Motivational items: Future orientation, Attitudes towards agreements and conditions, Medication, School/work, Leisure activities. The third group consists of Relational items: Parents/guardians, Peers, Other supportive relationships. And finally the External items: Pedagogical climate, Professional care and Court orders. These items can stimulate the development of positive treatments, offer additional guidance for risk management, and provide new opportunities based on the evaluation of the strengths of the adolescents. The authors reported that two pilot studies were developed in 2013, the Dutch version was published in 2014, and versions in English and Spanish would be published in 2015 (de Vries et al., 2015).

DISCUSSION

The available resources and tools in Spanish for evaluation using psychological tests of personality traits and cognitive abilities, psychopathological symptoms and syndromes, and other psychological constructs from criminology and the forensic field applied to juvenile offenders are varied, current and comparable to those that exist in the English-speaking world. Since the characteristics of the tasks carried out by professionals working in juvenile justice services (detention centres, corrective measures in a community setting, mediation, etc.) are very diverse, the demands they receive are varied and generally complex. Among the technical resources available are the psychological tests that, in general, were initially designed for the demands that are characteristic of the school, clinical or socio-family environments, and to a lesser extent for meeting the demands of the forensic and criminological field. So most of the psychological tests reviewed were developed in the clinical, educational and personological field, but this does not prevent their use in the field of juvenile justice. Many of the demands of this field are similar to those of other fields, for example, to estimate the level of IQ, the mental health or the maturity of a teenager before they are prosecuted for a criminal complaint. In general, the adequacy of the measures of justice applied to an



adolescent necessarily include clinical and educational services, therefore the tests initially developed in those areas can be used with full guarantees in juvenile justice. However, there are some spaces of the management of juvenile offenders in the criminal context, such as assessing the risk of recidivism, that require specific tools like SAVRY or ERASOR, which have developed in the last 20 years and have also been adapted to Spanish (Dematteo et al, 2016; Grisso, 1998).

This review shows an overview of the tools that professionals working in the area of juvenile justice have at their disposal, to respond to the demands they receive from the workers in the justice circuit. There are traditionally clinical tools that are very useful for evaluating key aspects in the forensic area, for example instruments that detect clinical symptoms such as the SCL-90, or the BDI-II if it is necessary to investigate depressive symptoms in depth; or the DISC-IV if the exploration of psychopathology requires greater depth and a broader spectrum in accordance with the criteria described by the DSM-IV. Also described are the MMPI-A and the MACI as tools of interest for understanding the relevant psychopathological symptoms and psychological functioning styles of adolescents. Less common is the use of personality assessment tools, such as the NEO-PI or the EPQ in their different formats, because although they enable us to understand the structure of personality at the level of traits, it is unlikely that these results will yield answers to psycholegal questions or allow us to advise in the processes of adolescents through the judicial circuit, since their results provide little specificity in the comparison between personality and criminal behaviour. That is, we can find out if there is high Psychoticism with the EPQ or low Agreeableness and Conscientiousness with the NEO-PI, which indicates the presence of certain traits that are more or less related to the existence of a disposition towards criminal behaviour, but are not directly or causally related with the criminal act itself. Notwithstanding the above, these instruments do allow us to have a kind of basic X-ray of the temperament and personality of the offender, allowing us to get closer to their psychological individuality, which will be useful in the process of intervention and generalisation of their behaviour to open social contexts and reinsertion. This review highlights an important limitation with regards to the lack of psychological tools for assessing personality in contexts of juvenile justice; as we have noted, only the JI-R is designed to assess personality and attitudes related particularly to the population of juvenile offenders, but we do not yet have an adaptation or professional weighting, which certainly reduces its potential inclusion in the professional field, despite the fact that it is a tool that could fill a latent gap in forensic evaluation in Spanish, which has seen greater development in tools for predicting the

risk of recidivism and violence, leaving behind the evaluation by self-report of personality aspects, inputs that are relevant to case management in treatment.

On the other hand, there is a growing number of specific forensic tools that have been adapted to Spanish, which are aimed mostly at predicting violence, either generally as with the YLS/CMI; general, violent and sexual as with the SAVRY; specifically for violent recidivism or psychopathy like the PCL:YV, or the recidivism of sexual crimes as with the J-SOAP-II or ERASOR. Despite the rise in recent decades of the development of forensic tools in English-speaking countries, the Spanish and Latin American situation is different and continues to suffer limitations in the development of such tools. As a significant defect, we note the lack of manuals for the use of forensic tools, especially those of Structured Professional Judgment, including descriptions of both their construction, adaptation, psychometric properties, the description of variables and guidelines for scoring. Generally the construction and dissemination is needed of appropriate scales for interpreting the different tests, which include when it is necessary to differentiate by age and/or sex; improvements are also required in the commercial distribution channels to optimise the dissemination and use of the instruments. This is a clear challenge for the development and adaptation of forensic instruments in juvenile justice, because although there are exceptions such as the Spanish adaptation of SAVRY (Borum et al., 2011), most of the other instruments do not have what we have outlined here.

With the clarity of knowing the tools available in Spanish, the next challenge will be how the professionals decide the ideal instrument or strategy for the assessment. Some recommendations for this suggest that the people in charge of the forensic evaluation should use the appropriate psychological tests for the purpose for which they were designed, i.e. the instrument should not be required to provide more results than it has empirically been shown to be able to do (Archer, Stredny, & Wheeler, 2013). For example, it is not correct to use the YLS/CMI if one wishes to predict the risk of sexual recidivism, or the MACI or MAYSI if you are aiming to use them to diagnose a mental disorder. The choice of test to be used in each case should not be guided by a standard battery, but it must be adapted to the evaluation needs and objectives for each adolescent; to do this, Echeburúa, Muñoz, and Loinaz (2011) indicate that professionals should be pragmatic, when deciding whether to use a particular instrument, thinking about the usefulness of the information obtained after use, considering its suitability for the particular case, and if necessary taking into account the educational level of the adolescent to assess whether they can adequately answer all questions, in addition to considering whether the



evaluator has mastered the technique for using it. It is also recommended to note the scientific quality of the instrument, i.e., prioritising tests that have good psychometric properties, as well as validity studies and standards in the forensic population. Hoge (2012) on the other hand, recommends that forensic evaluations are conducted by professionals that have been trained in the area and who are experienced in the use of the tools to be used. We should remember that instruments such as the PCL:YV or the DISC-IV require prior training on the test and how to complete it, and without it the results obtained will have less validity. Finally, it is important to remember the need to maintain the rigour, good practices and professional ethics in all forensic evaluation, especially in juvenile justice, since every decision taken in relation to the young individual throughout the judicial circuit will have repercussions - sometimes very serious- both in the adolescent's life and in society. Therefore the professionals working in this area should ensure that the steps that guide these decisions are made according to the highest standards and in the most optimal way (Hoge, 2012).

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