

NOJOS Rubric for Juvenile Sex-Specific Assessments

This rubric (updated 2/2022) is a summary from the NOJOS Protocol & Standards for Conducting Juvenile Sex-Specific Assessments.

A Sex-Specific Assessment that conforms to NOJOS guidelines should contain all of the following “Required Procedures”.

Required Procedures	Required Components	Recommended Topics
<i>Face-to-Face</i> Interview Between Juvenile and Evaluator	Social History	Family Dynamics/Functioning/Child Abuse History/Domestic Violence Psychological/Psychiatric Treatment History Medical History/Early Development/Trauma History Social Functioning/Bullying History School Functioning Behavioral Functioning Legal (Criminal) History/Substance Use
	Mental Status	Screening for possible mental health issues Psychological/Executive/Emotional Functioning/Coping Skills
	Sexual History	Sexual Victimization Consensual Sexual Behaviors/Dating Sexual Education/Fund of Sexual Knowledge Pornography/Masturbation/Fantasy Sexual Behaviors: Developmentally Expected vs. Deviant
	Sexual Offense/Misbehavior	Full Description of Each Sexualized Behavior --Context of Sexual Behavior/Person Involved --Number of Incidents/Timeline/Environment --Criminal Charges Adjudicated/Pending Use of Coercion or Force/Reaction to Victim Protest/Attempts at Secrecy Accountability/Empathy/Remorse
	Risk and Protective Factors	Current Level of Safety/Environmental Factors Risk to Children in the Home Past/Current Sex-Specific Treatment Outcome Plan for the Future
Caregiver Input	Juvenile’s Social History	Same as Above; Compare with Juvenile’s Stated History
	Juvenile’s Sexual Risk/Protective Factors	Current Level of Safety/Environmental Factors Understanding of Sexual Risks/Safety Plan Ability of Parent(s) to Provide Supervision and Facilitate Treatment Risk to Other Children in the Home
Collateral Documentation of Sexual Misconduct/Offense	Police Report— <i>best practice</i> --Victim’s Statements --Juvenile’s Statements --Juvenile’s Response to Documentation	In Addition OR If No Police Report: --CJC Interview/CPS Investigation Report --Victim Statement --Court Reports --Probation/Case Management Report

Required Procedures	Required Components	Recommended Topics
Objective Risk Tools (Actuarial or Clinically Guided) <i>Not for Children Under Age 12</i>	Currently Recommended: --JSORRAT-II --JSOAP-II --PROFESOR	Additional Measures May Include --Psychosexual History Forms --Sexual Behavior Inventories --Trauma Screeners or Checklists
Statement of Risk <i>Not for Children Under Age 12</i>	Specific Circumstances of Risk Time Limited Nature of Risk	Mitigating Factors Protective Factors
Treatment Recommendations	Address Each Area of Need for: --Age and Ability Appropriate Treatment --Placement --Safety to Victims/Community --Family Involvement	Consider Additional Recommendations that May Include: Placement Appropriateness; Need for Family Intervention; Safety Plan/Supervision Needs; Treatment Provider Training of Approved Supervisor(s); Clarification and Reunification Needs; Recommendation for a Polygraph Examination (if age appropriate); Issues of Possible Non-identified Victims; Treatment for Compulsive/Excessive Pornography and/or Masturbation; Additional Interventions for Education or Specific Mental Health Issues; Recommendation for Further Assessment (Psychological, Neuropsychological); Supporting Protective Factors and Normal Development
<i>Additional Components Necessary for Psychosexual Evaluations Only</i>		
<i>Face-to-Face</i> Diagnostic Interview with the Juvenile	Mental Status Examination	Cooperation/Appearance/Interaction/Memory/Speech Thought Process/Mood/Anxiety Violence Assessment
Psychological Testing	Cognitive Testing Behavioral Functioning Testing Personality Testing Testing to Address Specific Concerns	Referral Question/Clinical Judgment Determines the Battery Additional testing is based on the referral question Basic screening is recommended for suicidal ideation.
Mental Health Diagnosis	Current ICD-10 Diagnosis	
Recommendations	Recommendations Specific to Juvenile's Psychological Needs	Mental Health Issues; Need for Psychiatric Services/Medication Management; Alcohol or Drug Treatment; School Issues/Education Deficits; Social Issues