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INFORMATION SHEET

SEXUAL OFFENDING RISK ASSESSMENT

The Forensic Psychology Centre undertakes risk assessments of individuals who have been charged or convicted of engaging in inappropriate sexual behaviours and/or sexual offending behaviour. We are also able to conduct risk assessments in cases where allegations alone exist, and formal charges have not been laid. This includes assessing risk of contact offending against children and adults, internet offending (i.e. grooming, child exploitation material, procuring) and other forms of non-contact offending (i.e. exposure, stalking, other paraphilias). We can conduct risk assessments with males and females.

FPC has provided sexual risk assessments to aid decision-makers in both criminal and civil contexts, including for the assistance of courts, corrections, parole boards, child safety, family court, lawyers, immigration, tribunals, registration bodies, religious organisations and so on.

What is a sexual offending risk assessment?

Risk assessment is the process of identifying the probability or likelihood of a sexual offense reoccurring in the future for someone with a known history of sex offending. That said, in this field it is not possible to predict any future event with 100% certainty. Consequently, a risk assessment will always involve some degree of uncertainty about the 'truth' of the actual prediction. However, tools and knowledge now exist that allow professionals to be able to evaluate risk of sexual offending with a greater degree of accuracy and confidence. The use of static and dynamic risk assessment tools within a 'structured clinical judgement' framework has been shown to provide the best predictive outcomes for male subjects when used by professionals with appropriate skills and training. The tools for use with females are limited by comparison (i.e. there are no Static tools validated for women), however the 'structured clinical judgement' framework used to evaluate dynamic factors is still considered best practice.

Regarding allegations

Where allegations alone exist as the source of concern (and there are no past or present charges or convictions for sexual offences), the decision as to whether a risk assessment (using validated tools) can be completed is dependent upon whether the allegations are considered to have sufficient credibility, or not. The psychologist uses several factors in determining this, and the reasoning is clearly articulated in the body of the report. The documented collateral material is the primary source of information used to determine credibility. If allegations are evaluated as not having sufficient

credibility (and there is no other formal history of sexual offending – either charges or convictions) then a risk assessment cannot be completed. In these instances, there may be other types of psychological assessment that can assist in evaluate the issue under concern (e.g. a parenting assessment). Where allegations of sexual abuse / offending are considered to have sufficient credibility, then a risk assessment can proceed, and the allegations are treated “as if” they had led to a charge or conviction, and standard tools are applied.

How should risk be communicated?

A quality risk assessment will differentiate risk in a given case which makes it easier for decision-makers to manage the identified risk and allocate appropriate resources to do so at the right time/s. The risk that is communicated is determined after conducting a comprehensive assessment and one where specific areas need to be evaluated and then formulated into what is described as a ‘risk statement’. This type of statement essentially details and differentiates the different aspects of a person’s risk, by outlining the following:

- Providing a general risk level, (from very low to very high, inclusive of percentiles and risk ratios where possible) – this level relates to the likelihood of the person committing a new sexual offence in the future (i.e. their reoffending risk)
- Identifying what the person is at risk of doing (the actual offending behaviour/s)
- Identifying the likely frequency of future offending behaviour/s
- Identifying what potential harm to a victim/s may occur if a reoffence happens (i.e. type and severity of harm)
- Identifying who the person represents a risk to (i.e. adults, teens, children, strangers, acquaintances, family, males, females etc.)
- Identifying under what circumstances the behaviour in question is most likely to occur by identifying the contextual & situational factors that impact risk (eg: within the family home, on the internet, in the car, at a party).
- Specifying what factors amplify the risk (eg: negative mood states, substance use, aimless driving) and what factors moderate or reduce the identified risk (eg: protective factors such as good self-management, good support, structured use of time etc.)

All FPC risk assessments include:

- Use of formal and empirically validated risk assessment tool/s (when appropriate and suitable);
- An evaluation of both static and dynamic risk factors across multiple domains, including consideration of contextual variables;
- Consideration of minority cultural context upon behaviour and functioning,
- Individualised risk statement and forensic case formulation specific to the client;
- Use of probabilistic reporting that outlines scenarios or conditions that would elevate or reduce risk;
- A risk management strategy that is focused upon reducing risk and managing contextual factors identified to be relevant to the individual’s risk of engaging in sexually abusive behaviour.

What a risk assessment doesn't do:

- A risk assessment cannot tell you whether someone will or will not reoffend. What it provides is an individually formulated understanding about a person's past behaviour and current functioning, and the circumstances under which they may be most likely to repeat their behaviour.
- Whilst psychometric instruments are used to evaluate aspects of a person's current functioning (such as personality, mental health), a risk assessment does not typically involve determining or validating whether someone has a specific diagnosis, unless this forms part of the terms of reference of the referral. Diagnoses are offered in the body of the report, but these are typically considered to be 'provisional' in nature.
- It doesn't give you an indefinite opinion on risk, as risk is a dynamic concept. A risk statement has a general validity of about 12 months. Should matters proceed to Court in excess of 12 months after the completion of a report, the opinion would be less accurate. In cases such as this a risk review assessment is warranted.

What you should expect in a quality risk assessment:

Our typical sexual offending assessment reports will include and/or comment on the following aspects related to the individual client:

- Comprehensive psychosocial history;
- Sexual history including sexual arousal patterns and interests, including sexual deviancy if relevant;
- Violence and aggression history;
- Personality characteristics, including personality disorder and psychopathy (diagnostic impressions if relevant);
- Cognitive functioning, including an estimate of general intellectual and memory functioning (based on presentation, verbal comprehension, articulation and capacity for self-report);
- Illicit substance and alcohol use;
- Mental health functioning and diagnostic impressions;
- Unique factors related to the offending behaviours;
- Risk of future sexual violence;
- Risk statement outlining the exact nature of risk (as detailed above);
- Forensic case formulation of offending behaviours, incorporating the personal as well as contextual and situational factors relevant to the occurrence of the behaviour;
- Identification of responsivity factors (those personal characteristics that can impede an individual's ability to engage with supervision &/or treatment);
- Treatment recommendations (if appropriate);
- Any other relevant areas flagged/further assessment (e.g. violence risk/parenting capacity);
- Disposal recommendations (if appropriate); and
- Supervision and management recommendations (if appropriate).

Process of the assessment:

The following is an outline of the process and likely number of sessions required in order to complete an assessment and provide recommendations in relation to sexual offending risk, treatment and management.

- Interview and testing with the client. Most typically, risk assessment interviews require approximately 3 – 5 hours to complete. The process involves a comprehensive clinical interview and administration of psychometric tests designed to evaluate current mental health, personality and attitudes. The interview and testing can often be completed in one session, however, subject to the tests required, it is also commonplace for the process to require two sessions. This is largely dependent upon the person’s capacity to engage with the process (which can be impacted by a variety of factors including cognitive impairment, trauma, personality disorder, mental illness, literacy deficits etc.). In some cases, the psychometric assessment needs to be modified appropriately (i.e. verbally administered) and therefore it takes more time to complete.
- Interviews with other relevant individuals and any other involved professionals. This can typically be achieved by phone interview/s.
- Other necessary tasks include:
 - Reading relevant file material/reports and other collateral documentation
 - Scoring and interpretation of psychometric tests
 - Completion of risk assessment tools relevant to sexual offending
 - Report writing and peer review (done by another FPC psychologist experienced in the area)
 - Discussion of report and recommendations with the referrer / client (depending upon circumstances)
- The time taken to complete a sexual offending risk assessment depends upon the complexity of each case, with the report writing being the largest time component, followed by the interview / testing and collateral review.
- An individual quotation is prepared for each referral. The more information provided up front about the case and the amount of collateral review allows for a more accurate quote.

Combining a sexual risk assessment with a capacity to protect children from sexual harm assessment

Where there are identified children potentially at risk (i.e. within a family unit), a sexual offending risk assessment is often done in conjunction with a ‘capacity to protect’ children from sexual harm assessment (usually done with the partner / mother). Where it is the case that a ‘dual’ assessment is completed, the psychologist has the ability to look at the combination of assessment outcomes and have a greater degree of confidence in their opinion/s around risk and protective factors. This is because the relationship dynamic between the adults / parents can be taken into consideration (if single assessments are done this information can only be inferred). Relationship dynamic is a core contextual factor when determining recommendations for treatment and providing support for a non-offending parent, and also in considering the adults’ prognosis for change, all of which impacts the safety of children / potential victims. The benefit of assessing both parents (for risk and capacity) is the ability to bring together an overall ‘combined’ opinion regarding the manageability of any identified risk and protective elements, relevant to maintaining the safety of the identified children.