

# Sex Offender Risk Assessment and Management

Brad D. Booth, MD, FRCPC<sup>a,\*</sup>, Drew A. Kingston, PhD<sup>a,b</sup>

## KEYWORDS

- Sexual violence • Risk assessment • Risk management
- Mentally disordered offenders

## KEY POINTS

- Sexual violence is common and requires an organized approach for risk assessment and risk management. Current evidence-based risk assessment should include actuarial and structured professional judgment tools.
- Mental illness in sexual offenders is also frequent. Although evidence does not suggest that it usually contributes to recidivism, it can influence treatment of sexual offending in this population. Risk management should include treatment of comorbid psychiatric conditions.
- Risk management strategies for sexual violence include external control measures, psychotherapeutic approaches, and pharmacologic approaches. However, quality research proving the efficacy of these interventions is lacking and further research is needed.
- Despite limited data, risk management strategies should combine cognitive-behavioral interventions designed to target criminogenic factors based on Risk-Need-Responsivity principles, but Good Lives interventions may also help.
- Pharmacologic interventions should include consideration of selective serotonin reuptake inhibitors and antitestosterone agents, depending on the analysis of risk.

## INTRODUCTION

Of all forms of violence, sexual violence can cause the most profound effects on victims. Sexual violence includes forced sexual contact on a spectrum from unwelcome touching to penetration. It can escalate to physical violence and sadistic behaviors by the perpetrator. It also includes sexual contact with those who cannot

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<sup>a</sup> Integrated Forensic Program, Royal Ottawa Mental Health Care Group, Department of Psychiatry, University of Ottawa, 1145 Carling Avenue, Ottawa, Ontario K1Z 7K4, Canada;

<sup>b</sup> Brockville Mental Health Centre (BMHC), 1804 Highway 2 East, PO Box 1050, Brockville, Ontario K6V 5W7, Canada

\* Corresponding author. 2nd Floor – Forensics, 1145 Carling Avenue, Ottawa, Ontario K1Z 7K4, Canada.

E-mail address: [brad.booth@theroyal.ca](mailto:brad.booth@theroyal.ca)

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ethically consent, such as children or intellectually disabled individuals. Usually noncontact sexual offending, such as child pornography possession or voyeurism, is not considered sexual violence. Although the rates of sexual violence have been decreasing since the early 1990s, this decrease seems to mainly be in lower level offenses with the least injury to the victim.<sup>1,2</sup> Rates of sexual assault remain unacceptably high with approximately 19% of women and 1.7% of men in the United States reporting they have been sexually assaulted during their lifetimes.<sup>3</sup> Similarly, rates of childhood sexual abuse range from 7% to 36% for women and from 3% to 29% for men.<sup>4</sup>

The emotional toll for victims of sexual violence is profound.<sup>1</sup> Many victims experience fear and anger. Many do not report the assault to police and may not disclose the violence to anyone. Victims can be left with permanent psychiatric disability, including depression, posttraumatic stress disorder (PTSD), and other sequelae.

Given these issues, appropriate risk assessment and risk management of sexual violence is paramount. This article outlines the evidence-based approach to assist clinicians working with this type of violence.

## RISK ASSESSMENT OF SEXUAL VIOLENCE

### *Evaluation Stage*

The first step of comprehensive risk assessment of sexual violence is a comprehensive evaluation, described previously.<sup>5</sup> This includes:

- Familiarizing yourself with the relevant legislation (eg, specific wording of sexually violent predator law) and clarify the medicolegal questions you are addressing.
- Reviewing collateral information, including details of any current and previous offenses, institutional records, transcripts from court proceedings, mental health and treatment records, school records, and other information that might be available.
- Completing a clinical interview of the offender focusing on details of sexual offending, risk factors, and any treatable psychiatric comorbidities.
- Performing sexual preference testing if available, such as phallometric testing<sup>6,7</sup> or Abel testing.<sup>8</sup>
- Performing adjunctive tests as appropriate (eg, IQ [intelligence quotient] testing, attention-deficit/hyperactivity disorder [ADHD] testing, neuropsychological profile, malingering, personality testing).

Usually this assessment only occurs after a finding of guilt to avoid undue influence on the fact finder. Once a comprehensive evaluation has taken place, then the risk assessment is based on the specific issues raised by the offending and case-specific issues of the offender. Although rates of sexual offending recidivism are approximately 13% for all untreated sexual offenders,<sup>9,10</sup> the risk of a particular offender could be much higher or lower depending on the offender's history.

### *Structured Risk Assessment*

Risk assessment of sexual offenders has become increasingly important to criminal justice decision making. Only professionals trained and experienced in the assessment and treatment of this population should perform risk assessment of this nature. Professionals may choose from various methods to assess the risk for violence.<sup>11</sup> Historically, unstructured professional judgment was the norm, such that clinicians based their decisions on personal experience. However, this approach has shown poor predictive accuracy.<sup>12–14</sup>

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