

A model for a clinically-informed risk assessment strategy for sex offenders (R-56, 1997)

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The purpose of this study is to integrate conceptual models regarding assessment strategies, contemporary intervention, and empirically derived predictors of sexual or violent recidivism in sex offenders. Recent research regarding the assessment and treatment of sex offenders supports the conclusion that sexual aggression is a complexly determined phenomenon, with varied antecedents and sequelae. Perpetrators of sexual crimes differ in their personal and criminal histories. The circumstances preceding their offences, their age and gender preferences, the attitudes and beliefs that support their deviant behaviour, and the degree to which they have used force or brutality or caused physical harm to their victims. Thus, sexual offenders are a heterogeneous group of individuals, with diverse evaluative and treatment needs. The report further suggests that multi-method assessment is also important with suggestions for psychological testing, physiological assessment of sexual preference, file reviews, behavioral observations, and clinical interviews.

The authors believe the investigation of systematic multi-method assessments completed on large numbers of sex offenders can provide clarity, such that a differential assessment of risk is possible.

It is the goal of the researchers to develop a model that represents literature from each of these important areas regarding the management of sex offenders, and that the final model will be generic across types of sex offenders (rapists, child molesters, incest offenders), but will incorporate information specific for these subtypes. In this way, differentiated assessment strategies will potentially be possible. In order to test this model, two relatively large samples of sex offenders were required, preferably one being a treatment sample to evaluate some aspects of treatment efficacy. The assessment sample ($n > 800$) is from the Millhaven Assessment Unit (MAU) which assesses all sex offenders admitted to the Ontario Region. The treatment sample ($n > 450$) is from the Warkworth Sexual Behaviour Clinic (WSBC) which has provided cognitive behavioral treatment with a relapse prevention component over the past 8 years.

The intent of the researchers is to develop a conceptually-driven risk assessment strategy, and test it using the MAU sample, and validate it using the WSBC sample. The importance of this initiative is it attempts to provide empirical support for the clinical assessment protocols presently recommended in standards for sex offender assessment. Further, by aggregating across samples, it can determine the extent to which a case differentiated assessment for sex offenders is viable. Finally, by employing samples of treated and untreated offenders, the researchers are able to determine the extent to which this case differentiated assessment strategy informs both the identification of treatment needs and treatment outcome. ■