Risk Screening Report[1]

Name: John Jones
Date of birth: 5.5.82
Evaluator: Dr. J. Doe, Ltd.
Date of report: 10.15.13

PURPOSE OF REFERRAL

A Risk Screening (RS) is conducted through the Office of Behavioral Services (OBS) and the North Dakota Developmental Disabilities Division. The intended purpose of a RS is to provide the OBS and the Interdisciplinary Team with information about the circumstances under which the individual being screened might be at risk to commit sexually inappropriate or sexually offending behavior and to identify the management strategies needed to provide safety for the consumer and the community.

INFORMATION SOURCES

Psychosexual Evaluation, I. Mok (10.8.99).
Positive Behavior Support Assessment, T. Leaf (6.28.13).
Positive Behavior Support Plan, T. Leaf (7.28.13).
Consultation Notes (Risk Screening), J. Doe (8.13.13).
Meeting with Jones's Interdisciplinary Team: (8.10.13 and 9.22.13).
Interview with J. Jones: (8.10.13)

RELEVANT HISTORY

Mr. Jones is a 27 year-old single white male living in Landon, North Dakota. Mr. Jones is in a 24-hour community living arrangement receiving residential services from Help Services, Inc

Mr. Jones is in overall good health. His primary diagnosis is Mild Mental Retardation (Jon Macy, JD, MD 9.1.09)

SEXUAL INCIDENT HISTORY

Mr. Jones was 18 years-old when his seven year old sister reported that he had sexually fondled her on two occasions. Mr. Jones was arrested and placed in jail for two months until he was released due to his being found not competent to stand trial. He was placed in a group home with twenty-four staff supervision.

When Mr. Jones was 21 years-old, it was alleged that he sexually abused his housemate. The housemate reported that Mr. Jones came into his room during the night and crawled in bed with him and touched his penis with his hand. Additional information was not available regarding details of this alleged incident. Mr. Jones was placed in jail for two

[1] Example report using the ARMIDILO-S instrument

weeks and was then returned to his group home without further disposition.
When Mr. Jones was 21 to 23 years-old, he had several incidents of violating personal boundaries of female consumers and staff by giving unwelcome hugs; masturbating in his living room with staff present and making sexual comments to consumers at his day habilitation activities.

When Mr. Jones was 24 years-old there was an incident where Mr. Jones was with a female staff person at Target and he was vigorously touching his penis over his pants. His behavior was in the presence of the staff person. He followed redirection by the staff person.

At the age of 25 years-old Mr. Jones went into a women's restroom for several minutes. He stated that he accidently went into the wrong restroom. There was no one in the bathroom at the time.

RISK REVIEW PROCESS

It is important to be aware of the fact that there is no certain way to predict whether or not a re-offense will occur; one can only assess the possibility or likelihood of such re-offense based on history and information presented and collected during the course of this screening. Research has provided some increased ability to identify characteristics associated with re-offense with persons with developmental disabilities. To assess the level of risk for sexually re-offending behavior for persons with developmental disabilities, a convergent approach is used.

The convergent approach uses relevant historical static factors (factors that cannot change) as measured by the Rapid Risk Assessment for Sex Offender Recidivism (RRASOR), Static-99 or Static-99/R. This establishes a 'baseline risk' for re-offense. The historical risk factors in the RRASOR, Static-99 or Static-99/R act as markers for vulnerability for re-offending. To overcome limitations of predicting re-offending from purely static factors, dynamic factors (factors that are changeable over time) associated with re-offense are additionally incorporated. Dynamic factors are looked at as either stable dynamic or acute dynamic. Stable dynamic risk factors change slowly over time and denote vulnerabilities to risk for re-offense. Acute dynamic factors happen quickly and may signal that a consumer is more likely to commit an offense in the near future. Acute dynamic factors can be considered as acute risk factors in their own right, or triggering factors that produce sexual offending when combined with stable dynamic factors. Stable dynamic and acute dynamic factors are assessed regarding their risk and potential protectiveness against risk. These risk factors are assessed in relation to the consumer, support persons in the consumer's life, and the environments in which the consumer is involved. Improvement by the consumer, staff and/or environment in the stable dynamic and acute dynamic factors does not indicate reduction of risk from static baseline, but may indicate the degree to which these factors are under control. Therefore, the manageability of the risk has either increased or decreased.

The *Assessment of Risk and Manageability for Individuals with Developmental and Intellectual Limitations who Offend Sexually* (ARMIDILO-S, Boer, Haaven, Lambrick,

Lindsay, McVilly, Sakdalan, and Frize, Web Version 1.1 {2013}), is an instrument used to clinically estimate these dynamic and acute risk factors for re-offense with persons with developmental disabilities. The risk markers in this instrument are drawn from a recent meta-analysis (Hanson, RK, Morton-Bourgon, KE, 2007) and markers identified in the literature as specific to sexual recidivism risk among those with developmental disabilities.

RISK FACTORS INFORMATION

Static risk baseline

Mr. Jones's static risk factor as measured by the Rapid Risk Assessment for Sex Offender Recidivism (RRASOR) is a score of **3** which is similar to those persons who have sexually offended and presents a **Moderate** risk for sexual re-offense.

Critical risk factors identified using the ARMIDILO-S:

- **Sexual deviance** (Stable-Client) – somewhat of a risk factor. Mr. Jones has a history of two offenses. One offense against a prepubescent female and one against an adult male housemate. Over the past few years he has not demonstrated sexual interest towards children by staring; viewing child theme material; or making comments sexual about children. He has wandered on occasion into the presence of children on community outings but there is no indication of sexual intent.
  He has hugged female staff without invitation but is easily redirected. He has not touched with his hands sexual body parts of females when hugging. One alleged incident occurring one year ago was Mr. Jones showing interest towards his male housemate with possible sexual interest. There were no reports of his touching his housemate or making verbal requests for sexual involvement.
- **Offense management** (Stable-Client) – somewhat of a risk factor. Mr. Jones does wander from staff on community outings. A couple of times a month he moves away from close proximity of staff when he is distracted by other interests. He responds to redirection but his frequency of wandering from supervision has not changed.
  Mr. Jones occasionally fails to avoid making contact with children. He has talked with children in his presence and in a few incidents he has initiated conversation with them. He does not demonstrate a strong inclination to be in their company nor does he seem to have a sexual interest in them; or an inordinate amount of general interest in them.
- **Relationships** (Stable-Client) – somewhat of a risk factor. Mr. Jones has some difficulty in maintaining relationships. He is often in conflict with his residential staff. He seems to lose interest in relationships and doesn't continue them. He has little emotional connection with most of the consumers at day habilitation. He does demonstrate some connection with several staff at day habilitation and his family members.
- **Changes in victim related behavior** (Acute - Client) – somewhat of a risk factor. Mr. Jones has recently wandered off twice in one week from staff to where

children are present when on community outings. He did not demonstrate any observable sexual interest towards the children.

- **Attitudes towards client** (Acute-Environmental) – a definite risk factor. Most of the residential staff including his primary support persons are frustrated with Mr. Jones' behavior. Mr. Jones' resistance to and non-compliance with house rules and programming is a major area of conflict with staff. Most staff persons express having a difficult time working with Mr. Jones.
- **Consistency of supervision** (Stable-Environmental) – a definite risk factor. Mr. Jones's daily behavioral programming related to completion of house chores is inconsistently carried out by staff. Staff interventions when Mr. Jones' wanders away from them on community outings vary with each staff person.

Critical protective factors identified using the ARMIDILO-S:

- **Sexual deviance** (Stable-Client) – somewhat of a protective factor. Mr. Jones did volunteer information to staff that he has had sexually inappropriate thoughts (touching her breasts in the house) about a female staff person.
- **Sexual preoccupation/sexual drive** (Stable-Client) – somewhat of a protective factor. Mr. Jones does seem to have normal masturbatory frequency or lower and he demonstrates privacy boundaries with his masturbation. He shows little interest in erotic material, although he asked to have soft pornography twice over the past two years.
- **Offense management** (Stable-Client) – somewhat of a protective factor. Mr. Jones does, immediately, redirect when staff prompt him from wandering away when in the community.
- **Relationships** (Stable-Client) – somewhat of a protective factor. Mr. Jones verbalizes that he has an interest in expanding his social network. He has interpersonal skills can respond to others with emotion although he doesn't always choose to use them.
- **Unique considerations** (Stable-Environmental) – definite protective factor. Mr. Jones has a high level of supervision that significantly limits his opportunity for offending.

A definite risk problem was indicated, but not determined to have significant risk relevance for Mr. Jones for the following risk factors: Supervision compliance, Emotional coping ability, Attitudes toward client by support staff and Communication among support persons.

RISK SUMMARY

Time frame for the ARMIDILO-S assessment is five years prior to the evaluation date. Historical information related to the past sexual offenses were reviewed.

Mr. Jones' static risk is **Moderate** (based on the RRASOR); based on the ARMIDILO-S, his Risk Rating is **Low**; his Protective Rating is **High** (primarily due to current close supervision); therefore, he presents with an Overall Convergent Risk Estimate of **Low**.

Mr. Jones is supervised at a level where he has 24 hour staff presence at all times. He has awake staff at his home with staff always knowing his whereabouts. Outside of his home, Mr. Jones has one-to-one, line of sight and close proximity to staff. Mr. Jones's supervision level is primarily determined by the sexual risk for re-offense previously determined by his team. The level of supervision he currently receives likely exceeds the level of supervision that his current risk for sexually offending behavior presents.

Mr. Jones did allegedly sexually fondle his seven year-old sister when he was 18 years old. He has not demonstrated any sexual interest by staring, sexual comments or attempting to be in the presence of children during the evaluation period.

An additional question is if Mr. Jones might use force or coercion for sexual purposes with another male since he had an alleged sexual incident with his housemate over six years ago. Since that incident Mr. Jones has not demonstrated behaviors indicating a sexual assault pattern or a pattern developing. He has not demonstrated any predatory behavior towards peers or staff.

Mr. Jones's primary risk for sexually intrusive behavior is towards vulnerable females and touching himself sexually in a public place. Based on history there could be risk towards vulnerable males or underage children under some unique circumstances which requires continued awareness by support persons of any such pattern developing.

If Mr. Jones was to sexually offend it is not possible to accurately predict what his behavior would be, since there is little documented history of his past behavior. Based on the behavior that has been observed the past few years, it is likely that he is at greater risk for offending when he has opportunity and accessibility to vulnerable peers. He has not demonstrated a physically aggressive approach towards females or males that he is having conflict with.

The most likely place that offending behavior against others might occur is in private settings such as his home. Mr. Jones has not demonstrated a pattern of sexual predatory behavior in public settings towards children or adults. He could sexual touch himself in public places where he feels he has some sense of privacy.

A contextual factor that may indicate increased risk for offending is when there is inconsistent supervision and his support structure is significantly changing.

SUGGESTED RISK MANAGEMENT STRATEGIES

1. Identify places where Mr. Jones might go in the future with less supervision. Reduced supervision should not compromise community safety but reflect his demonstrated increase in manageability of his risk. Some areas for consideration could be; decreasing staff proximity for all situations; and having staff presence rather than line-of-sight supervision where potential victims are not present. Any reduction of supervision should be done gradually and determined by the risk factors of the client and environment.

2. The team should give particular attention to assuring safety for Mr. Jones' housemate. Areas to review would be what staff observations and reporting is needed; what should be the expectations of interaction between the housemates; and if any external controls are necessary such as door alarms, etc.

3. Jones' risk for sexual re-offense does not suggest at this time any specific restrictions (e.g., soft pornography, blinds on window, television viewing) in his home or in the community (limitations on places he can go) other than those directly related to safety for his housemate.

4. Assess what behavior programming in the home can be modified to reduce conflict between staff and Mr. Jones and meet essential daily expectations.

5. Document any observations by staff of Mr. Jones staring at children; attempting to be in proximity of children or making any sexual comments about children.

5. Provide Mr. Jones support for his homework and participation in group to ease his anxiety in attending therapy sessions.

6. Encourage Mr. Jones to masturbate only in his bedroom and not in the bathroom. Masturbating in the bathroom reinforces his level of comfort in masturbating in restrooms in public places.

7. Mr. Jones should continue with the expectation that he does not hug staff. He should be trained in various greeting behavior (e.g., hand shake, knuckle touch) that does not involve hugging other than with his family members or identified close friends.

8. Particular attention should be focused on increasing Mr. Jones's motivation and ability to be vigilant for potential risk situations and his demonstration of avoidance of such situations. Redirection by staff has not reduced his incidents of wandering into the presence of children, therefore, a different strategy should be introduced that might reduce frequency.

9. Monitor closely for any behavioral changes that develop if Mr. Jones has a change in his medication regime. Mr. Jones's psychiatrist should review his medications for any adverse affects on his sexual functioning ability.

10. Continue to teach and support Mr. Jones in expanding his social network and peer friendships, and his involvement in leisure and work activities in the community.

11. Focus attention on successes in Mr. Jones's life and assist him in developing his life goals. At this point in his life he needs to be looking forward, developing pride and confidence in his abilities. Focus attention on approach goals – what he can become – rather than primary focus on what he should not be doing and avoidance. Mr. Jones is trying to become a man and he has limited abilities in developing the healthy attachments in life that he needs.

12. Particular attention should be given to providing clarity and training for staff regarding intervention when Mr. Jones wanders from supervision.

13. All staff should continue to be aware of acute risk factors that may indicate decreasing manageability of risk for sexual re-offending by Mr. Jones. Attached (Addendum A) is a list of acute risk factors that staff should monitor for change. Manageability of risk can change significantly and quickly under various conditions. Staff should report such indications of risk immediately to supervising staff.

14. Mr. Jones would benefit from the development of a risk management plan that would provide details to the above mentioned strategies and include what frequency of review of risk is needed; and what risk factors would trigger an emergency review.

ACUTE RISK FACTORS (Addendum A)

Risk for re-offending may be increased if any of these factors significantly increase from baseline behavior. Underlined behaviors indicate extreme areas of concern. Unique considerations are those behaviors that indicate potential increased risk for this particular consumer that has been observed from past history.

- **Changes in compliance with supervision or treatment:** Not following rules and guidelines regarding supervision or treatment or defiance – defiance of rules directly related to putting himself in sexually vulnerable situations, such as, hugging others in a sexual way; or not following redirection by staff regarding wandering away from supervision; or refusal to attend therapy groups.

- **Changes in sexual preoccupation/sexual drive**: Frequency or intensity of sexual behaviors or interests – intense sexual urges/interests as indicated by sexual verbalizations; increased masturbation; violating privacy with his masturbation; significant increase in erotic visuals; or attempt to sexually touch others.

- **Changes in victim-related behaviors:** Attempts to be in close proximity of potential victims or planning to do so - any attempts to be in the presence of children or isolating himself with vulnerable adults or housemate without staff permission.

- **Changes in emotional coping:** Negative emotional reactions or ruminations - increased agitation and aggressiveness with sexual overtones (sexual comments or sexual gestures).

- **Changes in use of coping strategies:** Reduction of use of established coping skills – increased defiance or resistance of prompts by staff.

- **Changes in social relationships:** Disruption in significant relationships - if he loses someone he is close to such as a family member, new romantic relationship or his staff "friends" at day habilitation.

- **Changes in monitoring and intervention:** Reduction in observation and tracking of problematic behaviors - stop observing consumer or reporting information on risk situations especially related to wandering away from supervision or monitoring acute risk factors.

- **Situational changes:** Changes in environment or life situations that impact clients – changes in daily structure, place of residence, employment, medications or medical status.

- **Changes in victim access:** Opportunity or means to offend - increase in unplanned opportunities for access to victims.

- **Unique considerations:** Vulnerability to offend - any real or perceived rejection of Mr. Jones by "love" interest.