



Sex Offender Risk Evaluation Standard

Purpose:

To establish a standard for the completion of sex offender risk evaluations. This policy is in effect for all Approved Evaluators regardless of the payment method for the evaluation.

Post-Conviction Psychosexual Evaluation (PSE)

The purpose of this evaluation is to assess the person's current risk to re-offend sexually and generally along with assessing the person's ability to respond to sex offender treatment (amenability) positively and safely. Secondary to these primary objectives, the PSE identifies the dynamic risk factors associated with the person's risk and sexually acting out behavior and identifies barriers or conditions that will decrease the risk of re-offense and increase public safety. When completed pre-sentence, the court could use this information to determine an alternative sentence.

The focus of the PSE is to provide an understanding of the person's prior experiences that resulted in their sexually acting out behavior. This requires the evaluator to explore the early contributing risk factors (precipitating risk factors) that resulted in the development of the person's ongoing risk factors (predisposing risk factors). Ongoing risk factors are irrational beliefs that were determined from early experiences. These irrational beliefs affect the person's ability to develop healthy relationships. Additionally, the PSE identifies the cognitive distortions, thinking errors, and attitudes that support sexual acting out as well as identifies the immediate risk factors and high-risk situations that result in sexually abusive behavior. The PSE is essential for treatment planning and is the foundation of sex offender treatment.

The completion of a post-conviction sex offender risk evaluation requires the following:

- The evaluation will identify the level of risk for re-offense, the offender's pattern of deviant arousal (what type of sexual offense is the offender at risk of committing), amenability to treatment, and risk management strategies specific to the offender.
- A complete review of records obtained through the court, the investigating agency, DCS, TDOC, and the client. A review of the official version of the offense from the court or arresting agency is required. Evaluators shall request the official version from the agency which created it. Any and all medical information provided by the offender must be verified through collateral sources such as the medical facility, diagnosing authority, or institution.
- Face-to-face clinical interviews in which the clinician identifies the presence of dynamic and static risk factors supported by literature to be associated with risk. The clinical interview shall be conducted in a manner that allows the clinician sufficient time and information to determine the presence and development of risk factors associated with the offender who is the subject of the assessment. General risk factors that cannot be applied directly to the offender should not be listed in the report.
- A complete social and sexual history including examining any concerns developed in



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childhood, intimacy deficits, attitudes and distortions, negative peer influences, emotional and sexual self-regulation, and any other dynamic variables that may impact the offender's risk to re-offend sexually or behaviorally. The sexual history shall comprise a significant portion of the clinical interview and report.

- An actuarial assessment tool (i.e., Static 99) to identify the offender's current risk level.
- Specialized Sex Offender Testing, (i.e., cognitive distortion scales/inventories, attitudes supportive of sexual offending scales/inventories, and sexual interest scales/inventories). While this testing provides information that may be beneficial to the clinician, this should not be the main focus of the evaluation. Specialized Sex Offender testing is an enhancement to the clinical interview, but it should be utilized only as necessary to gather additional information.
- Objective Testing, (e.g., detecting deception, polygraph, Layered Voice Analysis, FMRI, detecting deviant interest/arousal, plethysmograph, VASI, Abel Screen, Affinity, Look). Objective testing is a mandatory component of the risk evaluation, and no Approved Evaluator can complete a risk evaluation report without this testing included. This is regardless of the nature of the evaluation (i.e., pre-conviction, pre-sentence, or post-sentence) or the agency/person for which it is being conducted (i.e., DCS, Court, Defense Attorney, District Attorney, and/or TDOC).
- A written report that includes the offender's assessed risk level and recommendations, as well as any diagnosis, if appropriate.
- The evaluation shall include corroborative information from a variety of sources and cannot rely solely on the offender's self-report. Any evaluation where the client is the only person providing information does not meet the standard of the TSOTB or the intent of this policy.
- Multiple clinical interviews, family interviews, and non-offending spouse interviews shall be mandatory if considering a community placement. If the offender does not sign consent to speak with family, that shall be noted in the report. It will often be necessary to meet with the offender in person more than once to obtain a full sexual history and flesh out any details from the prior clinical interviews.
- Testing that is not relevant to the specific risk of sexual re-offense, such as personality and psychological testing, should not be utilized unless it can be specifically articulated as to the need for such testing.
- The evaluation report shall not be withheld for payment of funds, and it shall be delivered to the requesting agency within 30 days of completing testing and interviews.

**Psychosexual Evaluation for Release from Community Supervision for Life
Pursuant to §39-13-525**

The completion of a PSE pursuant to §39-13-525 requires the evaluation for a court hearing to determine if the offender can be released from the Community Supervision for Life requirement. This evaluation is vastly different from one that is completed post-conviction. Unlike the post-conviction PSE which looks backward at the person's relevant risk factors and amenability to treatment, this evaluation focuses on what the person learned in treatment as well as their behavior post-treatment. This evaluation focuses on the person's understanding



of their offending behavior and risk factors as developed in treatment and the relapse prevention plan.

The evaluation determines the person's ability to successfully regulate their behavior and conduct without supervision. Specifically, the person should be able to articulate their specific offense cycle, communicate the gratification they received from offending, recognize their offense behavior and their thought patterns leading up to the offense, and how power and control played a role in their behavior. Treatment is designed to be a self-exploration of offending patterns through challenges from other group members, feedback both clinically and from the group, and complete honesty from the person. Simply having a significant time pass between this evaluation and the offense of record is not enough to determine that the person can successfully integrate into the community without supervision. The person must also be able to specifically articulate how their work in treatment has impacted their actions. The person must also have a full relapse prevention plan to assist them in moving forward. As part of the evaluation, the person must be able to fully explain the relapse plan and how it has been and will be used going forward in their post-supervision life.

The completion of this type of PSE requires the following:

- The evaluator must have documentation to ensure that the client has attended sex offender treatment as described in TSOTB Policy 17, has successfully completed said sex offender treatment, and has a copy of their completed relapse prevention plan.
- A review of the person's treatment records including the post-conviction PSE, the treatment plan, and the relapse prevention plan. A discussion with the treatment provider should be completed when possible.
- A review of their supervision history including polygraph history and an interview with the current supervising officer to determine supervision compliance.
- An interview with the offender to determine their understanding of their offense cycle, cognitive distortions, thinking errors, and negative behavior leading up to the offense. The evaluator should determine the level of victim empathy and honesty regarding the prior offending behaviors. This includes the offense of record and any other sexually acting-out behavior determined through the treatment process. A focus should be placed on the relapse prevention plan, the client's understanding of the information included in the plan, and whether the plan is comprehensive enough to provide the person with the resources to live a supervision-free life. Objective testing, while not mandatory, can be completed to determine honesty about sexual arousal/interest. The summary of these results shall be included in the report for the clinician to determine risk.
- The PSE should give a present level of risk to re-offend sexually and generally as well as discuss the person's ability to safely manage and self-regulate their behavior without supervision.
- An interview with a spouse/ally/or family member should be conducted to determine the level of support the individual has within the community.

As part of this evaluation, if the client does not have a written relapse prevention plan (RPP) available for review by the evaluator approved to complete evaluations under this section, the evaluator shall refer the client to the TSOTB Approved Provider who successfully discharged



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them from treatment to obtain a copy. If no copy is available, the TSOTB Approved Provider who provided the sex offender treatment shall assist the client in creating the RPP at no charge to the client. In instances where the provider is no longer approved by the TSOTB, the evaluator shall reach out to the Presiding Officer for a resolution that allows for the completion of the RPP. At no time can the evaluator proceed with the evaluation without a copy of the completed RPP. Per the statutory guidelines, the cost of completing the evaluation is the financial responsibility of the client and therefore is not eligible for reimbursement from the TSOTB fund.

*******Any evaluator wishing to utilize a virtual option for the clinical interview must have approval from the Board through the Presiding Officer.*******

*******Approved March 8, 2024*******