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Abstract

I have engaged in the practice of forensic psychology and the assessment of violent offenders for many years and have acquired expertise in the field. In my experience, I have noticed that many psychologists conduct forensic assessments for assault, violence, and sexual offenses that draw conclusions based solely on 1-hour interviews with offenders and at times the administration of the MMPI-2. Psychologists often fail to interview the victims and/or the offenders' spouses, fail to administer batteries of tests, and fail to gather available criminal records. As a result, many violent offenders are labeled as first time offenders when their criminal history is rich with violent offenses. I propose that forensic assessments for violence (e.g., domestic abuse, sex offenses, child abuse) follow a more detailed checklist and testing protocol and involve gathering criminal records from the courts and police departments to verify criminal history rather than simply relying on a criminal history check.





Forensic Considerations for Assessing Violence

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Key Words: forensic assessment, domestic abuse assessment, sex offender assessment, anger assessment, child abuse assessment, risk assessment

Note: A glossary of the evaluation tools described in this article begins on page 11.

Introduction

Many sex offender assessments, domestic abuse/anger assessments, and other forensic assessments have routinely relied heavily on the criminal's self-report or only on the criminal complaint for the current offense. Most psychologists do not even bother to obtain a criminal history check, and those who do almost always fail to gather official documentation pertaining to other relevant offenses. The result is a poor assessment, one that most often significantly minimizes the offender's history and patterns and, therefore, minimizes the awareness of actual risk for repeated violent offenses. Without a thorough review of all pertinent information, the examiners mistakenly indicate that someone has committed his or her first act of assault or his or her first sexual offense because they did not bother to check into the criminal history or take the time to gather relevant records. The types of evidence listed below allow for the most accurate, detailed assessments for violent offenders.

The following checklist is recommended when conducting forensic assessments of violent offenders. This includes those charged with or convicted of assault, domestic abuse/assault, and any sexual offense. Even if the offender pled guilty to a lesser offense, if the criminal complaint

or police reports suggest that the offense was related to an assault or sex offense, or if the charges began as assault or were sex-offense related, it is still strongly recommended that assessors adhere to the following (or a similar) checklist. A plea agreement does not in any way insinuate that the offender is not guilty of all of the alleged behavior; rather it indicates the court is accepting a plea and in return is offering a lesser punishment. The original facts and criminal charges are still assumed to be true.

Recommended Checklist for Forensic Assessments of Sexual and Non-Sexual Violence

The types of evidence below are recommended to adequately and effectively assess an offender's history. The items on the following checklist appear to have significant relevance when assessing patterns of deviant and violent behavior.

- Relevant documents and information
- Interview with the offender
- Interview with the victim when appropriate
- Interview with spouse/partner
- Abuse/assault/sex-related violent criminal history
- Non-assault/non-sexual criminal history (including juvenile and adult history)



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- Additional information related to sexual offending/abusive behavior/child abuse
- Treatment history (including participation in abuse or sexual offender treatment programs; participation in chemical dependency treatment programs; other therapeutic interventions such as marital or family therapy, childhood interventions, out of home placements, and any outpatient or inpatient placement to address mental health issues)
- History of suicidal ideation and suicidal attempts and/or whether the offender is currently experiencing suicidal ideation or has a current plan to injure or kill him/herself
- History of homicidal ideation and/or whether the offender is currently experiencing homicidal ideation or has current plans to kill or seriously harm anyone at this time
- History of experiencing psychotic symptoms
- History of taking or currently taking psychotropic medications
- Diagnoses (including prior and current)
- Chemical use and abuse history and screening
- Medical history that includes any serious conditions that may impact reality testing or the offender's ability to re-offend with violence

- Background information (including educational history, discipline history in school settings, residence history, and family of origin information)
- Employment history
- Relationship/marital history
- Development history (e.g., any delays in attaining expected developmental tasks)
- History of engaging in paraphiliac/sexually deviant/sexual acting-out behaviors (specifically ask about each of the following areas of paraphiliac behavior, which tend to result in more disclosure: attendance at strip shows, use of sex phone hotlines, use of prostitutes, and frequency and type of pornography use; the use of pornography is significantly correlated with violent behavior)
- Sexual orientation
- History of experiencing sexual/non-sexual jealousy
- Personal abuse history (including whether he or she ever witnessed or experienced physical or sexual abuse in the household or experienced neglect)
- Perpetrated abuse history (summarize the offender's history of abuse/assault; did the offender use weapons or commit assaults that resulted in serious injury, etc.)
- Supervision history, including whether he or she has violated any conditions of probation or parole
- History of failing to follow a restraining order or an order for protection
- Psychological testing (should include the MMPI-2 and/or MCMI-III, STAXI-2, SARA, HCR-20; for sexual offenders at least the MSI, STATIC-99, and possibly the ABEL Assessment and/or Penile Plethysmography)
- Summary of all testing together

- Clinical interview summary
- Mental status exam

Factors Considered for Risk Assessment

In addition to the above, below is a summary of factors that are empirically related to repeated violent offenses. The following allow for a more thorough review of the assessment data before formulating the recommendations and assigning a risk level for violent recidivism.

- Offender's score on actuarial risk prediction tools
- Offender's criminal history
- Offender's history of violent offenses
- Situations and circumstances of the abuse/sex offenses (e.g., relationship between victim and abuser; the ages and vulnerability of the victims; whether the offense committed was predatory, opportunistic, or elements of both; whether the degree of force used was nonviolent, violent, sadistic, kidnapping, bondage, torture, use of weapons, threats, or killing of victim; the duration of each offense situation; and the length of offender's offense history)
- History of participation in recommended treatment
- Use and abuse of drugs and alcohol and whether the offender continues to use them despite treatment interventions
- Information indicating the presence of additional victims and offenses not prosecuted (obtained from self report, treatment staff, police reports, the pre-sentence investigation report (PSI), and other collateral sources)
- Attitude toward the offensive behavior, the treatment, and his or her risk to the community
- Demonstration or lack of remorse

- Tendency to acknowledge, deny, or minimize effects of offensive behavior
- Traits of psychopathy (lacks remorse, appears shallow, lacks guilt, narcissistic; important to utilize Hare Psychopathy Checklist)
- Presence or absence of mental illness and mental disorders and whether the offender has followed recommended treatments (such as taking medication, aftercare, support groups, etc.)
- Presence of mental health diagnoses
- Testing and assessment reports, including psychological, intellectual, and court-ordered assessments and evaluations
- Assessed prediction of level of risk for re-offense, taking into account both the gravity and degree of future offense behavior
- Information obtained from the clinical interview (e.g., that the offender provided adequate information to allow for an accurate assessment)
- Offense-specific dynamics, which include the following: Were the victims known or strangers? Did the offender use gratuitous violence? Does the offense behavior appear sadistic in nature? Does the offense behavior appear premeditated or opportunistic? Was the offense behavior bold in nature (e.g., occurred in public place, high risk of getting caught)?

The Assessment Process

A diagnostic interview. The purpose of this 1-2 hour interview is to review the offense history, gather and review relevant history, assess mental health and safety concerns, and begin to formulate intervention recommendations. Records are obtained from relevant sources such as probation officers, courts, police departments, etc.

Psychological testing. Psychological testing is imperative and should include psychological tests as well as risk assessment tools. Recommended tests and tools for violence risk assessment include the MMPI-2 and/or the MCMI-III, the SARA, STAXI-2, and the HCR-20. For sexual offenders, I add the MSI, STATIC-99, and when possible, the ABEL Assessment or Penile Plethysmograph. If the

offender's victims include children, then the PSI and CAPI are added. Administering only one test appears grossly inadequate and unethical. A battery of tests offers validity information across tests and more effectively identifies the offender's needs and appropriate risk level. See the reference section (on page 11) for descriptions of each test/tool.

Interview with victim. Interview the victim whenever possible when he or she is willing. This provides an opportunity to obtain the victim's version of the offense and other pertinent information, such as the abuse history. If the victim is not related to the offender, it is not acceptable to pressure him or her into cooperation. However, if the victim is family or the partner/spouse of the offender, then the victim should be strongly encouraged to participate.

Interview with spouse/partner. Whenever possible, an interview with the offender's spouse/partner should be conducted. This allows for accurate information to be obtained pertaining to the offender's home life, including the abuse history, drug and/or alcohol-use history, and other areas of concern. This should occur even when the spouse/partner is not the victim of the current offense. This interview is imperative, as most offenders who assault or rape non-relatives also assault and act out with their partners/spouses. I inform an offender that I will not be able to complete the court-ordered assessment without his or her spouse/partner's participation, and I always interview the spouse/partner. There is no other way to obtain relevant facts about the assaultive history and no other way to establish rapport in an effort to obtain information about whether abuse continues to occur. In addition, I find that many victims are not provided with adequate information about victim resources and may not have anyone else to talk to about the abuse. An interview allows for a prime opportunity to help the victim/spouse/partner obtain therapeutic services that might otherwise be missed. Only about two clients a year choose to complete the assessment elsewhere

because they do not want their spouse/partner interviewed. This is generally an indication that the abuse is more severe and ongoing, therefore warranting the offender's resistance.

A second diagnostic meeting. During the second diagnostic meeting, the test results are discussed, additional information is gathered or clarified as necessary, and the recommendations are discussed.

The Importance of Gathering Official Records

It is imperative for examiners to obtain and utilize all pertinent information concerning a violent offender. This certainly includes interviews with the offender and the offender's partner/spouse, and when possible and appropriate, an interview with the victim. The pre-sentence investigation report, the criminal complaint, and the police reports provide a lot of information about the offender and are crucial aspects to review to complete a forensic assessment. Even police reports that do not result in criminal charges and charges that were dismissed for any reason (other than acquittal by jury) provide crucial information about an offender's criminal history. It may be necessary to contact law enforcement wherever the offender has resided, not just where the current offense occurred. Treatment records are also excellent sources of information. It seems unprofessional to conduct a forensic assessment without using all available sources of information.

Another problem is that plea agreements occur so often that they are more the norm than the exception to the rule. If an offender pleads guilty to a lesser offense, that offense still remains as described in the original charges unless the judge orders the criminal complaint re-written or the offender is acquitted by jury. Therefore, what appears on the criminal history check (which is assessors typically use) is often misleading. For example, if the offender was originally charged with domestic assault, terrorist threats, and disorderly conduct, but pleads guilty only to the disorderly conduct, the only charge that will show up on the criminal



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history check is the disorderly conduct. The problem is that the disorderly conduct is assault related and remains assault related regardless of the final plea agreement. Therefore, it is important to gather more information concerning any charge or conviction that appears related to violence. Commonly related charges include any type of assault or sexual offense, robbery, burglary, disorderly conduct, and trespass.

When conducting forensic assessments pertaining to sexual predators and sexual psychopaths, it is very common to find that most (approximately 70%) have more than two prior sexual offenses that have been pled down to lesser charges. Often an offender who is thought to have committed his or her first sexual offense is shown to have documented patterns of sexually violent behavior. This is simply the first time he or she was convicted directly as a sex offender. The same holds true for offenders who commit assault, domestic assault, and child abuse.

Case Examples Justifying Gathering as Much Official Information as Possible

Case number 1. An adult incarcerated sexual offender, approximately in his early

20s, was currently incarcerated for attempted criminal sexual contact. According to his criminal history check, he had a sex-related offense 3 years prior for window peeping, two convictions for robbery, two convictions for burglary, three auto-related felonies, and a conviction for escape. Although he was clearly a career criminal with a felony criminal history beginning when he was approximately 14 years of age, he had only one known serious sexual offense. After ordering copies of the criminal complaints and police reports for the above convictions, however, a new picture emerged.

One of his prior attempted burglaries involved window peeping on a female and attempting to enter the house when the victim was home and alone. While waiting to make his plea for that particular offense, he sought sex offender treatment, suggesting that this would have been a rape/burglary rather than simply a burglary. His other three related burglaries and robberies involved similar situations. In another burglary, he and some friends broke into the home of an elderly couple and beat the man, and he attempted to rape the woman. Had his assessment been based solely on his criminal history report, none of these other details would have been known, and a violent, serial rapist

would have been set free.

Case number 2. An adult male in his late 20s had numerous convictions for sexual offenses and assault. Upon further record checks, it was learned that all of his assault convictions involved assaulting female strangers to obtain sexual contact by force. He also had a conviction for window peeping; without reading the criminal complaint or police report this would seem like a fairly innocuous offense. However, the police report indicated that he had been window peeping on the same female on numerous occasions and had stolen her underwear from her apartment dryer. This offense was more suggestive of stalking than simply window peeping.

After obtaining the police report for a theft charge offense, it was discovered that the theft involved confronting a woman, requesting sex from her, and assaulting her. When questioned, the offender admitted that he intended to rape the woman. The fact that the offender was charged with only theft was extremely misleading. The same was true for a burglary conviction, which turned out to be related to one of the attempted rape convictions.

As a result of this individual's violent sexual history, teletypes were sent out to

all of the local police departments in the areas he had resided in since adolescence. It turned out that he had numerous police contacts involving window peeping, possibly stalking a female, and at least one incident that may have been an attempted rape, all occurring when he was an adolescent and none resulting in arrest. After a review of his extensive history of attending sex offender treatment, it was discovered that he failed to complete every program as a result of his acting out with violent and sexually violent behavior while in the programs. In fact, disciplinary records indicated that he even engaged in violent sexual and non-sexual behavior toward female staff, and that he regularly entertained sexually violent thoughts about female staff. Although his documented criminal sexual behavior history indicated that he was perhaps untreatable and very dangerous, the additional collateral information was priceless in profiling him. It was only after obtaining the collateral information that his thoughts and plans of raping female staff were revealed.

Case number 3. Another adult male in his late 20s had two known sex-offense convictions as well as several adult and juvenile convictions for disorderly conduct and burglary. After obtaining the police reports and/or criminal complaints, it was discovered that all of his assault convictions were pled down from violent sexual offenses. The burglary involved striking the female victim with a club and attempting to rape her. It turns out that all of his numerous criminal convictions were sex related and that he was becoming far more physically violent with each sex offense.

Case number 4. A male in his early 20s was incarcerated for two separate counts of false imprisonment, each involving two different females. Upon reading the criminal complaint, it turns out that both of these incidents involved kidnapping and physically and sexually assaulting females. The victims were strangers. After reading the criminal complaint and police reports, it turned out that there was a third victim who managed to escape.

The police reports and criminal history

indicated that he also had convictions for aggravated battery and disorderly conduct, as well as for violation of an order for protection. After obtaining the records on each of his convictions, it turned out that all involved seriously assaulting his significant other. When interviewed, he also admitted that he was convicted of aggravated criminal sexual abuse, which was nowhere to be found in the records. He indicated that this involved sexually molesting one of his sisters and attempting to rape another one of his sisters.

Discussion

Far too many psychologists conduct forensic assessments for assault, violence, and sexual offenses that draw conclusions on only a 1-hour interview with the offender and perhaps an administration of an MMPI-2. Psychologists have an ethical obligation to utilize all available resources when assessing an offender, especially when risk is to be estimated. The public and especially the original victim are at grave risk for being assaulted or raped again if the psychologist underestimates the offender's actual risk. This will continue to occur much too frequently if psychologists fail to gather the available information and reports. Psychologists need to take the time to obtain relevant police reports, criminal histories, psychological records, and treatment reports and incorporate the information into the assessment. A new effective, accurate, and professional standard needs to be set to collectively establish a recommended and acceptable checklist for forensic assessments addressing violence.

Summary

Criminal history checks are often very deceiving. A disorderly conduct conviction could have been the result of a plea agreement where the original charge may have been assault, criminal sexual conduct, robbery, or a more serious crime than "disorderly conduct" suggests. Investigators should go beyond criminal history checks in order to obtain all of the necessary information to adequately assess an offender's criminal history. All history has

some degree of relevance. You cannot accurately assess or treat an offender or accurately assess psychopathy or assess the true risk for violent recidivism without a detailed history.

Official sources of information provide much more detail than criminal history checks. Often, police reports, criminal complaints, and pre-sentence investigation reports contain valuable and rich information concerning the offender's history, including relevant information pertaining to the offender's criminal history, family and relationships, employment history, and mental health history and may also suggest the use of an alias and/or the existence of other police reports or criminal charges that did not result in formal convictions or that were eventually dismissed or sealed.

It is often rewarding to contact the local police departments and ask for any information known about an individual. At times, local law enforcement will have several police reports indicating sexual and non-sexual violence that did not result in arrest or criminal charges. This information is very useful as it suggests a much more significant violent history regardless of whether there was an arrest or conviction. The information contained in a police report or criminal complaint is usually enough to affirm criminal charges being filed.

Prior psychological assessments and psychological testing offer rich information to compare the offender's current and persistent personality traits and behavior. Often juvenile treatment records provide rich information concerning an offender's history of engaging in violent behavior. Remember that out-of-home placements are typically the result of either abuse occurring in the home or the child engaging in assaultive or sexually assaultive behavior, both of which are indicators for higher risk of engaging in future acts of violence.

Tools and Tests

CAPI. The *Child Abuse Potential Inventory (CAPI)* is a self-report instrument used as a screening tool for the detection

of physical child abuse. Milner, J. S. (1980). *The Child Abuse Potential Inventory*. Webster, NC: Psytec Corporation.

HCR-20. The *HCR-20 (Assessing Risk For Violence)* is a checklist for violent behavior. This tool defines violence as actual, attempted, or threatened harm; it specifies that threats must be clear and unambiguous and that the behavior is likely to cause harm to another person. It includes behavior that would create fear to the average person, such as stalking. Verbal and psychological abuse is not counted unless specific threats of harm are made. The *HCR-20* is a research tool. Webster, C. D., Douglas, K. S., Eaves, D., & Hart, S. D. (1997). *HCR-20: Assessing Risk for Violence*. Burnaby, British Columbia: Mental Health, Law, and Policy Institute, Simon Fraser University.

MMPI-2. The *MMPI-2 (Minnesota Multiphasic Personality Inventory-2)* provides a general measure of dimensions of personality, psychiatric symptomatology, and information about validity and impression management. Butcher, J. N., Graham, J. R., Ben-Porath, Y. S., Tellegen, A., & Dahlstrom, B. (1989). *Multiphasic Personality Inventory-2*. Minneapolis: University of Minnesota Press.

MCMI-III. The *MCMI-III (Millon Clinical Multi-axial Inventory-III)* is a self-report measure that provides a measure of more categorical forms of psychiatric disturbance. MCMI-III reports are normed on patients who were in the early phases of assessment or in psychotherapy for emotional discomfort or social difficulties. Millon, T. (1983). *Millon Clinical Multi-axial Inventory (MCMI) (3rd ed.)*. Minneapolis: National Computer Systems.

MSI. The *MSI (Multiphasic Sex Inventory)* is a self-report questionnaire designed to assess a wide range of psychosexual characteristics of the sexual offender. Nichols, H. R., & Molinder, I. (1984). *Multiphasic Sex Inventory*. Washington: Nichols & Milinder.

PSI. The *Parenting Stress Index (PSI)* is a screening and diagnostic assessment designed to yield a measure of the relative magnitude of stress in the parent-child relationship. It is appropriate for use with

parents of children as young as one month and up to 12 years. It is a self-report inventory completed by the patient. The *PSI* is divided into two parts. The first part is the child domain, which measures the qualities of the child that make it difficult for parents to fulfill their parenting roles. The second part is the parent domain, which measures sources of stress and potential dysfunction of the parent-child system that may be related to the parent's functioning. Abidin, R. R. (1983). *Parenting Stress Index Test (3rd ed.)*. VA: Pediatric Psychology Press.

SARA. The *SARA (Spousal Assault Risk Guide)* is a screening tool to assess for risk factors associated with spousal or family-related violence. The risk factors utilized have been empirically supported to predict spousal abuse. The term "spousal assault" refers to "...any actual, attempted, or threatened physical harm perpetrated by a man or woman against someone with whom he or she has, or has had, an intimate, sexual relationship." The definition is not limited to acts that result in physical injury, is not limited to married couples, and is not limited by the gender of the victim or perpetrator. It is not a psychological test per se, but rather a checklist or assessment guide to ensure that pertinent information is considered and weighed by the examiner. The research continues to evaluate the tool's interrater reliability and predictive validity. The presence of several factors would tend to support the existence of reasonable risk. Kropp, P. R., Hart, S. D., Webster, C. D., & Eaves, D. (1999). *Spousal Assault Risk Assessment Guide*. NY: Multi-Health Systems, Inc & B.C. Institute Against Family Violence.

STATIC-99. The *STATIC-99* is intended to be a measure of long-term risk potential. This tool can meaningfully differentiate between sex offenders with higher or lower probabilities of recidivism; however, the labels of various risk levels (low, medium-low, and high) do not reflect any absolute standard of risk. This tool was designed to predict sex offense recidivism and has also shown reasonable accuracy in the prediction of any violent

recidivism among sex offenders. Hanson, K. R. (1999). *STATIC 99*. Ontario, Canada: Public Works and Government Services Canada.

STAXI-2. The *State-Trait Anger Expression Inventory-2 (STAXI-2)* is designed to provide easily administered and objectively scored measures of anger experience and expression for individuals age 13 to adult. Spielberger, C. D. (1999). *State-Trait Anger Expression Inventory-2 (STAXI-2)*. Florida: Psychological Assessment Resources, Inc.

About the Author



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Johnson has presented at national and international conferences and trainings on issues involving sexual offenses and domestic abuse. His book is titled *When "I Love You" Turns Violent* (New Horizon Press, 1993). His booklets include *Man-To-Man: When Your Partner Says No* and *Detecting Truth From Deception* (self-published). He has also published cutting edge research related to sexual offenders and domestic batterers.

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