Ongoing Risk Assessment of Sexual & Violent Offenders

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It is important to assess the risk levels of sexual offenders and violent offenders during every contact. This includes probation contact and treatment contact. Every contact provides a unique opportunity to assess risk for re-offense.

It is imperative to assess the following areas. This is not an exhaustive list. What is important to identify is what is different today than previous contacts.

1. **Affect**
   Assess how the offender's mood appears different in any way. As stress and problems increase the offender's coping skills are challenged. Do they appear:
   a. More anxious, depressed, angry- these emotions are common precursors for offenders to justify re-offense behavior. This often results in increased isolation and increased substance use.

   b. If the offender has re-offended in any way, they may appear more relaxed because they have satisfied their deviant thoughts, urges and behavior. The offender may appear relaxed at one extreme and anxious on the other extreme fearing their re-offense may be detected.

2. **Attitude**
   Assess how the offender's attitude and demeanor appear in any way different. Are they less or more positive about life, treatment, relationships? As offenders become more stressed, depressed or hopeless, they may demonstrate an attitude of not caring about anything. This may come off as not caring about going to work, paying bills, giving up on relationships, or attending treatment. Psychopaths will likely demonstrate a consistent attitude of hyper positivity. Everyone experiences difficulty at some point in some aspect of their lives- psychopaths rarely if ever experience or demonstrate anxiety or fear about anything.

3. **Behavior**
   Assess and observe behavioral changes. These may include:
   a) Becoming more isolated, quiet, introverted, withdrawing from social support; poor hygiene, failure to take prescribed medications; use of substances (alcohol or drugs).
   b) More outgoing and positive, which may indicate that they have already re-offended or have made the decision to re-offend.
   c) Difficulty in relationships, terminating relationships, quickly finding new relationships- all suggesting relationship difficulties and therefore increased stress with less social support.

4. **Mental Health Symptoms**- assess how the offender's mental health symptoms appear to improve or worsen. Mental health symptoms do not disappear quickly and require ongoing therapeutic intervention (individual &/or group therapy and psychopharmacological interventions).

   Some offenders, especially those with psychopath traits or highly criminogenic may claim to have mental health disorders in order to garner sympathy, relaxed supervision requirements, or to use the alleged mental health symptoms as an excuse for their behavior. ***Make no mistake- the only thing that "causes" offense and re-offense behavior is a conscious decision made by the offender.***

   If the offender is feigning a mental disorder, they may appear to present with symptoms that are exaggerated or inconsistent . Even if some degree of symptoms is genuinely present, the exaggerated symptoms are not consistently observed by the treatment or probation professionals or by others. Offenders who feign mental health symptoms do not appear genuinely impacted by or concerned about the symptoms. They may present and describe the symptoms in a detached and indifferent manner.

   To address alleged mental health symptoms or a questionable diagnosis given by another provider, consider offender's degree of criminal sophistication. It is very likely the offender can convince another therapist that they have a mental health disorder simply by complaining about symptoms and often finding a less experienced and less competent mental health professional who jumps quickly into providing a diagnosis without much if any assessment.

   A claim of psychosis or "blackouts" at the time of the crime are difficult to prove. Psychosis almost always occurs over time, repeatedly, and is observed by others. Anyone can claim to have experienced a "Black-out", which involves the inability to recall the memory of a circumscribed period of time. However, it is rare to experience a genuine black-out. First, the research supports this statement. Second, the offender's claim is nearly impossible to prove but can be disproved. People who have substance abuse issues are routinely taught by treatment staff that everyone experiences blackouts, though only self-report supports that claim. ***Accuse the offender of things you know they did not do during the crime or event and see how quickly the offender's memory returns to save their reputation. What the offender could have done but chose not to represents the offender's moral red-line.***

5. **Comments & Verbal Statements**

   Assess how the offender is talking differently.

   a. Are they more jovial and positive or more negative.
   b. Pay attention to statements suggesting they reoffended (e.g., "had a great time Saturday"; "met a wonderful woman"; although these statements may represent normal talk, they may indicate either building up to reoffending or that they have already reoffended.
   c. Joking about how others are very supportive of them and have no concerns.
   d. Commenting on how they will never get caught again.

6. **New Relationships**
    a. Most sexual offenders and physically violent offenders experience relationship deficits. These can include poor problem solving, abusive behavior, controlling behavior, fear of communication, fear of relationships, lacking trust, paranoia about their partner's fidelity, paranoia of people monitoring them (probation, treatment staff, family). All of these and many other examples cause difficulties in relationships.
    b. Promiscuity is not a crime. Promiscuity involves people wanting and seeking sexual partners without any commitment. However, the lack of commitment in sexual relationships is concerning. If the relationships appear short-term in nature, typically less than a year, this suggests difficulty in relationships or moving on to avoid detection after re-offending.
    c. Ending relationships may well be a justified and normal process. On the other hand, it may signify that the offender moves on to another relationship to avoid detection.
7. **New Employment**
    a. Problematic employment history (e.g., short-term jobs, frequently moving job to job) suggests difficulty in problem solving as well as difficulty getting along with others. This should be further explored.
    b. Assess the job situations and identify any volunteer positions that may have allowed contact with minors.
8. **Unstable Living Situations**
    a. Not having a stable residence history is concerning. Why is the offender moving? This may suggest that the offender has difficulty with relationships with others or financial difficulties, which increases stress.
    b. Offenders who are grooming children or have attempted to groom or have engaged in contact sexual relationships with minors may move on to avoid detection. This is always a concern and should be treated as a high-risk situation that needs to be explored further.

9. **Treatment Staff Unqualified to Provide Sex Offender Treatment**
    a. We cannot always find competent treatment professionals. We are limited by what programs are offered in any given area. Treatment professionals want to believe that their program works and is effective in mitigating against sexual re-offense. This can blind the professional from assessing the above concerns.
    b. Treatment should follow the guidelines of the Association for the Treatment of Sexual Abusers (ATSA- ATSA.com). Individual treatment is never an acceptable primary treatment modality. Individual therapy as a primary modality allows for the therapist to be conned by the offender, even a juvenile offender.
    c. Programs should utilize sexual arousal testing (e.g., Plethysmography or visual reaction time.
    d. Programs should routinely utilize polygraph.
    e. Recidivism data are grossly underestimated.

f. Those who administer Plethysmography may not report low levels of sexual interest and arousal to children. However, any degree of sexual interest or arousal to children now qualifies for a diagnosis or a Paraphilic disorder and the sexual interest to children, regardless of degree, is now part of the offender's sexual orientation. This is often minimized by the literature and by those administering sexual arousal testing.

In summary, any concerning behavior warrants further assessment. Polygraphy is essential to ascertain if the offender is planning to reoffend or has already reoffended. Most CSAM users continue their use of CSAM while in treatment or shortly following completion of treatment.

Psychopaths will likely demonstrate a consistent attitude of positivity. Everyone experiences difficulty at some point in some aspect of their lives- psychopaths rarely if ever experience anxiety or fear about anything. They do not seem to experience the normal ups and downs people go through. Psychopaths present as unconcerned about most everything, minimizing concerning behavior. They often are smooth talkers. They may talk in droning tones to distract interviewers. They often blame their victims and portray their victims as consenting and having psychological disorders that make them unstable and unbelievable. This makes it difficult to assess when they are at increased risk for re-offense or if they have been re-offending ongoing. Most will be re-offending from the time they are released on bail or while in treatment.

Supporting articles can be found on my website (www.forensicconsultation.org). Some of the important articles include:

1. **Johnson, S.A. (2026). CSAM Users: Concerns With Diagnosing, Recidivism Data & The Dark Figure of Crime.** *Forensic Research & Criminology International Journal, 14*(3):131–140. DOI: 10.15406/frcij.2026.14.00480
   CSAM users: concerns with diagnosing, recidivism data & the dark figure of crime

2. **Johnson, S.A. (2026b). The Dark Figure of Crime- Undetected Sex Offenses. Taken from my in-works journal article.**
   Undetected Sex Offenses for WEBSITE June 2026.pdf

3. **Johnson, S.A. (2025). Child Sexual Abuse Material (CSAM): Understanding the Problem, The Offender, & Risk Concerns.** *Forensic Research and Criminology International Journal, 13***(1):44–57.** DOI: 10.15406/frcij.2025.13.00436 https://doi.org/10.15406/frcij.2025.13.00436
   Child sexual abuse material (CSAM): understanding the problem, the offender, & risk concerns

4. **Johnson, S.A. (2024). Understanding the Psychopath: Investigative Strategies**. A follow-up on Understanding the Violent Personality: Antisocial Personality Disorder, Psychopathy, & Sociopathy Explored. *Forensic Research & Criminology International Journal (FRCIJ). 12*(3):181–194. DOI: 10.15406/frcij.2024.12.00417.
   FRCIJ-12-00417.pdf (medcraveonline.com)

5. **Johnson, S.A. (2021). Risk Factors & Investigative Strategies for Sexual and Violent Predators.** *International Journal of Psychology& Behavioral Analysis, 7*: 179. doi: https://doi.org/10.15344/2455-3867/2021/179. (19) (PDF) Risk Factors & Investigative Strategies for Sexual and Violent Predators (researchgate.net)

6. **Johnson, S.A. (2020). Child porn users & risk for engaging in contact offenses: faulty data minimizes offender's risk & puts more children at risk for sexual abuse.** *Forensic Research*

& Criminology International Journal, 8, 2, 93-99. https://medcraveonline.com/FRCIJ/FRCIJ-07-00286.pdf
https://www.researchgate.net/publication/341114377_Child_porn_users_risk_for_engaging_in_contact_offenses_2020

7. **Johnson, S.A. (2019). Child Porn Offenders, Solicitation Offenders and Child Sexual Abusers: What the Literature Has to Say.** *Forensic Research Criminology International Journal, 7, 4, 202-235. https://medcraveonline.com/FRCIJ/FRCIJ-07-00286.pdf*

8. **Johnson, S.A. (2019). Understanding the Violent Personality: Antisocial Personality Disorder, Psychopathy, & Sociopathy Explored.** *Forensic Research Criminology International Journal, 7, 2, 76–88. DOI: 10.15406/frcij.2019.07.00267*
https://medcraveonline.com/FRCIJ/FRCIJ-07-00267.pdf

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