

Sixth District Department of Correctional Services POLICY	Issue Date 10/18/13	Effective Date 03/25/20	Policy Number 901-20
Subject <b>PSYCHOSEXUAL RISK ASSESSMENT AND PSYCHOSEXUAL EVALUATION</b>		Review Month September	Author 0590 (MLA)
Rescinds 901-14; 905-17	References: DOC Policy OP-SOP-02; IA Code 903.B.10; IBTSA		

**POLICY:**

A Psychosexual Risk Assessment or Evaluation is conducted on sexual offenders in the following circumstances (all need not apply): convicted of an active sex offense requiring placement on the Iowa Sex Offender Registry (SOR); as a part of the Presentence Investigation (PSI) prior to sentencing; upon entry into Department of Correctional Services (DCS) supervision; as ordered by the courts; under additional circumstances as requested only after consideration and consultation with Sex Offender Program (SOP) staff supervisor; or institutional placement. A Psychosexual Risk Assessment evaluates a sexual offender's relative risk for committing another sexual offense, dynamic risk factors, and other treatment needs. Upon completion of a Psychosexual Risk Assessment, decisions are made on an individual basis, as outlined in procedures, whether to conduct a Psychosexual Evaluation.

**PROCEDURE:**

1. The Agent reviews the file and determines if a Psychosexual Risk Assessment or Psychosexual Evaluation has ever been completed or is still needed. When Psychosexual Evaluations are ordered by the courts at the presentence level, unless otherwise specified, a Psychosexual Risk Assessment is completed rather than a more comprehensive Psychosexual Evaluation. Psychosexual Risk Assessments utilize validated risk assessments for sexual reoffending and include an evaluation of mental status, risk factors for reoffending, psychosocial history, and sexual history.
2. If a Psychosexual Risk Assessment or prior Psychosexual Evaluation has not been completed and is required the Agent initiates a referral to the SOP Supervisor.
3. Prior to the commission of a Psychosexual Risk Assessment or Evaluation the individual conducting the assessment/evaluation reviews all release/consent documents with the offender.

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**PROCEDURE:**

- A. Psychosexual Risk Assessment is completed by:
  - 1) An individual meeting established criteria to perform Psychosexual Risk Assessment or Evaluation as outlined below.
  - 2) An individual meeting DOC/DCS/IBTSA criteria to conduct psychological assessment and trained in the proper use of the assessment instruments being utilized. This may include an employee or student intern working under the supervision of an authorized Department clinician or IBTSA SOTP II provider.
  - 3) Or, an individual certified at the IBTSA SOTP II Level, and trained in the proper use of the assessment instruments being utilized.
  
- B. The purpose of a Psychosexual Risk Assessment is to utilize empirically validated static and dynamic risk assessments for sexual offending and reoffending in order to provide an assessment of the following factors including, but not limited to:
  - 1.) Mental health status;
  - 2.) Sexual interests; sexual self- regulation issues;
  - 3.) Values, attitudes, and beliefs supportive of sexual abuse or assault;
  - 4.) Identifying potential risk factors and/or treatment targets that can be addressed throughout the course of the offender's supervision, treatment, and monitoring.
  - 5.) Psychosocial History;
  - 6.) Sexual History (Structured Interview);
  - 7.) Psychiatric Diagnoses (If Present/Indicated).
  
- 4. Psychosexual Evaluation is conducted when the established criteria as outlined below has been determined. Psychosexual Evaluations contain similar elements as the Psychosexual Risk Assessment, but also include psychological testing and a more comprehensive exploration of mental health, psychosocial, and psychosexual functioning beyond specific risk factors for sexual reoffending.
  - A. The following are situations when a comprehensive Psychosexual Evaluation is conducted (all need not apply):
    - 1) Completion of the Psychosexual Risk Assessment has indicated elevated concern(s) in the areas being assessed (paragraph 2.B above) which prompts a more comprehensive evaluation.

**PROCEDURE:** (continued)

- 2) When a sex offender scores in the elevated risk group (Moderate-High, High) for sexual offense recidivism as indicated by the overall combined risk as determined by the validated sex offender risk assessment instrument(s), a referral is made to the SOP Supervisor or SOP Executive Officer for further review.
  - 3) The Court or Board of Parole has specifically ordered the completion of a comprehensive Psychosexual Evaluation as per Iowa Code 903.B.10, Hormonal Intervention Therapy. When the Court or Board of Parole has ordered the completion of a Psychosexual Evaluation for other purposes (e.g. sentencing or revocation hearing), the Psychosexual Risk Assessment is completed and submitted to the SOP Supervisor for further review.
  - 4) During the course of supervision and programming the Supervising Agent has identified behavior within the offender that indicates that further evaluation of factors identified above in paragraph 2.B is warranted, a referral is made to the SOP Supervisor for further review.
- B. Psychosexual Evaluations are conducted by:
- 1) A licensed psychologist; or
  - 2) A person specifically trained and experienced in the professional administration, scoring and interpretation of psychological tests (graduate level coursework in testing and assessment); or
  - 3) A staff member that meets the experience and educational requirements of the Iowa Department of Personnel or Iowa Community-based Corrections Psychologist classification.
- C. The Psychosexual Evaluation addresses each of the following elements:
- 1.) Evaluate for mental and/or organic disorders to determine ability to comprehend and participate in treatment activities. Each of the following components are included as warranted, ordered, or if there is indication or evidence the offender exhibits cognitive impairment:
    - a. IQ Functioning to include consideration of intellectual disability, learning disabilities, and literacy level. Possible evaluation procedures include: Review of history of functioning and/or standardized tests such as the Shipley Institute of Living Scale, the Revised Beta II, the Shipley-2, or the WAIS-4.
    - b. Brain injury.
    - c. Mental Health Disorder or Personality Impairment. Possible evaluation procedures include: Review of collateral records pertaining to history of psychosocial functioning; standardized test such as the MMPI-2, MCMI, Brief Symptom Inventory (BSI), or Beck Depression Scale; and/or structured clinical interview.

**PROCEDURE:** (continued)

- d. Psychiatric Diagnosis or Diagnostic Impressions. May be included as ordered or as determined by Psychosexual Evaluator. When it is determined the offender does not meet the diagnostic criteria of mental health disorders, psychiatric diagnosis and diagnostic impressions are deferred.
- 2.) Evaluate degree of criminality to determine potential for manipulation. Possible evaluation procedures include: Review of criminal history (e.g. Criminal History Check); collateral information about criminal history; and/or standardized histories such as the Hare Psychopathy Check List Revised or the Level of Services Inventory Revised.
  - 3.) Evaluate the nature and intensity of paraphilic or deviant sexual interests and behaviors. The following components are addressed:
    - a. Sexual history. Possible evaluation procedures include: Review of the history of sexual functioning, structured interview (e.g. Sexual History Interview), collateral information, and/or sexual history polygraph examination.
    - b. Arousal pattern (if available). Possible evaluation procedures include the visual reaction time (VRT) assessments and any other validated physiological assessment measures.
    - c. Psychosexual Testing. Measures that evaluate general sexual interests, sexual knowledge, sexual development, sexual behaviors, sexual attitudes/values/beliefs, and any deviant or paraphilic sexual interests. Possible evaluation procedures include a structured interview and/or the Multiphasic Sex Inventory II, SAI, or other empirically validated psychosexual tests.
  - 4.) Evaluate level of denial, deception, and/or acceptance of offense responsibility. Possible evaluation procedures include a structured interview, collateral information, and/or a polygraph.
- D. Medical Assessment (Hormonal Intervention Therapy):
- 1.) Prior to initiating hormonal intervention therapy, a medical assessment of the offender is completed.
4. Upon receipt of the Psychosexual Evaluation, the recommendations are assimilated into the offender's supervision by the supervising agent.

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**PROCEDURE:** (continued)

5. Upon completion of the Psychosexual Risk Assessment or Evaluation that was ordered by the court, a copy of the assessment/evaluation is provided to the court and to the supervising agent.

BY ORDER OF:

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Bruce Vander Sanden, District Director