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Intersection of Clinical and Law Enforcement

**Risk Assessment of Registered Sex Offenders from a Policing Perspective:
Validation of the SHARP**

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Increasingly, risk assessment of registered sex offenders is a major concern for police working in the sex offending area. In response, each State and Territory within Australia established legislation for registries following the implementation of similar laws around the world. Registers have been implemented as a response to the underlying belief that sex offenders pose a continued risk to the community as a result of their alleged predisposition to sexually offend. Due to the rising number of registered sex offenders, effective means of risk assessment is required in order to effectively manage these offenders and to reduce the prospect of future offending.

The responsibility for supervision of sex offenders in the community frequently falls to the police, given that a register-based scheme of offender management often lies within the State policing unit. From a policing perspective, often the purpose of a register is to assess the ongoing risk of the offender and to provide methods of reducing perceived risk factors, rather than to simply have a list containing offender information for future detection of crimes. However, while law enforcement agencies are generally adept at maintaining order, preventing and detecting crime, and enforcing laws, police are not typically equipped for the task of assessing risk at a clinical level as is so often demanded from a risk assessment tool. As such, there is a strong need for an effective risk assessment tool that is designed for use within a law enforcement setting and capable of providing the police with an additional resource to successfully manage sex offenders in the community.

The SHARP is currently incorporated as part of offender management in Victoria and Queensland, Australia, and was developed as a result of recognizing that sex offender registration schemes require long-term management of risk by law enforcement officials that are not normally familiar with this process. The SHARP comprises five factors intended to assist police in identifying and gathering information relevant to sexual recidivism. These factors include sexual deviance, history of supervision violations, antisocial orientation, risky environment, and protective features.

For this research, the Queensland Child Protection Offender Register will be examined in order to determine the effectiveness of the SHARP. The Risk Matrix 2000 will be included as a comparison tool. Information relating to coded risk factors on the SHARP

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and the Risk Matrix 2000 will be assessed to determine the effectiveness of these risk assessment tools. The purpose of this research is to recognise what information already contained within the Register is useful in determining which offenders are most at risk of reoffending in order to provide support for offender management and resource allocation. In addition, this study will also be the first examination of how valid the SHARP tool is in establishing risk levels of sex offenders in Queensland.

Methodology

Offender data will be extracted from the Queensland Child Protection Offender Register relating to a sample of 200 individuals who have been identified by the Queensland Police Service as having been convicted of a child sex offence. Of those 200 individuals, 100 registered offenders who have sexually reoffended will be compared to 100 registered offenders who are not known to have sexually reoffended since being placed on the Register. The data extracted from the Queensland Police Service Register will include each offender's complete risk assessment level from the Risk Matrix 2000 and the SHARP.

Results

At the present time, this research is currently being undertaken and will be completed prior to the conference. As such, results will be discussed in full detail during the conference presentation with specific reference to the ability of the SHARP to contribute to effective risk assessment completed by the police.

Learning Goals:

1. To inform conference attendees about how people on sex offender registries are managed in Australia.
2. To provide data concerning a new risk assessment procedure for police - the SHARP - with regards to its effectiveness at predicting reoffending amongst a sex offender population.
3. To provide data concerning what factors best predict risk from information collected by police based on the recently developed risk assessment tool, the SHARP.

Kindalin Brooke Masters is a current PhD candidate within the School of Applied Psychology at Griffith University, Queensland, Australia. She is conducting her PhD in the area of sex offending and risk assessment, and has previously completed an Honours degree in Psychology in addition to undergraduate degrees in Psychological Science and Criminology and Criminal Justice. To date she has accomplished one complete study for her PhD which involved interviewing police officers about their perceptions of the Queensland Child Protection and Offender Register. This research is currently under review for publication. In addition, she has previously presented her own research at the Australian and New Zealand Society of Criminology conference in 2017.

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Coming in from the Cold: Reducing Recidivism for Homeless and SMI Sex Offenders with a Law Enforcement Social Worker Partnership

Mitchell Harris, PhD
Utah Department of Corrections
Timothy Keffer, CM
Salt Lake City Police Department

Homelessness and severe mental illness result in many released sex offenders failing to comply with sex offender specific supervision requirements post-release, and failing to use referrals to specialized sex offender treatment. This means many homeless and mentally ill sex offenders return to incarceration on SO-related charges, often having failed to register. Repeated incarcerations are represented in the recidivism rate, and homeless and mentally ill sex offenders are not benefitting from specialized sex offender treatment which would reduce their risk of re-offending if they were able to follow through. This can be observed in many North American cities (such as Salt Lake City) where there are identifiable and effective services for homelessness and severe mental illness that operate entirely separately from sex offender services. Homeless service providers and mental health providers generally screen for sex offenders and often fail to treat because sex offender treatment services are seen as specialized treatment modalities with a separate referral process. However, those specialized sex offender treatment providers will often fail to engage SOs whose homelessness prevents them from having a reliable address or from reliably traveling to session. In many cases, homelessness or mental illness presents as a more urgent issue than a client's required sex offender treatment. Homeless SOs are often told to get housed so they can get treatment. Sex offender treatment providers often fail to engage mentally ill SOs who have active psychotic symptoms that interfere with treatment, and whose homelessness has hindered them from finding medications management so they can stabilize and participate in treatment. This paper identifies key elements of coordination required to overcome this disconnection between service providers and being on the sex offender registry, and outlines a law enforcement and social worker partnership model to create better outcomes for these offenders. Several of these elements include: justice and courts, parole and supervision, homelessness and housing, mental health and crisis, intellectual disability services, with specialized sex offender treatment.

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Learning Goals:

- Describe, through quantitative and qualitative evidence, specific problems faced by sex offenders who are also homeless and/or struggle with severe and persistent (disabling) mental illness (SPMI), and/or intellectual disability.
- Show how these homelessness and SPMI issues contribute to recidivism and prevent or interfere with sex offender treatment and supervision after release from jail or prison.
- Outline a program (currently being developed in SLC, Utah by the authors) for specific coordination among local agencies, services, and departments, which can directly address these specific problems. Describe what effective case management looks like in this population.

Mitchell Harris, PhD, is a clinical psychologist with the Utah Department of Corrections, Sex Offender Treatment Program, who worked for years in downtown Salt Lake City with homeless people with severe mental illness, and came to understand the special obstacles face by homeless and mentally ill sex offenders. During his work on the street with homeless people with severe mental illness, he managed state grants for homeless and SPMI services and learned where and how agencies need to coordinate to make progress in this population.

Tim Keffer is a Social Worker with the Salt Lake City Police Department with He has several years of experience in multiple agencies, providing services for individuals experiencing homelessness who have a severe mental illness and are in crisis. He has a specialization in helping homeless SOs register and connect to services. Tim has seen firsthand the costs to individuals of the lack of coordination among agencies and has pioneered several initiatives to link services, agencies, streamline housing for sex offenders, and was recognized city-wide in 2017 for his work with sex offenders, homelessness, intellectual disability, and mental illness.