

ROSAC Data Collection Worksheets

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Sexual Abuser
ROSAC Data Collection Worksheet – page 1

Abuser: _____ Age: _____

Coder: _____ Date: _____

Sanctioning Occasions for Sexual Abuse Acts

Describe the index and prior sanctioning occasions for sexual abuse acts in the space provided. Use extra sheets if needed.

Index Sanctioning Occasion for Sexual Abuse Acts

Type of Sanction: conviction CPS substantiation other: _____

Date of sanction: _____

Victim/s: name, age, gender, and relationship to abuser: _____

Describe the abuse (i.e., frequency, duration, intrusiveness, use of force, physical harm, and other relevant factors).

Item

Prior Sanctioning Occasions

1a. Prior Sanctioning Occasion for Sexual Abuse Acts (most recent)

Type of Sanction: conviction CPS substantiation other: _____

Date of sanction: _____

Victim/s: name, age, gender, and relationship to abuser: _____

Describe the abuse (i.e., frequency, duration, intrusiveness, use of force, physical harm, and other relevant factors).

1b. Prior Sanctioning Occasions for Sexual Abuse Acts (second most recent)

Type of Sanction: conviction CPS substantiation other: _____

Date of sanction: _____

Victim/s: name, age, gender, and relationship to abuser: _____

Describe the abuse (i.e., frequency, duration, intrusiveness, use of force, physical harm, and other relevant factors).

Sexual Abuser
ROSAC Data Collection Worksheet – page 2

Abuser: _____ Age: _____

Coder: _____ Date: _____

| Item | Sexual Abusing History |
|------|---|
| 2. | Risk Level Based on an Actuarial Risk Instrument. <input type="checkbox"/> No <input type="checkbox"/> Yes (Note instruments, assessors, dates, scores, and risk levels) |
| 3. | Years Sexual Abuse-Free in the Community. Calculate years free. Current date _____ minus most recent sexual abuse sanctioning date _____ = _____ years, minus _____ years in a secure setting (e.g., prison, state hospital) = _____ years sexual abuse-free in the community. |
| 4. | Abuse-Related Sexual Interests. Total number of victims of all sanctioning occasions: _____ Abuser has history of age-appropriate sexual relationships: <input type="checkbox"/> No <input type="checkbox"/> Yes, _____ Sexual arousal/interest assessments: <input type="checkbox"/> No <input type="checkbox"/> Yes, results: _____ |
| 5. | Duration. Note over what period of time the abuser has committed sexually abusive acts. |
| 6. | Intrusiveness. Describe most intrusive sexual abuse act, such as noncontact, fondling, oral sex, or actual or attempted penetration. |
| 7. | Use of Force. Describe most forceful sexual abuse act, such as noncontact, verbal manipulation, threats, physical force, alcohol or drugs, weapon use, or kidnapping. |
| 8. | Victim Physical Harm. Describe most serious physical injury sustained by a victim of the sexual abuse, such as no physical injury, injury needing medical attention, or hospitalization. |
| 9. | Sexual Abuser Treatment. Describe, such as not referred for treatment, successfully completed, maximum benefit gained, withdrew, refused, or reoffended after completing sexual abuser treatment. |
| 10. | Responsibility for Sexual Abusing. Describe, such as, full, some, or none. |
| 11. | Cooperation with the Investigation and Intervention. Describe level of cooperation. |

Sexual Abuser
ROSAC Data Collection Worksheet – page 3

Abuser: _____ Age: _____

Coder: _____ Date: _____

| Item | Criminal History |
|----------------------------|--|
| 12. | Sentencing Dates. Summarize and note sentencing dates. |
| 13. | Non-Sexual Violence History. Summarize and note dates of incidents. Note victim age, gender, and relationship to abuser, such as related, unrelated, or stranger. |
| 14. | Violations of Community Release Conditions, Past 5 years. Summarize and note dates of violations. |
| Lifestyle Stability | |
| 15. | Residence, Past Year. Include address and dates of habitation. |
| 16. | Employment, Past Year. Include employer and dates of employment. |
| 17. | Substance Use, Past Year. Describe legal or social problems. |
| 18. | Mental Health, Past Year. Describe specific mental health problems. |
| 19. | Adult Intimate Relationships. Identify the adult intimate partner, length of relationship, length of time lived together, and any relationship problems. |

Primary Caregiver
ROSAC Data Collection Worksheet – page 5

Child/ren: _____ Age/s: _____

Coder: _____ Date: _____

| Item | Primary Caregiver Considerations |
|------|--|
| 25. | Cooperation with the Investigation and Intervention. Describe level of cooperation. |
| 26. | Awareness of Abuser's Risk. Describe degree to which caregiver knows abuser's history and has realistic view of the risk. |
| 27. | Child Caregiver History. Summarize and note dates of substantiations, charges, or separations for abuse/neglect. Note victim age, gender, and relationship to primary caregiver, such as related or unrelated. |
| 28. | Support Network. Describe, such as primarily positive, mix of positive and negative, primarily negative, or socially isolated. |
| 29. | Willingness and Ability to Protect. Describe, such as good, questionable, or poor. Note if the primary caregiver has an intellectual disability, substance abuse problems, mental health problems, physical health problems, or domestic abuse by the abuser. |

Other Considerations
ROSAC Data Collection Worksheet – page 6

Sexual Abuser: _____ **Age:** _____
Child/ren: _____ **Age/s:** _____
Caregiver: _____ **Age:** _____
Coder: _____ **Date:** _____

| Item | Other Considerations |
|------------|---|
| 30. | <p>A. Considerations Associated with Increased Risk</p> <ul style="list-style-type: none"><input type="checkbox"/> Abuser is sole caregiver<input type="checkbox"/> Abuser has previously sexually abused the child at risk<input type="checkbox"/> Abuser has an intellectual disability<input type="checkbox"/> Abuser has expressed a recent intention to sexually offend<input type="checkbox"/> Abuser has recently used child pornography<input type="checkbox"/> Abuser has engaged in recent grooming behavior<input type="checkbox"/> Child fearful or concerned that abuser may be abusive<input type="checkbox"/> Primary caregiver fearful that abuser is a risk to the child<input type="checkbox"/> Secondary caregiver exists and may place child at risk<input type="checkbox"/> Other, describe: <p>B. Considerations Associated with Decreased Risk</p> <ul style="list-style-type: none"><input type="checkbox"/> Abuser has recent history of utilizing a strong and practical plan to prevent reoffense<input type="checkbox"/> Abuser has lived with and provided appropriate care to the child at risk for a substantial period of time<input type="checkbox"/> Abuser has current medical condition that significantly limits ability to sexually offend<input type="checkbox"/> Secondary caregiver exists and is willing and able to protect child<input type="checkbox"/> Other, describe: <p>C. Considerations Regarding the Impact of Abuser-Child Contact Versus Impact of Separation</p> <ul style="list-style-type: none"><input type="checkbox"/> The child does not want contact with or has no attachment to the abuser<input type="checkbox"/> The child is ambivalent about contact with the abuser and/or has a relatively weak attachment<input type="checkbox"/> The child wants contact with the abuser and/or has a strong attachment<input type="checkbox"/> Other, describe: |

ROSAC Risk Determination and Safety Plan Worksheet

Sexual Abuser: _____ Age: _____

Child/ren: _____ Age/s: _____

Caregiver: _____ Age: _____

Coder: _____ Date: _____

Risk Determination

- No clear present risk.** No clear present risk of sexual harm to child at this time.
- Some risk.** Risk of sexual harm to child may be managed with restricted contact and safety plan.
- Significant risk.** Risk of sexual harm to child is such that abuser-child contact should be prohibited.

Sexual Abuser Safety Plan

- 1. Prohibit All Contact.** Abuser agrees to not live with or have any other contact with the child.
 Abuser refuses to agree with the no-contact plan.
- 2. Supervised Out-of-Home Contact.** Abuser agrees to have only supervised contact with the child at approved dates, times, and locations and follow any other required child contact rules.
- 3. Supervised Home Contact.** Abuser may visit or live in the home and agrees to follow child contact rules.
- 4. Supervision.** Approved supervisors are: _____.
- 5. Support.** Abuser has a support person's phone number. Support person's name/phone number is: _____.
- 6. Assessment.** Abuser agrees to attend and participate in a psychosexual evaluation with _____.
- 7. Treatment.** Abuser agrees to attend and participate in sexual abuser treatment with _____.
- 8. Other:** _____.

Child at Risk Safety Plan

If multiple children are at risk and if needed, complete a separate worksheet for each child.

- 1. Education.** Child has a developmentally appropriate understanding of the safety plan.
- 2. Support.** Child has a child advocate's 24/7 phone number and knows s/he can call at any time. Advocate's name/phone number is: _____.
- 3. Assessment.** Child will participate in a mental health evaluation with _____.
- 4. Treatment.** Child will begin or resume counseling/psychotherapy with _____.
- 5. Other:** _____.

Primary Caregiver Safety Plan

- 1. Prohibit All Contact.** Caregiver agrees to not let the abuser live with or have any contact with child.
 Caregiver refuses to agree with the no-contact plan.
- 2. Supervision.** Caregiver knows about and will ensure that the abuser follows the child contact rules.
- 3. Education.** Caregiver has an appropriate understanding of the risk of harm and supervisory responsibilities.
- 4. Support.** Caregiver has an advocate's 24/7 phone number and knows s/he can call at any time. Advocate's name/phone number is: _____.
- 5. Assessment.** Caregiver will participate in a mental health evaluation with _____.
- 6. Treatment.** Caregiver will begin or resume counseling/psychotherapy with _____.
- 7. Other:** _____.

Safety Monitoring Plan

- 1. Monitoring.** The responsible professional/s will monitor the safety plan. Name/s: _____
_____. Frequency: _____.
- 2. Other:** _____
_____.