

ROSAC Coding Sheet

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ROSAC Coding Sheet

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

Coding Guide (use definitions in the manual): n/a = Does not apply or lack of information
 0 = Risk factor is not present
 1 = Risk factor is partially present
 2 = Risk factor is present

Abuser Considerations				
Sexual Abusing History	n/a	0	1	2
1. Prior Sanctioning Occasions for Sexual Abuse Acts 0 = none; do not count the index sexual abuse sanctioning occasion 2 = one or more prior sanctioning occasions	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
2. Risk Level Based on an Actuarial Risk Instrument 0 = low 1 = moderate-low or moderate 2 = moderate-high or high	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Years Sexual Abuse-Free in the Community 0 = more than 10 years 1 = 5 to 10 years 2 = less than 5 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Abuse-Related Sexual Interests 0 = single victim and age-appropriate adult relationships 1 = two to four victims and age-appropriate adult relationships 2 = five or more victims or no or minimal adult relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Duration 0 = one incident 1 = two or more incidents over 6-month-period or less 2 = two or more incidents over a period greater than 6 months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Intrusiveness 0 = noncontact sexual abuse only 1 = contact sexual abuse not as intrusive as a code of "2" 2 = any actual or attempted penetration or oral sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Use of Force 0 = noncontact sexual abuse only 1 = verbal manipulation or other nonforceful means 2 = threats of physical harm, physical force, drugs or alcohol, or weapon use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Victim Physical Harm 0 = no physical injury 1 = physical injury not requiring formal medical attention 2 = treated for physical injury or hospitalized for injury and released	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Sexual Abuser Treatment 0 = completed treatment or not referred to treatment 1 = currently in treatment 2 = did not complete or reoffended after completing treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Responsibility for Sexual Abusing 0 = full 1 = some 2 = none	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Cooperation with the Investigation and Intervention 0 = cooperative 1 = somewhat uncooperative 2 = uncooperative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Criminal History				
12. Sentencing Dates 0 = none or one 1 = two to four 2 = five or more	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Non-Sexual Violence History 0 = none 1 = one act 2 = two or more acts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Violations of Community Release Conditions, Past 5 Years 0 = none 1 = one 2 = two or more	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Lifestyle Stability	n/a	0	1	2
15. Residence, Past Year 0 = stable; no or one address change 1 = two address changes 2 = three or more address changes, or periods of homelessness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Employment, Past Year 0 = employed 60% or more, or retired, disabled, or homemaker 1 = employed 40 to 59% 2 = employed less than 40% of the time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Substance Use, Past Year 0 = no problems 1 = some social or legal problems 2 = serious social or legal problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Mental Health, Past Year 0 = no problems 1 = some problems 2 = serious problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Adult Intimate Relationships 0 = has lived with an intimate adult partner for at least 2 years 1 = has lived with an adult partner for 2 years but significant past problems 2 = no stable relationships or significant current problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child at Risk Considerations				
20. Contact with Abuser 0 = child had no prior contact with abuser at time of report 1 = child contact with abuser was intermittent and supervised 2 = child had unsupervised contact or lived with the abuser	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Gender 0 = child not the same gender as abuser's past victim/s 2 = child is same gender as abuser's past victim/s	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
22. Age 0 = abuser's sexual abuse victims were all age 16 or older 1 = abuser has a sexual abuse victim age 15 or younger 2 = abuser has a sexual abuse victim within 5 years of age of the child at risk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Past Victimization 0 = child has no history of sexual, emotional, or physical abuse 1 = may have history of sexual, emotional, or physical abuse 2 = child has a history of sexual, emotional, or physical abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Disabilities or Young Age 0 = child has no evident vulnerabilities; communicates clearly 1 = some physical, cognitive, or emotional disabilities 2 = serious physical, cognitive, or emotional disabilities; or child under age 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Primary Caregiver Considerations				
25. Cooperation with the Investigation and Intervention 0 = cooperative 1 = somewhat uncooperative 2 = uncooperative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Awareness of Abuser's Risk 0 = knows abuser's history and has realistic view of risk 1 = limited knowledge or minimizes risk 2 = unaware of abuser's history or significantly minimizes risk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Child Caregiver History 0 = good 1 = some concerns 2 = serious concerns; substantiation, charge, or separation for abuse/neglect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Support Network 0 = primarily positive 1 = mix of positive and negative, or socially isolated 2 = primarily negative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Willingness and Ability to Protect <div style="display: inline-block; vertical-align: top; margin-left: 20px;"> <input type="checkbox"/> Intellectual disability <input type="checkbox"/> Substance abuse <input type="checkbox"/> Mental health <input type="checkbox"/> Physical health <input type="checkbox"/> Domestic abuse by the abuser </div> 0 = good 1 = questionable 2 = poor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Considerations				
30. _____ _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk Determination				
<input type="checkbox"/> No clear present risk. <input type="checkbox"/> Some risk. Restrict contact and develop safety plan. <input type="checkbox"/> Significant risk. Prohibit abuser-child contact.				