

The Orion Treatment Center, LLC

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**Sex Offender Assessment
With
Family and Community Risk Assessment**

RE: Mr. Joseph Ryan

Assessment and Treatment History Dates: Start Date through July 25, 2007

Assessment Report Complete: July 24, 2007—3 Original Copies provided to Mr. Tom Ware serving as the Guardian ad Litem (hereafter: "Mr. Ware") and as per the instructions of the Hays County Texas Family Court's Order. This examiner was not provided a photocopy of the Court's order until July 20, 2007. For months and repeatedly, this examiner had requested a copy of the Hays County and/or any other Court's Order. Mr. Ware did on a number of occasions attempt to provide a verbal memorial of the Order in his efforts to be helpful and efficient regarding this particular matter. The newest attorney: Mr. Keith Tanaguchi who stands for the defense of the biological father. This examiner asked Mr. Tanaguchi for a copy of the order on or about July 18, 2007. Upon receipt of the original Court's Order we received a signed copy of this Order plus a second order with clear, liberally step by step wishes made by the Presiding Judge. Apparently this "Original Hays County" Order was not signed until Mr. Tanaguchi on or about June 20, 2007 requested a copy of the Order. Additionally, the newest Hays County order was developed and prescribed on or about the same time Mr. Tanaguchi's request was made by the biological father.)

Examiner's Note: This assessment cannot determine guilt or innocence of a person's behavior. This assessment cannot predict behavior. This assessment is but one tool available, which may or may not be of assistance to professionals making decisions regarding the outcome of a given situation. This assessment is not meant for distribution nor is it recommended for general reading. This document is not recommended to be read to minors. This tool should only be read and/or used by trained professionals directly involved in determination of the situation. Any other use should be strictly prohibited. Although this assessment is objective and may serve as a useful aid to diagnostic or legal matters, the results can not stand alone and must always be incorporated into the larger forensic/family systems picture.

♦ **Assessment Tools, Materials, and/or Contacts:**

The Abel Assessment for Sexual Interests -- (Hereafter Abel)

The Multiphasic Sexual Inventory II -- (Hereafter MSI)

MMPI-2

Specialized Clinical Interview

Clinical Observation in Treatment Setting Formal and Informal

Review of Records Specifically from Del Valle Independent School

Review of Records Orion Treatment Center

Observation of Mr. Ryan with people at the Center

Observation consults from other professions at the Center

A Stranger, literally to Mr. Ryan but a client of the Center who had a run "into" and her informal report]?

♦ **Collateral Documents:**

Records Maintained with Orion Treatment Center, LLC

♦ **Collateral Contacts:**

Ms. Lori Ryan Vallow, Biological Mother of the child (name Tylee)

Interviews with the child, Tylee

→ Interviews with Tylee's half brother--Colby

Numerous consults with Mr. Ware

Consults with the Orion Treatment Center Members Multi-Professional Team Review (Confidential and De-Identified)

Consults with Mr. John Hendera, Attorney at Law for the biological mother

Consults with Mr. Bruce Fox, Attorney at Law for Mr. Ryan

Consults with Mr. Keith Tanaguchi attorney for Mr. Ryan

♦ **The Assessment--**

Mr. Ryan was referred to the Center by Mr. Tom Ware and Mr. Ware's request "backed up" by the attorney team. No guarantees or promises were made to Mr. Ryan by this examiner. The initial response by Mr. Ryan was that he had entered into the assessment voluntarily. Mr. Ryan asserted that he wanted his attorney to consent to any and all decisions. At this juncture it is well to mention that just about 2 years ago, Mr. Ryan had had the same request made of him. His estranged wife, Ms. Lori Vallow accused him of child sexual abuse and he was in possession of pornography. There was a custody battle raging at that time. Therefore he knew this examiner, the Center and the history of this examiner and the Center treating people fairly and with privacy and integrity. He had also (from this examiner's perspective "done his homework") and was feeling much more relaxed, informed, clear-headed and at ease at the thought of taking such an assessment.

This assessment will speak to the issues of the family systems. However this assessment speaks primarily to the issues of Mr. Ryan and his daughter, Tylee: specifically, emotional, verbal, psychological, physical and/or sexual abuse. Other members of this family including Ms. Lori Vallow and the half sibling, Colby will be spoken of in order to make the family assessment clear and complete. Mr. Charles Vallow was not met in an interview or tested. Mention of him will be memorializations of communication to this examiner by others primarily Mr. Ware. Most all these conversations were witnessed by Ms. Lori Vallow. Conversations with Colby, likewise were interviews with the two children together in the same family meeting.

↓ **Test Data--Mr. John Ryan**

MMPI-2--The purpose of the MMPI-2 include treatment objective assessment such as level of veracity disclosure personality issues. Mr. Ryan was given the MMPI-2 Adult version. An attendant was available at all times for Mr. Ryan to assure his progress, answer questions and guide him through the testing process. Mr. Ryan omitted no items. An evaluation of his testing finds that he produced acceptably reliable results as indicated by the MMPI-2 Reliability indices. His scores on the validity scales reflect mixed findings, but he scored within acceptable limits in general which suggests that his testing may be considered valid and open for interpretation.

The MMPI-2 failed to reveal any data supportive of the common results seen with pedophiles, stalkers, or violence towards children and/or adults (rapists, serial rapists, stalkers of strangers). Mr. Ryan's MMPI-2 test results failed to reveal issues regarding "fake good", presentation or of a presentations of self in an overly favorable light and/or the like so often (chronically) seen elevated "L-Lie" or "K-Correction" scales.

The most recent research and, just of the reader's information historical research studies (10 to 20 years -1983 to 1985--Abel/Becker NYU) support that the most commonly seen scores on the MMPI-2 results for "known sex offenders" usually or "most often" produce "spikes" on certain scales. Those spikes are: 4- Psychopathic Deviant; 6- Paranoia; and the 9-Self-centered/Narcissitic. The relevant point: Mr. Ryan presented no elevations on any of these 3 scales. (Later in this report, please refer to summary for the DSM IVTR diagnosis.) Therefore the MMPI-2 results do not support the commonly seen sex offender patterns nor do they support... or shall we say "complete an investigative puzzle of test results, histories, victims, possible "confederate" in false allegations assessment contents." For example: Hypothetically speaking: Does the MMPI-2 support the MSI-II's results supporting incest, child molestation, and/or child abuse via photography or internet? No.

The MSI—II Adult Social History. Mr. Ryan reports his childhood as "happy life" rather uneventful. No history of medical interventions. He indicates he has never attempted suicide in the past.

The MSI further relates treatment progress in the following areas:

- 1) he is not disclosing of having engaged in a sex act with any child—male or female;
- 2) he is frightened and anxious about the safety of his daughter with the possibility of being around one or more males who may be sexually improprieties (i.e. exposure) or assault;
- 3) He does appear to be confident or comfortable regarding age appropriate social sexual matters or encounters, in short he is interested in adult male sexual interests. (Often times a sex offender will "paint a picture" of no sexual libido including that which would be considered common and acceptable;
- 4) he discloses no history of delinquent behavior or past criminal history ruling out antisocial type interests and histories (i.e. a need of power and control);
- 5) he discloses no history of drug abuse and denies being a alcoholic;
- 6) He has accurate knowledge about sexual anatomy and physiology. Again often times incest fathers and child pedophiles have little or no accurate knowledge of the adult female/male body.

The MSI relates a need for treatment direction and progress in the following areas;

- 1) Mr. Ryan's Lie Scale showed no elevation;
- 2) Overall he appears to be honest and attempting to be cooperating in these very intimate and sensitive testing materials. Again, unusual and very seldom seen with sex offenders.

The MSI uses measures to determine assessment of violence, predator, and deviant stalking behaviors involve: 1) Mr. Ryan tended to be open and disclosing; 2) He admits to rape and dominance fantasies, but denies ever "playing these out" with anyone who was non-consensual or initiated the behavior herself. He does state that he and the mother of the child in question enjoyed these kinds of games and Ms. Vallow would initiate, at times these types of sex play and behavior. He adamantly feels that she was not forced and scared entering into their sexual activities with mutual enjoyment and consent; 3) He did not intentionally hurt anyone. 4) Mr. Ryan takes responsibility and is he accountable for his actions of sex play with his ex-wife.

As an examiner of hundreds maybe thousands of sexual histories, particularly custody battle cases—sex "rape" fantasies and games are quite common between consenting adults of the younger to middle aged adult groups.

The Abel for Interests in Paraphilia—(Abel)—The purpose of this assessment is to assist the evaluator in determining areas of sexual interests or arousal by using the VRT, visual reaction time, a standardized system that has been ruled acceptable in Courts in Texas standing the test of Daubert Hearings in Travis and in Williamson County Criminal Courts of law.

Mr. Ryan's Abel (Visual Reaction Time—VRT) results suggest that he is primarily interested in Caucasian adult females and males. Seemingly bi-sexual activities and "games". These bi-sexual interests may include dominance and submission thoughts and behaviors. As well, he is interested in Adolescent Caucasian females. He responded sexual interests in adolescent's falls within commonly acceptable range for adult males in the United States, Great Britain and/or Wales. Mr. Ryan has no to low sexual interests in male or female children in the young young age range: Infants, toddlers and pre-schoolers. Mr. Ryan has no to low sexual interests in male or female children in the young age range: elementary or pre-pubescent. **There are little or no noted** sexual interests in males or females of any age or race (Black, Asian, and Caucasian) other than the adolescent females.

In terms of violence as gleaned from the Abel, the MSI-II, the MMPI-2; and 4 years of clinical observation of Mr. Ryan and of Ms. Vallow's relationship, this examiner can not support a history of violence observed or chronicled. Mr. Ryan appears to have no low indicators/interests in sexual violence and/or sadistic thoughts and predator interests towards adult females (adult) and/or males. Again, the dominance and submission activities show up in

this assessment. His scores indicate no to low interests in violence and/or predator like behavior. There is no history of Mr. Ryan hurting a child at school or in his neighborhood(s).

The Clinical Interview—During the interview, Mr. Ryan appeared relaxed, focused, and cooperative. He was well mannered with this examiner. He lacked the observable indicators of "slick" and sociopath. Ms. Vallow had voiced to this examiner great concern on a number of occasions that her ex-husband would use charm and "tricks" to "win" this examiner favor. This examiner has attempted to assure Ms. Vallow that after 32 years in this field—charm just doesn't seem to get very far. Nevertheless, her concerns and warnings were heeded thereby my observations with Mr. Ryan were of the usual intensity but as the examiner there was allowance given for charm and glib behaviors.

Mr. Ryan's attention to the written (MSI-II) and visual reaction time (VRT) testing, demonstrated that he worked studiously and asked relevant questions. After several questions and answers, he seemed to become more comfortable and worked without distraction. During the time required to take the tests (some 8 hours), Mr. Ryan took several breaks during the day and several days in between finishing his tests. The entire staff at Orion noted his manners, his respect of adults and children who were coming and going at the Center, and his seemingly genuine desire to be compliant and polite.

The clinical interview included a modified Hare Check-List, client needs profile and bio-data questionnaires developed for sexual deviant interests risk assessment interviews. During the interview, questions and dialogue were purposefully repeated to assure accuracy and definition. Again, as the interview and testing process have preceded Mr. Ryan appeared and spoke with less anxiety and distrust of the process. His answers became more specific and lengthier.

Mr. Ryan reports some anxiety, anger and sleep disruption. He is physically healthy and reports that he is under no medication. He reports no suicide or homicide ideation.

Review of Behaviors and Activities While in the Treatment Setting (13-months)

The primary benefit of Mr. Ryan participating in a long-term assessment (As a reminder, this examiner was involved during the divorce between Ms. Vallow and Mr. Ryan about 2 years ago) allows for the clinical team to watch the client in "real" settings observing his less defended actions and reactions. At no time was Mr. Ryan seemed to be aggressive. He has verbalized great frustration during this past four years of accusations, multiple investigations and now 12 months of his daughter not knowing her biological father.

False Allegations and Recantations

The field of child sexual abuse became active in the early 1970's. By the early 1980's, those of us old enough to remember this time of new work and absolute objectivity as possible discovered that in cases of false accusations and situations where recantations should be studied remember clearly the data and protocols determined by specialists such as Jan Hindman; Dr. Cicl; this examiner and many more. We discovered that only about 2% of cases are false accusations. We now know from the work at Emory University that less than 17% of cases have medical evidence. So with this history in mind, let's look at the data:

1. Is there a custody dispute? Yes, and there has been for nearly 4 years. The "hysteria" seems to repeatedly be connected to pornography. To date no history of child pornography has been illuminated. The father who uses the pornography seems to be fairly open and honest regarding this interest and the need like for example medicine storage that pornography should be locked up and kept away from children. (93% if false allegations have custody dispute being argued in a court of law.)
2. Is there a confederate (a single and consistent person who continues to make accusations of sexual abuse). Yes.

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3. Does this confederate show signs or medical histories of histrionic, paranoia, fanaticism and/or borderline personality. Yes.
4. The most common "confederates" are Caucasian females usually the mother; Caucasian maternal grandmothers; or Latinos. Yes.
5. Is there a situation between the mother and the alleged injured child that seems symbiotic or injurious? No.
6. Are there professionals involved in the case who may have a pre-determined notion of the facts of the case? Perhaps.
7. Has the child been repeatedly interviewed? Yes
8. Does there appear to be a pattern of moving the child from professional to professional OR taking the child repeatedly to the same professional in an effort to "get a statement" that no one has heard but the confederate? Yes
9. Has a professional(s) with forensic background interviewed the child and seen no reason for protection? Yes
10. Has the child made a statement to any skilled and specifically trained professional that he/she has not been sexually abused and, of great import made a statement to that professional that he or she is being coached? Yes
11. Does the confederate have a history of abuse—unresolved? Perhaps ?

During an interview on March 23, 2007 with the mother and the child, Tylee: This examiner utilized a formal interview protocol. During that interview, Tylee was asked—Who is Joe? Answer: He's my old Daddy. My new Daddy is Charles. The child was asked: Has Joe ever hurt or injured you? No Repeated her answer, "no" and she confirmed that "no" Daddy Joe has not hurt her. The child was asked about the places on her body where the bathing suit fit or go. She recognized this area clearly and free of confusion. This examiner asked: Has anyone bothered you in those areas, hurt you or tickled you (all separate). Answer: No. This examiner asked: Has anyone told you or made you come here today and tell me about Daddy Joe? Child's answer: Yes Examiner asked who? Child answered: Colby and Charles. End Interview. This examiner wanted to stay away from repetitive questions. When the child made these statements, the mother's jaw dropped, eyes widened and appeared shocked. She did not seem fearful that she was in trouble. Rather, she seemed in disbelief and shock. The mother, Ms. Vallow has explained to me on many occasions that she speaks with her deceased sister and believes that Tylee is reincarnation of her sister. Ms. Vallow is deeply religious and seems genuinely so. However, she has also explained that her last attorney, Mr. Ted Terry has come to her instructing her to attend his funeral and explain to his ex-spouse that he loved her. She also mentions other ghost conversations and directives from her God.

The mother has accused the father of forcing the child to drink a yellow drink "lemino". When talking to the father about treats and snacks, he mentions that beverages such as Gatoraid. There is a possibility that lemimo and Gatoraid are one and the same.

Summary and Recommendations:

Sex offenders are challenging to identify and to treat. (Schwartz, Vol.3, 1999). This examiner has worked with the physically and sexually abusive male and female patient for 32 years (in- and out- patient).

1. The first part of the document discusses the importance of maintaining accurate records of all transactions. It emphasizes that this is crucial for the company's financial health and for providing reliable information to stakeholders.

2. The second part of the document outlines the specific procedures for recording transactions. It details the steps from initial entry to final review, ensuring that all necessary information is captured and verified.

3. The third part of the document addresses the role of the accounting department in this process. It highlights the need for clear communication and collaboration between different teams to ensure the accuracy and timeliness of the records.

4. The fourth part of the document discusses the importance of regular audits and reviews. It explains how these processes help to identify any discrepancies or errors and ensure that the records are up-to-date and accurate.

5. The fifth part of the document provides a summary of the key points discussed and offers some final thoughts on the importance of maintaining accurate records. It concludes by stating that this is a fundamental aspect of good business practice.

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Confidential Document**Recommendations:**

- a. Set about an immediate plan (now) where this child may meet and understand that her real daddy is Joseph Ryan and Charles Vallow. Continue a brief period of counseling to help Mr. Ryan and his family move on through this reunification process.
- b. Instruct the biological mother to cease any and all communication and "chats" with this child about "Daddy Joe" being a molester. She should submit and successfully complete a complete psychiatric and a psychosexual examination. She should have supervised visits until this case can be more clearly understood.
- c. Tylee is a very young child, but not that young. She needs to be with her father for long rehabilitative times to make up for the emotional trauma of this volatile and not so private periods of accusations against her father. She should have contact with her father's family.

Diagnostic Formulations:

- ↓ Biological Father: No Axis II concerns based on the data collected thus far.
- ↓ Biological Mother: Rule Out Histrionic and Borderline Issues
- ↓ Rule Out religious values and that are bordering on fanaticism and the potential impact of four years of unverified complaints and investigations of child sexual abuse against this child.
- ↓ Rule Out step brother (Colby) need for intense and thorough investigations of sexual abuse against him and by him against others. He may very well be the "key" to understanding the problems in this case. His bizarre statements about anal assault; the multiple allegations with other little boys and him engaged in sexual abuse; and, finally some very concerning statements by Tylee that he is telling her what to say about Mr. Ryan are of serious, flat unbelievable brings plenty reason for grave concern. This must be investigated by an experienced and well-respected male forensic professional.
- ↓ Lastly, Ms. Vallow genuinely believes her child is in danger. However, her belief system is riddled with ghosts and seemingly fanatical religious dogma. Her belief that Mr. Terry, may he rest in peace, visits her at night borders on visual and auditory hallucinations. But this examiner is not an expert in her religion and wants to give her as much benefit of the doubt as possible--but not at the expense of this little girl's relationship with her father. At this time Tylee does not even know Joseph Ryan is her father. This comes from the mother and most likely the new step-father. She has lost touch with that belief system and the opinions of others until she finds someone who will agree that Tylee has been abused.

Based on the data of this case and the experience of this examiner, the child Tylee Ryan should be reunited with her biological father at the earliest possible time, now today at the very time of this reading. A trained and interested professional should follow this work to be of assistance to the child and the father--and to watch out for the safety of this child and her older half-brother.

Respectfully submitted,

Vivian L. Lewis, LMSW-ACP, RSOTP
Clinical Director
Orion Treatment Center, LLC

