

SEXUAL ADJUSTMENT INVENTORY (SAI) and SAI-Juvenile ORIENTATION AND TRAINING MANUAL

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The SAI and SAI-Juvenile have been standardized (normed) on thousands of sex offenders. They include sexual deviance and commonly associated problematic attitudes, substance (alcohol and other drugs) abuse and behavioral disorder screens. The SAI and SAI-Juvenile are comprehensive sex offender assessment instruments or tests. And, they are popular sex offender screening instruments.

Sexual Adjustment Inventory

The Sexual Adjustment Inventory (SAI) is designed to identify sexually deviate and paraphiliac behavior in people accused or convicted of sexual offenses. The SAI has 225 items and takes an hour to complete. The SAI contains 13 measures (scales):

1. **Test Item Truthfulness Scale:** measures how truthful the offender was while completing the SAI's non-sex-related items. This scale incorporates offender's answers to the Alcohol Scale, Drugs Scale, Violence (Lethality) Scale, Antisocial Scale, Distress Scale and Impulsiveness Scale.

2. **Sex Item Truthfulness Scale:** measures how truthful the offender was while answering sex-related items. This scale incorporates offender's answers to the Sexual Adjustment Scale, Child (Pedophile) Molest Scale, Sexual (Rape) Assault Scale, Exhibitionism Scale and the Incest Classification.

3. **Sexual Adjustment Scale:** measures the offender's self-reported sexual adjustment. A high score reveals sexual dissatisfaction in a person with an impaired or unsatisfying sexual adjustment. This scale provides background from which other sex-related issues can be understood.

4. **Child Molest (Pedophile) Scale:** measures a person's sexual interests, urges and fantasies involving prepubescent children. Pedophilia is a pathological sexual interest in children. Isolated sexual acts with a child do not necessarily warrant the classification of pedophilia.

5. **Sexual (Rape) Assault Scale:** measures sexual assault proneness. Rape refers to sexual assault or sexual intercourse against the will and over the objections of the partner. These people are capable of sexual assault. This scale ranges from low risk to very high risk or severe problem scores.

6. **Exhibitionism Scale:** measures a person's need to expose their sex organs to unsuspecting individuals. Exhibitionists are often identified by the repetitive, compulsive and patterned nature of their acts. Exhibitionism is one of the more frequently detected sex offenses.

7. **Incest Classification:** Classifies incestuous behavior, i.e., sexual relations with a close family member (parents, siblings, children, etc.). Incestuous behavior, i.e., having sexual relations with a family member. Incest refers to coitus between persons related by blood or marriage, e.g., parents, siblings or children. Non-coital forms of sexual intercourse do not constitute incest.

8. **Violence (Lethality) Scale:** measures the offender's use of physical force to injure, damage or destroy. The Violence Scale identifies people who are dangerous to themselves and others. An ever present concern when evaluating sex offenders is their violence and lethality potential.

9. **Alcohol Scale:** measures alcohol use and the severity of abuse. Alcohol refers to beer, wine and other liquor. It is a licit or legal substance. Alcohol abuse is often reported in sex offender settings.

10. **Drugs Scale:** measures drug use and the severity of abuse. Drugs refer to marijuana, crack, cocaine, ice, ecstasy, amphetamines, barbiturates and heroin. These are illicit substances. When both the Alcohol Scale and Drugs Scale are elevated the higher score typically represents the offender's substance of choice.

11. **Antisocial Scale:** measures the attitudes and behavior of selfish, ungrateful, callous and egocentric individuals who seem to be devoid of responsibility and fail to learn from experiences. Their conduct often appears hostile with little guilt or remorse. Extreme cases are called sociopaths.

12. **Distress Scale:** measures two symptom clusters (anxiety and depression) that taken together, represent distress. The blending of these symptom clusters is clear in the definition of dysphoria, i.e., a generalized feeling of anxiety, resentment and depression.

13. **Impulsiveness Scale:** Impulsiveness is often described as "activities abruptly engaged in without forethought, reflection or consideration of consequences." Impulsive people are characterized by a tendency to act hastily and without reflection.

The SAI assesses attitudes and behaviors that yield a comprehensive sex offender profile. The 13 SAI scales collect a vast amount of sex-related information, attitudes and behaviors often missed by other tests. And the SAI has been administered to thousands of sex offenders.

TWO TRUTHFULNESS SCALES

It would be naïve to assume clients (offenders) always tell the truth, particularly while being evaluated. The literature consistently shows that people being interviewed, screened and tested tend to minimize their problems. Indeed, many clients attempt to “fake good.” This Truthfulness Scale identifies denial, problem minimization and attempts to fake good.

This Truthfulness Scale measures the truthfulness of the client while being tested. When the Truthfulness Scale score is below the 70th percentile – the client was truthful and test results are valid and accurate. Truthfulness Scale scores between 70th and 89th percentile reflect the clients tendency to minimize problem’s, yet they have been truth-corrected and are valid and accurate. In contrast, a Truthfulness Scale scores at or above the 90th percentile is too extreme to be truth-corrected, consequently the scale scores are inaccurate and the test is invalid. Invalidity or inaccurate test results are many and include reading impairments, reading things into questions that aren’t there, emotional turmoil, massive denial, or attempts to “fake good.” Regardless of the reason, a Truthfulness Scale score at or above the 90th percentile means that the test is invalid and all scale scores are distorted and inaccurate. It should be emphasized that invalid Truthfulness Scale scores (90th percentile or above) do not occur by chance. A definite pattern of untruthfulness must occur to obtain an extreme (90th percentile or higher) Truthfulness Scale score.

TRUTH-CORRECTED SCORES

The Truthfulness Scale score determines how truthful the client (offender) was while completing the test. The Truthfulness Scale was correlated with all other scale scores. These correlation coefficients enable the determination of error variance for each scale score. Truth-corrected scores allow problematic test scorers (70 to 89th percentile) to be accurately scored. Moreover, Truth-Corrected scores are more accurate than raw scores because they account for the measured amount of untruthfulness associated with each scale score. Raw scores may only reflect what the client wants you to know. Truth-Corrected score reveal what the client is trying to hide. A Truthfulness Scale score at or below the 89th percentile means that all other scale scores are accurate. A Truthfulness Scale score at or above the 90th percentile invalidates that test because all scale scores are severely distorted and could not be truth-corrected. These test scores are inaccurate.

RISK LEVEL CLASSIFICATION

Each SAI scale score is classified in terms of the risk range it represents. These risk level classifications are calculated individually for each of the empirically based scales as follows:

PERCENTILE RANGE	RISK RANGE
0 to 39th percentile	Low Risk
40 to 69th percentile	Medium Risk
70 to 89th percentile	Problem Risk
90 to 100th percentile	Severe Problem Risk

A person who does not presently engage in alcohol or other drug abuse may score above zero, but would score in the low risk range. In addition, an elevated score (above the 70th percentile) on the Alcohol or Drug Scale could be obtained by a recovering alcoholic or recovering drug abuser, consequently the client should be asked if he or she is recovering, and if recovering, "how long have they been abstaining" from alcohol or other drug use.

All SAI scales have alpha coefficients well above the professionally accepted standard of .80 and are highly reliable. All coefficient alphas are significant at the $p < .001$ level.

SAI research extends over 15 years. Many studies have been conducted on thousands of sex offenders using several validation methods. The SAI was validated with other tests, e.g., Minnesota Multiphasic Personality Inventory (MMPI). Much of this research is summarized in the “SAI: An Inventory of Scientific Findings.” Subsequently, discriminant validity (first versus multiple offenders) and predictive validity (treatment versus non-treatment) database analysis studies continue to support SAI reliability and validity. This database research is ongoing.

UNIQUE SAI FEATURES

Test Item Truthfulness Scale: measures how truthful the sex offender was while answering non-sex-related items. The non-sex-related scales include: Alcohol, Drugs, Violence (Lethality), Antisocial, Distress and the Impulsiveness Scale.

Sex Item Truthfulness Scale: measures how truthful the sex offender was while answering sex-related items. The sex-related scales include: Sexual Adjustment, Child (Pedophile) Molest, Sexual (Rape) Assault, Exhibitionism and the Incest Classification.

ORAL INSTRUCTIONS

Many clients (offenders) attempt to minimize their problems by substantially under-reporting their problems and concerns. This “under reporting” is in some ways related to the oral instructions given prior to testing. A straightforward, respectable and honest approach minimizes client’s attempts to “fake good.” For example, “this questionnaire contains a truthfulness measure to determine how cooperative and truthful you are while completing it. There are no trick questions or “hidden meanings.” Your available records may be checked to verify the accuracy of your answers. Please answer all questions truthfully.

Giving the client an example sometimes helps in understanding these instructions. The example you use will be influenced by your client, experience and motivation. All examples should be individualized to the assessment situation. The following example is offered to show how they can facilitate client understanding and cooperation.

“Last week a client told me while taking the MMPI that she could not answer an item “true” or “false.” When questioned she identified the item as “I am attracted to members of the opposite sex.” When questioned more clearly she replied, “If I answer true you will think I am a sex maniac. And if I answer false you will think I am a lesbian.” I explained that this item does not ask about sex maniacs or lesbians. It simply asks if you are attracted to members of the opposite sex. When you interpret it to refer to “sex maniacs” and “lesbians” you were answering a different question. Do not read anything into these questions that is not there, because if you do you will likely invalidate the test results and may have to take it over. There are no trick questions.

How the client is approached prior to testing often determines whether-or-not they will cooperate

PAST, PRESENT AND FUTURE TENSE

Clients should answer questions as the questions are stated -- in present tense, past tense or future tense. Questions are to be answered literally as they are presented. There are no trick questions. If an item wants to know about the past, it will be stated in the past tense. If the item inquires about the present, it will be stated in the present tense. And, if an item asks about the future, it will be stated in the future tense. Just answer each question as it is stated.

STAFF SHOULD NOT TAKE THIS TEST

Sometimes a staff member wants to “simulate” a client (offender) and take the test. It is strongly recommended that staff do not take the test because it was not standardized (normed) on staff. A staff member does not have the same mental set as the client. Staff will likely invalidate or otherwise distort their test results.

ASAM COMPATIBLE RECOMMENDATIONS

American Society of Addiction Medicine (ASAM) recommends four levels of intervention or recommended care based on the severity of the defendant's alcohol and/or other drug condition. And treatment within any level of care may be modified according to the severity of the defendant's substance-related condition. The SAI Alcohol Scale and Drugs Scale scores represent the severity of the defendant's drinking and/or other drug condition.

ASAM states there are exceptions to DSM-IV classification-related levels of care. These defendants whose symptom severity warrants adjusting their recommended intervention or treatment are so reclassified. The SAI works in a similar fashion. When SAI defendants meet DSM-IV criteria for substance dependency or substance abuse they are so classified. Moreover, the severity of a defendant's substance condition is measured by the Alcohol Scale and Drugs Scale. And consistent with ASAM procedures, the severity of the defendant's condition determines recommended levels of intervention or treatment. Consistent with ASAM, the severity of a defendant's condition directly influences the recommended intervention or treatment timetable and recommended levels of interventions.

In summary, SAI Alcohol Scale and Drugs Scale scores measures the severity of each defendant's substance (alcohol or other drug) related condition. It is emphasized the SAI is to be used in conjunction with an interview, review of available records and experienced staff judgment. And, as a defendant moves through screening, adjudication of their cases, intervention, program intake and/or treatment -- the defendant's status is continually assessed and adjusted as warranted.

HIPAA COMPLIANCE

Confidentiality: Online-testing.com encourages test users to delete client/offender names from their database. Once client names are deleted they are gone and cannot be retrieved. Deleting client names does not delete demographics or test data which is downloaded into the Sexual Adjustment Inventory database for subsequent analysis. This proprietary name deletion procedure involves a few keystrokes and insures client confidentiality and HIPAA (federal regulation 45 C.F.R. 164.501) requirement compliance.

CONTROL OF REPORTS

Online-testing.com reports contain confidential information. Some of the vocabulary may be misunderstood by the client (offender) and others. For these reasons the client (offender) should not be given their reports to read. Instead, a staff person can review the test results with the client, but not give the test report to the client to read or leave the premises with. The client (offender) should never be allowed to remove a test booklet or report from the office. All test booklets are copyrighted and all test reports are privileged, highly sensitive and confidential.

REQUESTS FOR TESTS AND TEST REPORTS

If, or when, third parties (attorneys, relatives, agencies, etc.) request test-related materials they should be informed that all test materials (test booklets, manuals, etc.) are copyrighted. As appropriate, they may be allowed to review the clients report during normal working hours. However, they should not photocopy or remove it from the evaluator's office.

A similar procedure should be followed with the tests "Inventory of Scientific Findings."

RETEST

When a client (offender) invalidates their test, it is recommended that they be given the opportunity to be retested. Prior to retesting the oral instructions must be carefully reviewed with the client. Emphasis should be placed upon "do not read things into the items that isn't there." If the retest is invalid, the client may not be testable at that time.

SIGNIFICANT ITEMS

Significant items are self-admissions or unusual self-report answers. Significant items are identified for reference. Sometimes they help in understanding the client. Significant items alone do not determine scale scores. Significant items are referenced toward the end of the test report for easy reference. Whatever the client's answer was to these multiple choice items, that answer is reproduced on the third page of the report.

EXPANDING DATABASE

A database is a large collection of data in a computer, organized so that it can be expanded, updated and retrieved for ongoing statistical analysis and research. Each test that is administered over online-testing.com's internet platform saves the test data but deletes the client's name and identification.

SAI-JUVENILE

The Sexual Adjustment Inventory-Juvenile, or SAI-Juvenile, identifies sexual deviance and paraphilias in juveniles accused or convicted of sex offenses. The SAI-Juvenile has 230 items, takes 45 minutes to an hour to complete, and reports are scored and printed on-site within 3 minutes.

The SAI-Juvenile identifies sexually deviate and paraphiliac behavior in juveniles (males and females) accused or convicted of sexual offenses. The SAI-Juvenile has 13 scales (measures): 1. Test Item Truthfulness, 2. Sex Item Truthfulness, 3. Sexual Adjustment, 4. Child Molest, 5. Sexual (Rape) Assault, 6. Exhibitionism, 7. Incest, 8. Violence (Lethality), 9. Antisocial, 10. Distress, 11. Impulsiveness, 12. Alcohol and 13. Drugs. Most sex offenders try to minimize their problems, which magnifies the importance of the two truthfulness scales. The SAI-Juvenile has proven to be a reliable, accurate and objective sex offender assessment instrument or test.

SCALE INTERPRETATION

Interpreting all 13 SAI scales and explaining how they interact, although worthwhile, exceeds this document's purpose. Space does not allow for a complete discussion of the interaction between sexual deviate/paraphiliac scales and non-sex-item scales. These interrelationships are often a part of the sexual incident or encounter that has brought the defendant to the courts attention. That said, we will now briefly discuss SAI scale interpretation.

Sex Item Truthfulness Scale: measures how truthful the client was while completing scales containing sex items. SAI items are direct with no attempt to deceive or trick offenders, consequently items with a sexual connotation are easily recognized. The Sex Item Truthfulness Scale is designed to detect the bright sex offender who answers non-sex-related items honestly, but minimizes, denies or attempts to fake sex-related item answers. SAI sex-related scales include: Sexual Adjustment Scale, Child (Pedophile) Molest Scale, Sexual (Rape) Assault Scale, Exhibitionism Scale and the Incest Classification. Sex Item Truthfulness Scale scores at or above the 70th percentile do not occur by chance. These elevated scale scores require a definite pattern of deviant answers for them to occur. **Sex Item Truthfulness Scale scores at or below the 89th percentile mean that all sex-related scale scores are accurate.** Sex Item Truthfulness Scale scores at or above the 90th percentile mean that all sexual deviate/paraphiliac scales are inaccurate or invalid. Reasons for such invalidity include client problem minimization, reading things into test items that aren't there or the client was attempting to fake good.

Clients with reading impairments may also score in the severe problem (90 to 100th percentile) range. A few questions about the client's education and reading abilities usually clarify the presence of a reading impairment.

Some paraphilias are rather common to sex offenders and these include sexual adjustment (unsatisfying sex life), child (Pedophile) molestation, sexual (rape) assault, exhibitionism (exposure of

genitals) and incest (sex with close family member). People with paraphilias often manifest several varieties at the same time.

Sexual Adjustment Scale: measures a client's self-reported sexual satisfaction. This scale reflects the client's satisfaction or dissatisfaction with their sex life. Elevated scores (70th percentile or higher) indicate dissatisfaction, whereas severe problem (90 to 100th percentile) scorers reveal an impaired or very unsatisfying sexual adjustment. Sexual Adjustment scores at or above the 70th percentile do not occur by chance. Elevated scale scores require a definite pattern of deviant answers to the scales items for a score at or above the 70th percentile to occur.

A person's sexual adjustment is compared with society's standards, rules, norms and statutes. Some people's sexual attitudes and behaviors are unacceptable in our society because they are harmful to others. In these cases the people involved are classified as sexually maladjusted. We do not have to judge the causes, motives or purposes of such behaviors to classify them as maladjusted. Most people in our society agree (or disagree) with each Sexual Adjustment Scale item.

The assessor (evaluator or staff) should review all other SAI scale scores to identify codeterminants and stressors. For example, a client could have an elevated Sexual Adjustment Scale score along with other sexual deviate scores. The "other" elevated scale score(s) could add guilt, concern or distress to the offender's perceived sexual adjustment. Other elevated SAI scale scores could exacerbate existing problems or concerns and thereby contribute to a client's perceived sexual maladjustment. Sexual Adjustment Scale scores can be interpreted independently or in combination with other SAI scale scores.

Child (Pedophile) Molest Scale: measures pedophilia or the client's interests and sexual urges involving prepubescent children. Note that isolated sexual acts with children do not necessarily warrant the Pedophile label. Pedophilia refers to a pathological sexual interest in children. Regardless of the etiology, pedophiles sexual expression is released toward children. Attraction to girls is reported twice as much as sexual attraction to boys.

Problem risk (70 to 89th percentile) Child Molest Scale scorers are attracted to young boys and girls. Severe problem (90 to 100th percentile) scorers have established sexual interests in young boys and/or girls. They have a high probability of engaging in pedophilia. They are capable of acting on their urges. However, child molestation should be independently corroborated whenever possible. Yet, an elevated (70th or higher percentile) Child (Pedophile) Molest Scale score does not occur by chance. A definite pattern of deviant responses is required to have an elevated Child Molest score.

Other elevated sexual deviate/paraphiliac scales in conjunction with an elevated Child Molest Scale score identifies other important areas for further inquiry. Similarly, elevated non-sex-item scales could identify psychosocial stressors. For example, a severe problem Alcohol or Drugs Scale score in combination with an elevated Child Molest Scale score could influence the direction of subsequent inquiry. The Child (Pedophile) Molest Scale score can be interpreted independently or in combination with other SAI scale scores.

Sexual (Rape) Assault Scale: measures sexual violence proneness. Rape refers to sexual assault or sexual intercourse against the will and over the objections of the client's partner. Sexual assault is often accompanied by force or the threat of force. Many believe rape is not so much a sexual act as an act of hostility and aggression. Rape is a crime of violence. However Sexual Assault and Violence Scale scores can vary because of the sexual versus non-sexual nature of these scales items. Both females and males can be raped. Rapists usually inflict some degree of bodily injury in forcing themselves upon their victims.

A problem risk (70 to 89th percentile) Sexual Assault Scale score is observed in sexually aggressive people with sexually violent tendencies. A severe problem (90 to 100th percentile) Sexual Assault Scale score identifies people that either fantasize or engage in violent sex. These individuals are capable of sexual assault. An elevated (70 to 89th percentile) or severe problem (90 to 100th percentile) Sexual Assault Scale score does not occur by chance. A definite pattern of deviant responses is required to have an elevated Sexual Assault Scale score. Severe problem (90 to 100th percentile) Sexual Assault Scale scorers have a high probability of sexual assault.

Other elevated SAI scale scores in conjunction with a severe problem Sexual Assault Scale score can

provide insight into the sex offender's situation while identifying important areas for subsequent inquiry. For example, a severe problem Violence Scale score in conjunction with an elevated Sexual Assault Scale score would influence subsequent inquiry and treatment. This person is violent in life as well as in sexual relationships. All that is needed is a triggering mechanism like opportunity, alcohol or drugs. The Sexual (Rape) Assault Scale can be interpreted independently or in combination with other SAI scale scores.

Exhibitionism Scale: measures the probability of the client exposing their genitals to a stranger. In these instances there is generally no attempt at further sexual activity with the stranger. Exhibitionism is defined in the DSM-IV (p. 256) as "recurrent intense sexually arousing fantasies, sexual urges, or behaviors involving the exposure of one's genitals to an unsuspecting stranger." Exhibitionism is one of the most common or prevalent sexual deviations.

A characteristic common to all forms of sexual deviation is their repetitive, compulsive and patterned nature. This is particularly evident in exhibitionism. A problem risk (70 to 89th percentile) Exhibitionism Scale score identifies people with exhibitionistic tendencies. A severe problem (90 to 100th percentile) Exhibitionism Scale score identifies people with a high probability of being exhibitionists. The Exhibitionism Scale can be interpreted independently or in combination with other SAI scale scores.

Incest Classification: Incest refers to coitus between persons related by blood or marriage, e.g., parents, siblings, or children. Non-coital forms of sexual intercourse do not constitute incest. Incest does not refer to persons of the same sex. Incest prohibitions of one kind or another have existed since prehistoric times. The Incest Classification measures the client's incestuous behavior.

Incest refers to sexual intercourse between closely related individuals, e.g., parent-child or brother-sister. Incest is most common between brother and sister, and the next most common form is between father and daughter.

Review of contemporary literature reveals a variety of theories related to the etiology, treatment and prognosis of incest. This may be largely due to the fact that incest is a criminal act and legal authorities have the primary responsibility for identification, reporting, and treatment. There is a "taboo mystique" surrounding this behavior. It is assumed that the prevalence of incest offenses are under-reported and therefore grossly underestimated.

Summary of sex-related SAI scales: The Sexual Adjustment Inventory (SAI) is designed to identify sexually deviate and paraphiliac behavior in people accused, convicted or treated for sexual offenses. The Sex Item Truthfulness Scale determines if the client was open and honest while answering sex-related items. These sex-related scales include the Sexual Adjustment Scale, Child (Pedophile) Molest Scale, Sexual (Rape) Assault Scale, Incest Classification and Exhibitionism Scale. **The seven non-sex item scales will now be discussed.**

The SAI is designed for paraphilia and sexual offender assessment. Yet it contains other areas of inquiry that are also important in understanding the sex offender. The SAI is much more than just another sex test. The SAI measures a wide variety of behaviors considered important in sex offender evaluations.

Test Item Truthfulness Scale: measures how truthful the client was while completing non-sex-items in the SAI. It identifies guarded and defensive people who attempt to minimize their problems or fake good. It also identifies reading impaired clients.

The Test Item Truthfulness Scale has been correlated with non-sex-item scales in the SAI. A Truth-Correction equation then converts raw scale scores to Truth-Corrected scores. Raw scores reflect what the client wants you to know. Truth-Corrected scores reveal what the client is trying to hide. Truth-Corrected scores are more accurate than raw scores.

Test Item Truthfulness Scale scores at or above the 90th percentile mean that all non-sex-item scales are inaccurate or invalid. Reasons for such invalidity include client minimization of problems, reading things into items that aren't there, or the client was attempting to fake good. **Test Item Truthfulness Scale scores at or below the 89th percentile mean that all non-sex-item scale scores are**

accurate.

Clients with reading impairments may also score in the severe problem (90 to 100th percentile) range. A few questions about the client's education and reading abilities usually clarify the presence of a reading impairment. If the client can read the newspaper he/she can read the SAI.

Why two truthfulness scales? In sex offender evaluation it is important to know if the client is truthful. The Sex Item Truthfulness Scale determines if the client was truthful when answering test items with an obvious sexual connotation. In contrast, the Test Item Truthfulness Scale determines if the client was truthful when answering non-sex-related items.

These two truthfulness scales are presented (percentile score and graph) adjacent to each other on the first page of the SAI report to facilitate easy comparison. At a glance SAI users know: **a.** if the client lied to sex item questions, **b.** if the client lied to non-sex-item questions, **c.** if the client lied to both sex-related and non-sex-related questions, or **d.** if the client answered SAI items honestly. These truth versus dishonest answer options are straight-forward yet very important when evaluating sex offenders. These proprietary truthfulness scales provide a wealth of offender information before staff even look at SAI scale scores. Other assessment instruments and tests may not provide such information about client honesty. Comparison of these truthfulness scales provides considerable insight into client motivation, evasiveness strategies (if they exist) and intent.

Alcohol Scale: measures the severity of alcohol use or abuse. Alcohol refers to beer, wine or other liquor. Alcohol use or abuse is often an important factor to be understood when evaluating people accused or convicted of a sex offense. Alcohol is a significant problem in our society. The harm associated with alcohol abuse -- mental, emotional and physical -- is well documented. All too frequently sex offenders state they were intoxicated when the offense occurred. A problem risk (70 to 89th percentile) Alcohol Scale score identifies emerging drinking problems. An Alcohol Scale score in the severe problem (90 to 100th percentile) range identifies serious and established drinking problems.

Elevated Alcohol Scale and Drugs Scale scores indicate polysubstance abuse and the higher score often reflects the client's substance of choice. Elevated Alcohol Scale and Violence Scale scores are a malignant sign. Alcohol abuse can magnify a person's violent tendencies. Similarly, alcohol abuse can serve as a release mechanism for antisocial thinking and behavior. Alcohol Scale scores in the severe problem (90 to 100th percentile) range compound client risk even more. Elevated Alcohol and Distress Scale scores may initially represent an attempt to self-medicate, while intoxication may exacerbate suicidal ideation. The more of these scales that are elevated with the Alcohol Scale the more problem prone the client's situation becomes. The Alcohol Scale can be interpreted individually or in combination with other SAI scale scores. When alcohol abuse is problematic it becomes an important part of the sex offender's treatment program.

Drugs Scale: measures drug use and abuse. Illicit drug use has become a serious problem in our society. Drugs refer to marijuana, crack, cocaine, ecstasy, ice, amphetamines, barbiturates and heroin. A problem risk (70 to 89th percentile) Drugs Scale score identifies emerging drug problems. A severe problem (90 to 100th percentile) Drugs Scale score identifies established and very serious drug problems.

Elevated Alcohol, Violence, Antisocial and Distress Scales with an elevated Drugs Scale score is a malignant sign. Drugs abuse can be part of polysubstance (drugs and alcohol) abuse, exacerbate violent tendencies, magnify antisocial beliefs (paranoia) and further impair judgment. Elevated Drugs and Distress Scale scores may represent attempts at self-medication, whereas severe scores may represent suicidal thinking and acting out potential. The more of these scales that are elevated with the Drugs Scale the more problem prone the client's situation becomes. The Drugs Scale can be interpreted individually or in combination with other scale scores. When drugs use is problematic it becomes an important factor to be worked through in sex offender treatment programs.

Violence (Lethality) Scale: measures the client's use of physical force to injure, damage and destroy. The Violence Scale identifies people who are dangerous to themselves and others. A problem risk (70 to 89th percentile) Violence Scale score identifies violence prone individuals. A Violence Scale score in the severe problem (90 to 100th percentile) range identifies very violent and dangerous people. Some people are

“violence prone” and often have a chip on their shoulder. They are sensitive to perceived insults, want to “get even” and overtly act out with little provocation.

Elevated Alcohol, Drugs, Antisocial and Distress Scales with an elevated Violence Scale are dangerous combinations because each of these scales represents potential violence magnifiers. When the elevated Distress Scale score is higher than the elevated Violence Scale score anticipate an emotionally overwhelmed person who is in great pain and manifesting suicidal thinking. Elevated Antisocial Scale and Violence Scale scorers are problematic in that the client may externalize their violent feelings to others, authority, institutions or federal agencies. Severe problem Violence Scale scorers are dangerous to themselves and others. The Violence Scale can be interpreted individually or in combination with other SAI scale scores.

Antisocial Scale: measures aggressive, impulsive and sometimes violent behavior that flouts social and ethical codes such as laws relating to personal and property rights. Antisocial people are often opposed to society or existing organizations and moral codes. Anti-social attitudes and behavior are characterized by lack of responsibility, poor judgment and a seeming inability to learn from experience. Elevated Antisocial Scale scores in the problem risk (70 to 89th percentile) range identify emerging antisocial tendencies. An Antisocial Scale score in the severe problem (90 to 100th percentile) range identifies established and extreme antisocial attitudes and behavior.

Elevated Antisocial and Violence Scale scores represent a dangerous profile in which the client often focuses their violent actions against society and its institutions. The higher the scores -- the more dangerous the individual.

An elevated Antisocial Scale score in combination with an elevated Distress Scale score can be problematic, particularly in the severe problem range. These scale scores often identify people on the verge of being emotionally overwhelmed (anxiety, depression and distress) with established antisocial thinking exacerbated. In these instances the client feels progressively more and more isolated and desperate. Such people can be dangerous to themselves and others. The Antisocial Scale can be interpreted individually or in combination with other SAI scale scores.

Impulsiveness Scale: identifies people that abruptly engage in activities without adequate forethought, reflection or consideration of consequences. There are several definitions of “impulsive” on the web that use a variety of words like “without forethought,” “capricious,” “whim,” “undue haste” and “impetuous.”

An elevated (70th percentile or higher) Impulsiveness Scale score characterizes people that are impulsive and often act without deliberation. Although quick to act or respond these people are not out of control. Problem risk (70 to 89th percentile) scorers are hasty and tend to act without reflection or consideration of consequences. Problem risk Impulsiveness Scale scorers are capable of impulsive offending. In contrast, Low Risk (zero to 39th percentile) scorers and Medium Risk scorers would not engage in impulsive offending as they would typically deliberate, think of the consequences and act with forethought.

Severe Problem Risk (90 to 100th percentile) scorers are very impulsive people who typically act without forethought or consideration of consequences in most, if not all of their life. Impulsivity could be a factor in their offending if such were to occur. Impulsiveness could be an important contributing factor in sexual offending per se.

* * *

In conclusion, the Sexual Adjustment Inventory or SAI measures a wide variety of attitudes and behaviors that are important for understanding sex offenders. In addition to identifying sexual deviates and paraphilias the SAI quantifies client substance (alcohol and other drugs) abuse, violence and lethal acting out potential, antisocial thinking, distress (anxiety and depression) and impulsive behavior. The SAI provides information important for the identification and understanding of people that inappropriately act on their sexual urges.