
BEHAVIOR DATA SYSTEMS
SEXUAL ADJUSTMENT INVENTORY (SAI)
SUMMARY REPORT
JANUARY 1, 2023 -DECEMBER 31, 2023

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Executive Summary

The Sexual Adjustment Inventory (SAI) identifies sexual deviance and paraphilias in people accused or convicted of sex offences. It consists of 230 items and takes 30-35 minutes to complete. Two truthfulness scales detect offender denial, problem minimization, and response bias for sex-related and non-sex reliability items. There were **2,890** SAI tests administered between January 1, 2023 and December 31, 2023.

SAI

- Prevalent demographic characteristics: 95.8% of offenders were male and 4.2% were female, 56.1% were Caucasian, and 49.9% were between age 21 and 40.
- 88.4% of offenders were considered first-time offenders and 8.4% were considered repeat offenders.
- 87.6% of offenders reported at least one arrest, with 31.0% reporting 3 or more arrests. 40.2% reported at least one prison sentence.
- 72.8% of offenders reported at least one sex related arrest. 32.8% of offenders reported at least one sexual assault arrest and 26.8% reported at least one child molestation arrest.
- At least 60% of offenders scored in the Low Risk range on the Alcohol, Drug, and Violence Scales. The Antisocial, Distress, and Impulsiveness Scales each show over 20% of offenders in the Severe Problem range.
- The Sex Item Truthfulness shows 51.9% in the Problem Risk range and 5.1% in the Severe Problem range. 46.0% of offenders scored in the Problem Risk range on the Sexual Adjustment Scale.

Reliability scores for each scale were as follows: **Truthfulness Scale, .92; Alcohol Scale, .91; Drug Scale, .90; Violence Scale, .88; Antisocial Scale, .82; Distress Scale, .92; Impulsiveness Scale, .90; Sex Item Truthfulness Scale, .89; Sexual Adjustment Scale, .79; Child Molestation Scale, .86; Sexual Assault Scale, .70, Exhibition Scale, .70.** All scales meet or exceed accepted reliability standards.

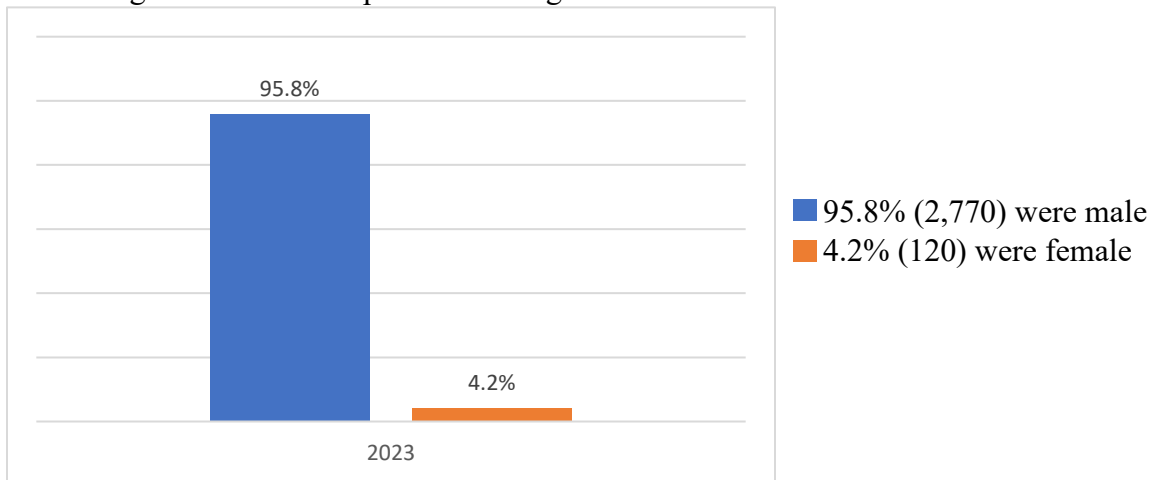
Behavior Data Systems' instruments have demonstrated high reliability, accuracy, and validity. This report confirms the strong psychometric properties of the SAI. These elements are essential in assessment tools in order to correctly identify individuals who demonstrate higher problem severity and consequently have more intense treatment needs. Properly identifying offenders, using empirically supported instruments, has been associated with reduced recidivism, reduced costs, and increased public safety (Pew Center on the States, 2013).

Miles Allen
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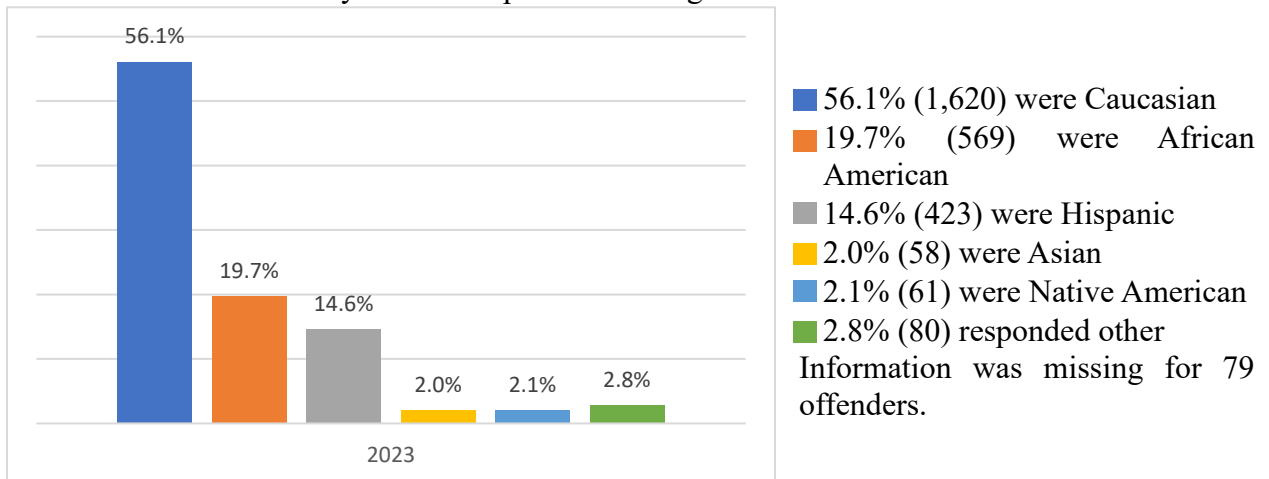
SAI

There were 2,890 Sexual Adjustment Inventory tests administered in 2023. The term missing data refers to responses of “0”, “N”, or “N/A” when more descriptive or accurate values were available. Missing data can also mean data was available, but not provided.

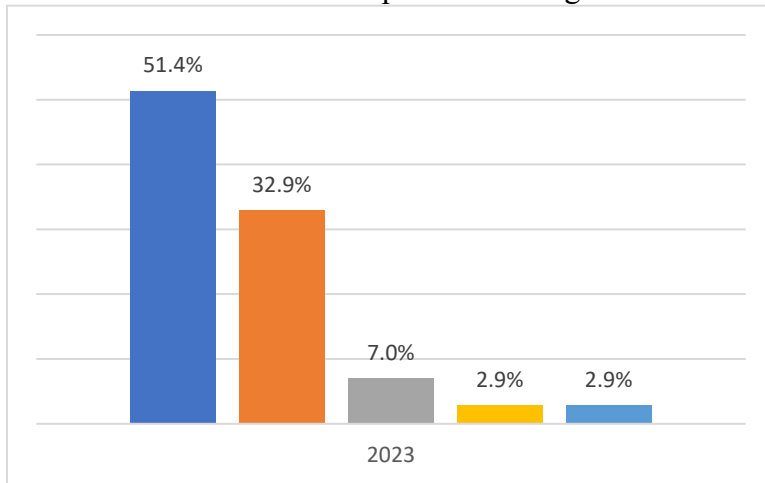
Offender gender results are presented in figure 1:



Offender race and ethnicity results are presented in figure 2:

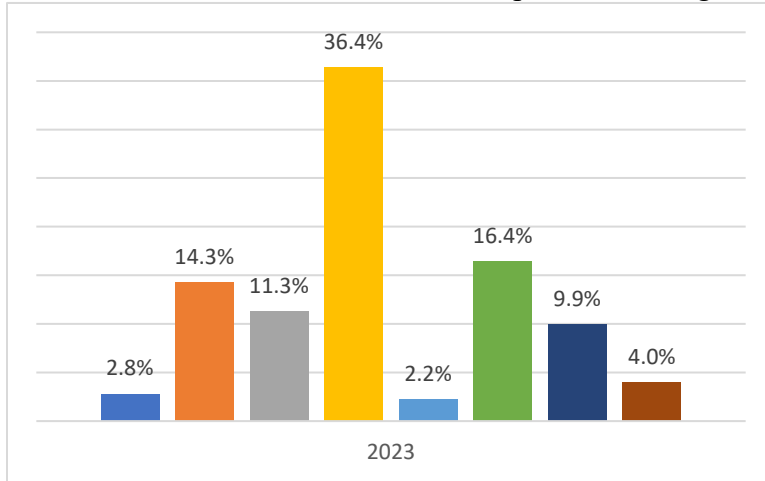


Marital status of offenders is presented in figure 3:



- 53.1% (1,534) were single
 - 23.6% (681) were married
 - 15.6% (450) were divorced
 - 3.4% (97) were separated
 - 1.1% (31) were widowed
- Information was missing for 97 offenders.

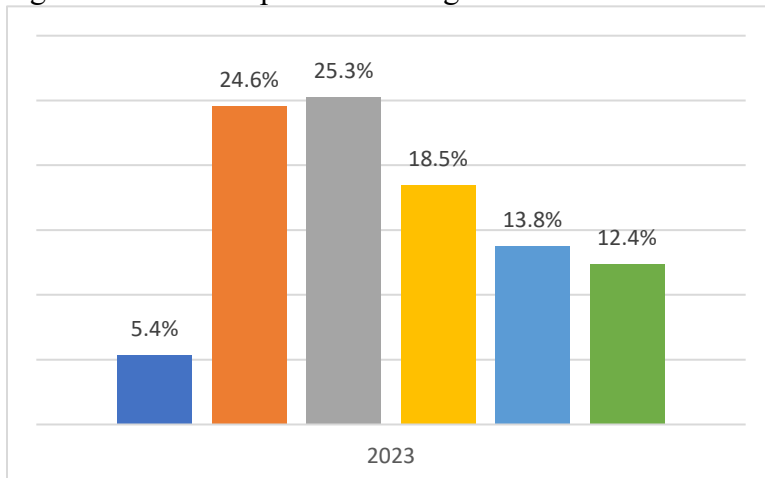
Educational attainment for offenders is presented in figure 4:



- 2.8% (80) completed 8th grade or less
- 14.3% (413) completed some high school
- 11.3% (326) obtained a GED
- 36.4% (1,052) graduated high school
- 2.2% (63) completed trade or technical school
- 16.4% (475) completed some college
- 9.9% (286) graduated college
- 4.0% (114) completed an advanced degree

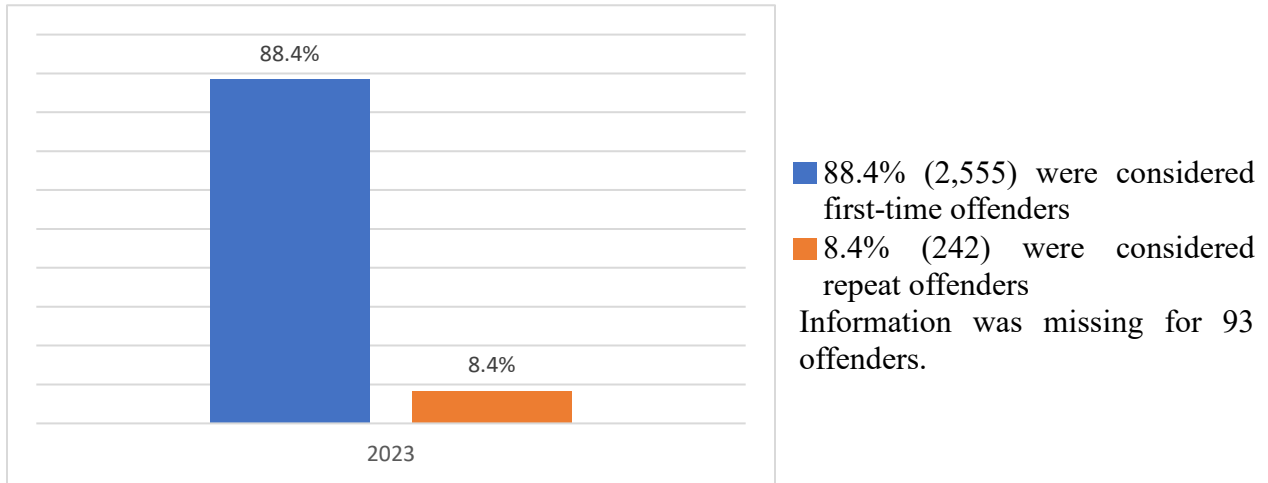
Information was missing for 81 offenders.

Age of offenders is presented in figure 5:



- 5.4% (155) were 20 or younger
- 24.6% (711) were 21 to 30
- 25.3% (731) were 31 to 40
- 18.5% (535) were 41 to 50
- 13.8% (400) were 51 to 60
- 12.4% (358) were 61 or older

Offenders were categorized into first-time and repeat offenders based on the number of sex-related arrests they reported. First-time offenders were defined as having one arrest, repeat offenders had two or more arrests. Results for 2023 offenders were:



Offenders were asked about their sex offender registration. Offenders reported:

- 50.1% (1,448) of offenders were registered as a sex offender
- 45.4% (1,313) of offenders received sex offender treatment

Figure 7 Self-Reported Offender Criminal History

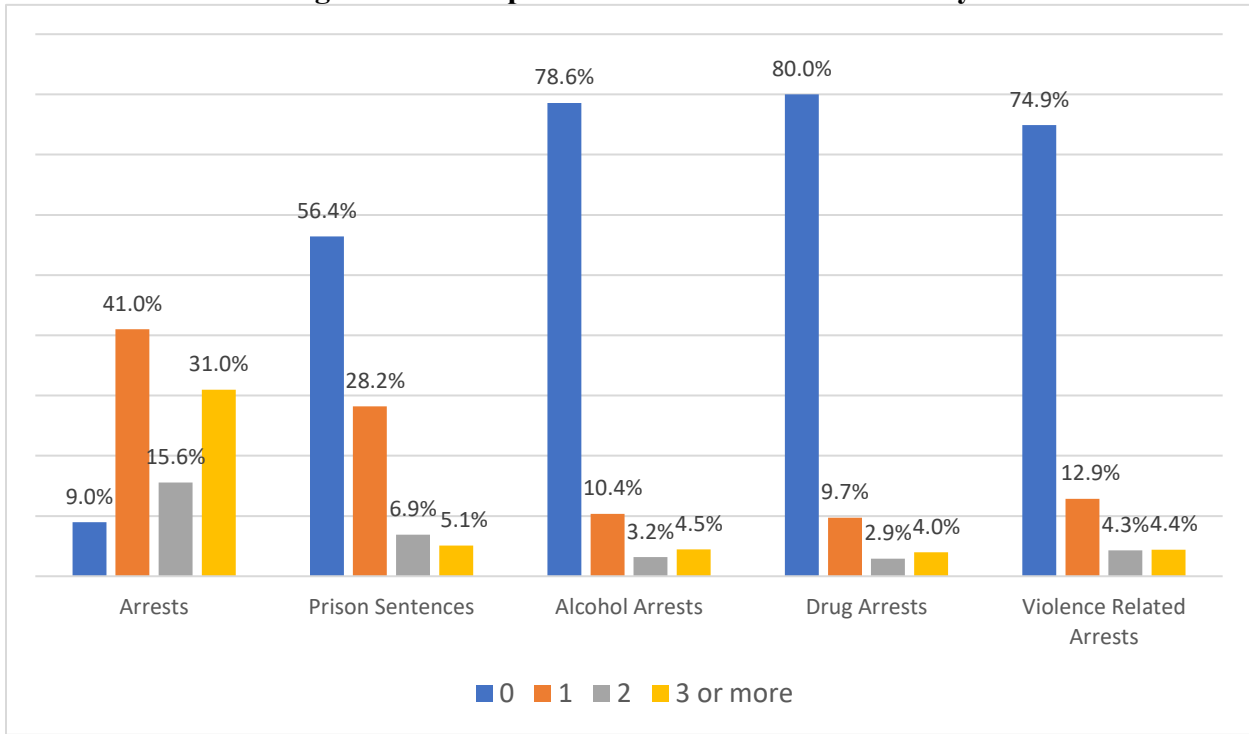


Figure 7 presents the self-reported criminal history of offenders tested in 2023. 87.6% of offenders reported at least one arrest, with 31.0% reporting 3 or more arrests. 40.2% reported at least one prison sentence. 18.0% of offenders reported at least one alcohol arrest, 16.6% reported at least one drug arrest, and 21.6% reported at least one violence related arrests.

Figure 8 Self-Reported Offender Sex Criminal History

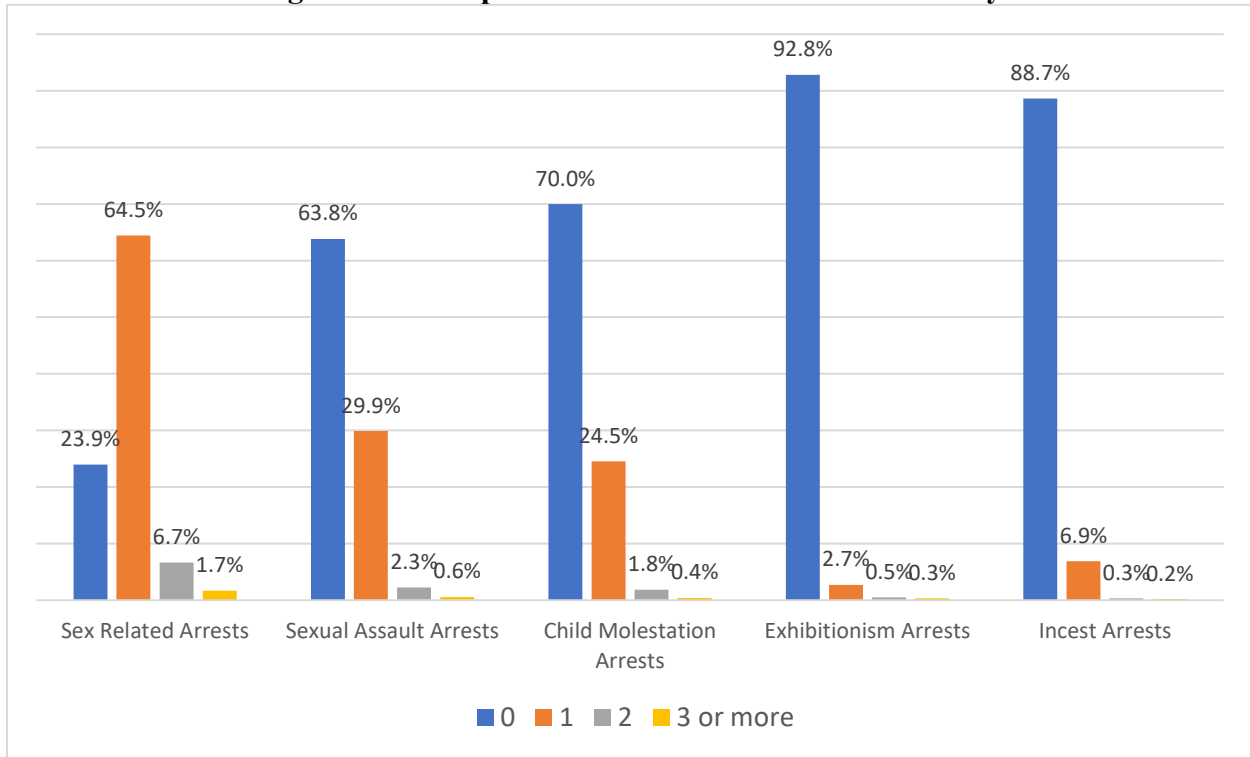
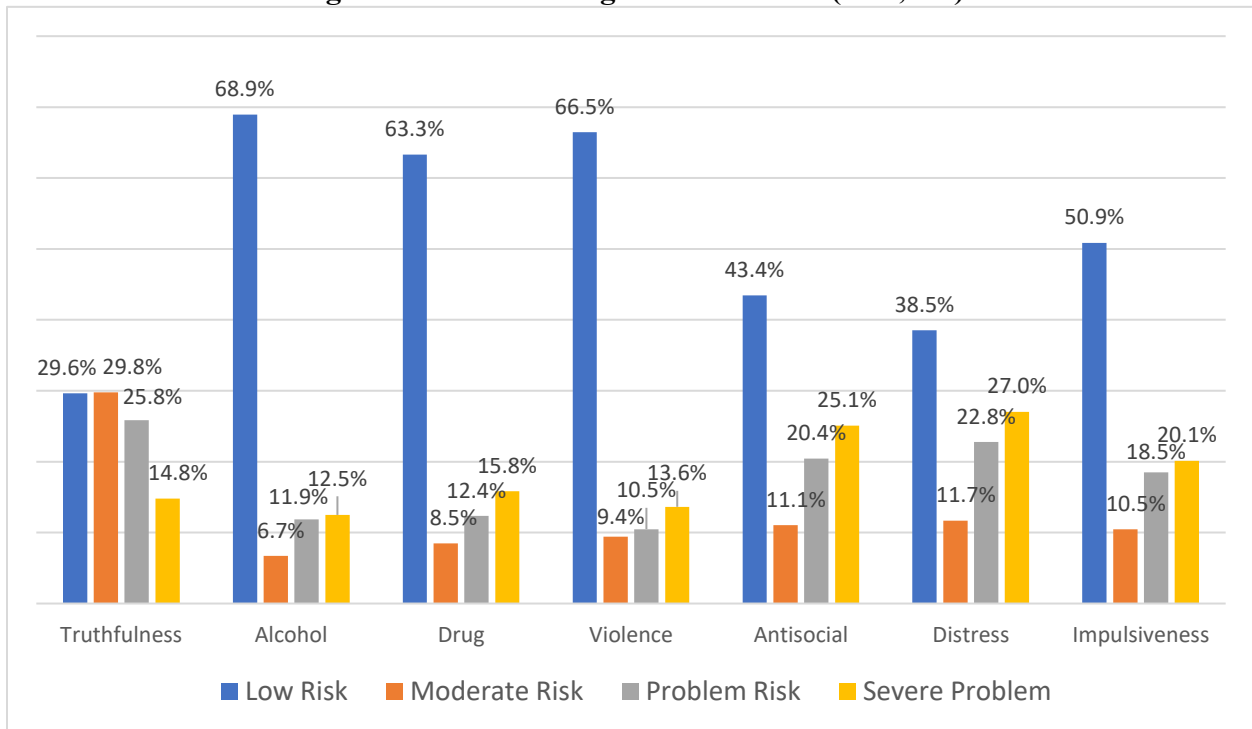


Figure 8 shows the self-reported sex criminal history of offenders tested. 72.8% of offenders reported at least one sex related arrest. 32.8% of offenders reported at least one sexual assault arrest and 26.8% reported at least one child molestation arrest. 92.8% reported no exhibition arrests and 88.7% reported no incest arrests.

Risk Range Analysis

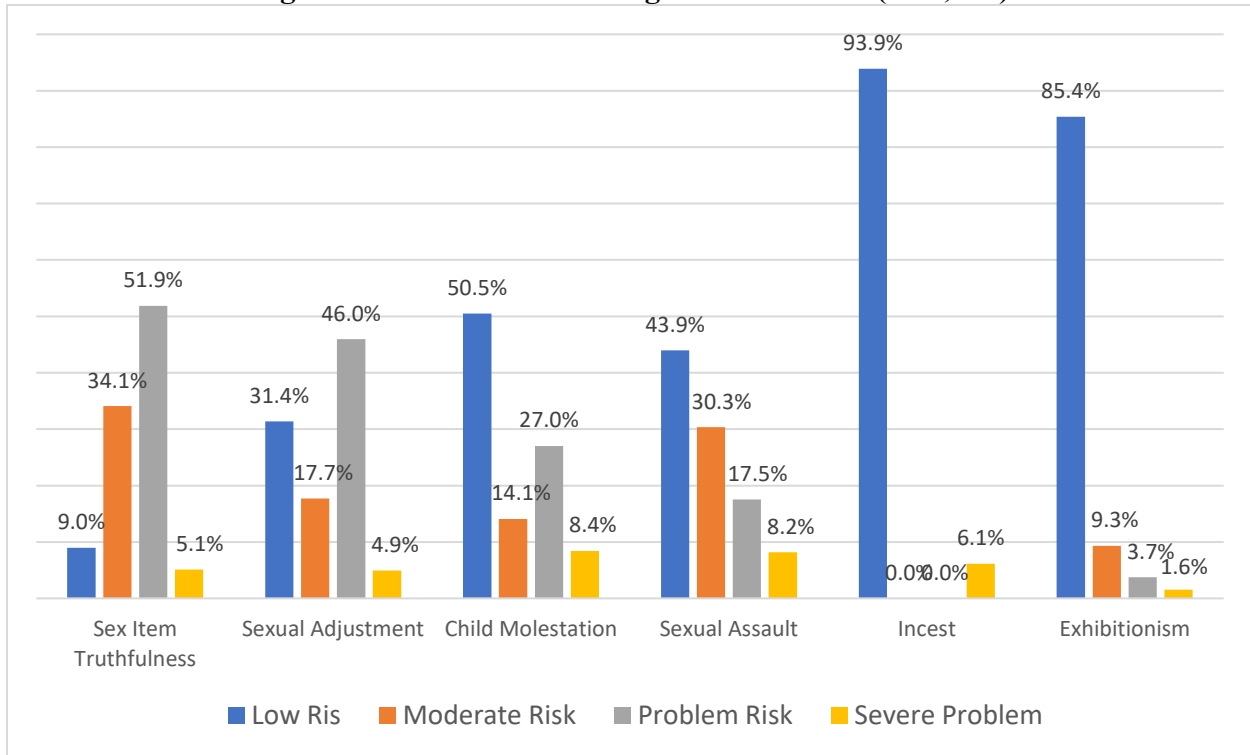
For each SAI scale respondents were classified into four risk ranges: low risk (0 to 39th percentile), moderate risk (40th to 69th percentile), problem risk (70th to 89th percentile), and severe problem risk (90th to 100th percentile). The expected percentage of offenders within the low risk range is 39%, moderate risk range is 30%, problem risk range is 20%, and severe problem risk range is 11%.

Figure 9 Non-Sex Range Classification (N=2,890)



In figure 9, the Truthfulness Scale shows 14.8% of offenders in the Severe Problem risk range, with 25.8% in the Problem Risk range. At least 60% of offenders scored in the Low Risk range on the Alcohol, Drug, and Violence Scales. The Antisocial, Distress, and Impulsiveness Scales each show over 20% of offenders in the Severe Problem range.

Figure 10 Sex Item Risk Range Classification (N=2,890)



In figure 10, the Sex Item Truthfulness shows 51.9% in the Problem Risk range and 5.1% in the Severe Problem range. 46.0% of offenders scored in the Problem Risk range on the Sexual Adjustment Scale. 6.1% of offenders scored in the Severe Problem range on the Incest Scale. 85.4% scored in the Low Risk range on the Exhibitionism Scale.

APPENDIX I

Interpreting Test Statistics

Truthfulness Scale

Each BDS test contains a Truthfulness Scale. Truthfulness Scales have been influenced by Minnesota Multiphasic Personality Inventory (MMPI) Truthfulness Scale methodology. Research has demonstrated that truthfulness is linked to positive treatment outcomes (Barber, et al, 2001; Simpson, 2004) while denial (refutation, problem minimization, or lying) has been linked to negative treatment outcomes (Marshall, Thornton, Marshall, Fernandez & Mann, 2001); resistance (Simpson, 2004); problem minimization (Murphy & Baxter, 1997); treatment dropout (Daly & Pelowski, 2000; Evans, Libo & Hser, 2009); and recidivism (Grann & Wedin, 2002; Nunes, Hanson, Firestone, Moulden, Greenberg & Bradford, 2007). Ultimately test users need to determine if the patient or offender was being truthful while taking the test. Evidence-based truthfulness scales are the solution to this problem.

Truthfulness

The impact of a client's (respondent's) truthfulness on test scores is contingent upon the severity of client denial or untruthfulness, as measured by the client's Truthfulness Scale score. Low risk and moderate risk Truthfulness Scale scores mean that all SAI scale scores are accurate. They do not need to be truth-corrected. SAI truthfulness scale scores in the problem risk range mean that all SAI scale scores are truth corrected for accuracy. This SAI truth-corrected is completed automatically on SAI scale scores. In other words, all SAI scale scores are automatically truth corrected when the client's truthfulness scale score is in the problem risk range. And, when the client's Truthfulness scale score is in the severe problem risk range, this test is invalidated due to the client's denial, problem minimization, or attempts to fake good. In other words, the test and all scale scores contained therein are invalidated.

In summary, SAI truthfulness scale scores in the low and moderate range mean all SAI scale scores are accurate. Truthfulness Scale scores in the problem risk range are automatically truth-corrected to ensure accuracy. All SAI scale scores are truth-corrected and are accurate. In contrast, Truthfulness Scale scores in the severe problem range mean that SAI tests and all scales contained therein are invalid.

Reliability

Test reliability refers to a scale's consistency of measurement. Cronbach's Alpha, a measure of reliability, measures the internal consistency of each scale for each instrument administered. Perfect reliability is 1.00 and the professionally accepted standard of reliability for these types of instruments is .70-.80 (Murphy & Davidshofer, 2001).

Validity

In testing, the term validity refers to the extent that a test measures what it was designed to measure. A test cannot be accurate without being valid. When individuals known to have more severe problems or symptoms receive higher scale scores than individuals known to have fewer problems or symptoms, the test is said to have evidence of construct validity (DeVon, et al, 2007). Offenders were categorized into first-time and repeat offenders. First-time offenders are defined as having

one (the current) arrest; repeat offenders have two or more arrests. It has been demonstrated that repeat offenders' mean scale scores will be higher than first-time offenders indicating the presence of more severe symptoms or problems.

SAI Test Statistics

Reliability scores for each scale were as follows: **Truthfulness Scale, .92; Alcohol Scale, .91; Drug Scale, .90; Violence Scale, .88; Antisocial Scale, .82; Distress Scale, .92; Impulsiveness Scale, .90; Sex Item Truthfulness Scale, .89; Sexual Adjustment Scale, .79; Child Molestation Scale, .86; Sexual Assault Scale, .70; Exhibitionism Scale, .70.**

References

- Barber, J., Luborsky, L., Gallop, R., Crits-Christoph, P., Frank, A., Weiss, R., Thase, M., Connolly, M., Gladis, M., Foltz, C., & Siqueland, L. (2001). Therapeutic alliance as a predictor of outcome and retention in the National Institute on Drug Abuse Collaborative Cocaine Treatment Study. *Journal of Consulting and Clinical Psychology*, 2001; 69(1): 119-124.
- Daly, J. & Pelowski, S. (2000). Predictors of dropout among men who batter: A review of studies with implications for research and practice. *Violence and Victims*, 15, 137-160 [Abstract].
- DeVon, H. A., Block, M. E., Moyle-Wright, P., Ernst, D. M., Hayden, S. J., Lazzara, D. J., Savoy, S. M., & Kostas-Polston, E. (2007). A psychometric toolbox for testing validity and reliability. *Journal of Nursing Scholarship*, 39, 155-163.
- Evans, E., Libo, L. & Hser, Y. (2009). Client and program factors associated with dropout from court-mandated drug treatment. *Eval Program Plan*. 2009 August, 32(3), 204-212.
- Grann, M. & Wedin, I. (2002). Risk factors for recidivism among spousal assault and spousal homicide offenders. *Psychology, Crime, and Law*, 8, 5-23.
- Marshall, W., Thornton, D., Marshall, L., Fernandez, Y., & Mann, R. (2001). Treatment of sexual offenders who are in categorical denial: A pilot project. *Sexual Abuse, A Journal of Research and Treatment*, 13(3), 205-215.
- Murphy, C. & Baxter, V. (1997). Motivating batterers to change in the treatment context. *Journal of Interpersonal Violence*, 12, 607-619.
- Murphy, K. R., & Davidshofer, C. O. (2001). (5th ed.). *Psychology Testing: Principles and Applications*. Upper Saddle River, NJ: Prentice Hall.
- Nunes, K., Hanson, R., Firestone, P., Moulden, H., Greenberg, D., & Bradford, J. (2007). Denial predicts recidivism for some sexual offenders. *Sex Abuse*, 19(2): 91-105.
- Pew Center on the States (September, 2015). Risk/needs assessment 101: Science reveals new tools to manage offenders. Retrieved from www.pewcenteronthestates.org/publicsafety
- Simpson, D. (2004). A conceptual framework for drug abuse treatment process and outcomes. *Journal of Substance Abuse Treatment*, 2004; 27(2): 99-121.