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Sexual Adjustment Inventory: Sex Offender Assessment

A Large Sample (N=3,616) Research Study

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Abstract

The validity of the Sexual Adjustment Inventory (SAI) was investigated in a sample of **3,616** sex offenders. The SAI has thirteen scales for measuring offender risk of sexual adjustment, child molest, sexual violence, incest, exhibitionism, violence (lethality), substance (alcohol and drugs) abuse, antisocial behaviors, distress and judgment problems. Reliability analyses showed that all SAI scales had alpha reliability coefficients of between .82 and .93. SAI scales successfully discriminated between two groups: offenders with 2 or more sex-related arrests scored significantly higher than offenders who had 1 or no such arrests. The SAI scales correctly identified the participants' sex-related problems: Sexual Adjustment Scale (99.6%), Child Molest Scale (97.6%), Rape Scale (100%), Incest Scale (100%), Exhibitionism Scale (100%), and non-sex related problems: Violence Scale (100%), Antisocial Scale (100%), Alcohol Scale (100%), Drugs Scale (100%), Distress Scale (100%) and Judgment Scale (100%). SAI classification of offender risk was shown to be within 3% of predicted risk range percentile scores for all SAI scales.

Sexual Adjustment Inventory: Sex Offender Assessment

Although preventing sexual violence from occurring in the first place is desirable, there is recognition that intervention must be provided for those persons who are already perpetrating sexual violence (McMahon, 2000). In addition, the combination of counseling and criminal justice can encourage sexual abusers to turn themselves in (Tabachnick, Henry, & Denny, 1997). Clinical practice with sexual offenders often begins with risk assessment (Hanson, 2000). Assessment tests can screen violence potential and other offender problems to gain an understanding of offender needs and to select appropriate interventions.

According to Hudson, Wales, and Ward (2002), sex offender risk assessment results can aid decisions in at least three domains. These domains are, who would benefit most from treatment, decisions about release from a correctional system, and level or intensity of supervisory processes in the community (Hudson, Wales, & Ward, 2002). Predicting the likelihood that a sex offender will re-offend can be an important aspect of these three processes, yet, equally or perhaps more important is that of addressing offender needs in intervention. It has been found that about half of incarcerated rapists and sexual assailants are rearrested after release, frequently with a new sex crime (Greenfield, 1997). Accurate risk assessment that identifies offender needs facilitates changing offender behavior, which in the long run reduces sexual recidivism.

Attitudes tolerant of sexual assault, emotional identification with children, and lifestyle instability, as well as sexual adjustment, aggressiveness, violence, substance abuse and distress are factors that have been demonstrated to be relevant to sex offender assessment (e.g., Hudson, 2002, Peugh & Belenko, 2001). Rice (1997) found that psychopathology was a good predictor of

reassault for violent offenders in general. These studies suggest that assessment of sex offenders should entail more than just a measure of sex abuse. Furthermore, a test that is multidimensional lends itself to recidivism prediction.

Placement of sex offenders in appropriate interventions is important. Criminal justice studies show that offender programs that incorporate cognitive and behavioral intervention reduce recidivism by an average of 15% (Andrews, et al., 1989). Certain programs for high-risk offenders reduced recidivism by as much as 25% (Andrews & Bonta, 1994). Moreover, when offenders are properly targeted and matched to the appropriate program, recidivism is reduced by an average of 25% to 50% (Carey, 1997). Multidimensional assessment tests can provide important predictor variables for the prediction of recidivism. Few sex offender tests are multidimensional or attempt to determine the risk of sexual recidivism.

Researchers have begun to investigate risk factors for sexual recidivism (Hudson, et al., 2002, Dempster & Hart, 2002, Thornton, 2002, Beech, Friendship, Erikson, & Hanson, 2002). Yet, in everyday assessment settings, practitioners do not have time to administer and score multiple tests nor do they have the wherewithal to calculate predictions of reassault from pieced-together data. A multidimensional test can provide them with relevant risk and needs assessment on a number of dimensions easily, efficiently and timely. For this purpose, a reliable and valid test is essential.

The present study investigated the validity of the Sexual Adjustment Inventory (SAI). The SAI is a multidimensional test that was developed to meet the needs of judicial court screening and assessment. SAI scales measure sexual adjustment, sexual deviance, violence (lethality) tendencies, antisocial behaviors, alcohol and drug abuse severity and emotional or mental health problems. In addition, there are two truthfulness scales to measure offender truthfulness, denial and minimization while completing sex-related and non-sex related test items. The truthfulness scales are used for truth-correcting other scale scores.

This study sought to validate the SAI in a sample of sex offenders who were processed as part of standard sex offender evaluation procedures in court and community service programs. The data for this study was obtained from the agencies that used the SAI in their assessment programs. Two methods for validating the SAI were performed in this study. The first method (discriminant validity) compared scale scores between two offender groups. Group 1 consisted of offenders who had one or no sex arrest. Group 2 consisted of offenders who had two or more sex arrests. It was hypothesized that multiple offenders (Group 2) would score significantly higher than offenders who had 0 or 1 arrest (Group 1). Multiple offenders would be expected to score higher than first offenders because having a second sex-related arrest is indicative of a serious problem.

The second validation method (predictive validity) examined the accuracy at which the SAI identified problem prone offenders, problem drinkers and drug abusers. In the SAI, offenders' responses to certain test items represent admission of problems. Offenders who admitted to having problems would be expected to score in the corresponding scale's problem range. For the Sexual Adjustment, Child Molest, Rape, Incest and Exhibitionism scales the sex-related items used were, "My sexual adjustment is a serious problem," "I have been convicted of child molestation," "I have been arrested for sexual assault or rape," "I have had sex with a family member other than my spouse or significant other," "I am (or have been) an exhibitionist because I have shown my sex organs to strangers." For the Violence, Antisocial, Alcohol, Drugs, Distress and Judgment scales the non-sex related items used were, "I have been arrested for assault, domestic violence, or a violent crime," "Two or more of the following apply to me, a) boastful, irritable, and demanding, b) little guilt, remorse or regret. c) sudden mood changes, violent temper, d) lack of sympathy, affection, or gratitude," "I have been treated for a drinking problem," "I am in counseling or treatment for my drug problem," "I am in counseling or treatment for anxiety or depression," "I have a lot of common sense and usually make good

decisions.”

For the predictive validity analyses, offenders were separated into two groups, those who admitted problems and those who did not admit to problems. Then, offender scores on the relevant SAI scales were compared. It was predicted that offenders who admitted problems would score in the problem risk range (70th percentile and above) on the SAI scales. Non-problem was defined in terms of low risk scores (39th percentile and below). The percentage of offenders who had admitted problems and also scored in the 70th percentile range and above was considered a correct identification of problems. High percentages of offenders who admitted to problems and had elevated problem-risk scores would demonstrate these scales’ validity. The scales indicated in this analysis were Sexual Adjustment, Child Molest, Rape, Incest, Exhibitionism, Alcohol, Drugs, Violence, Antisocial, Distress and Judgment.

Method

Subjects

There were **3,616** sex offenders tested with the SAI. Data for this study was provided by the court service providers, probation departments and professional community service agencies that use the SAI. Test data were collected during the year 2001. There were 3,480 males (96.2%) and 136 females (3.8%). The ages of the participants primarily ranged from 20 through 49 as follows: 19 & Under (8.5%); 20-29 (28.5%); 30-39 (32.4%); 40-49 (17.9%); 50-59 (8.2%) and 60 & Over (4.4%). The average age of males was 35.0 (SD 12.49) and the average age of females was 30.7 (SD 8.23).

The demographic composition of participants was as follows. Race/Ethnicity: Caucasian (78.5%); Black (14.1%), Hispanic (5.4%) and Other (2.0%). Education: Eighth grade or less (7.6%); Some high school (29.6%); High school graduate/GED (41.4%); Some college (15.3%) and College graduate (6.0%). Marital Status: Single (43.1%); Married (29.9%); Divorced (18.8%); Separated (7.6%) and Widowed (0.7%).

Participants’ criminal histories were obtained from their SAI answer sheets. Participants reported this information and staff were to verify the information provided. Over 87 percent of the participants or 3,055 offenders reported having one or no sex-related arrest. Of these 3,055 offenders 2,940 were males (or 77.5% of the males) and 115 were females (or 89.9% of the females). These offenders were designated as Group 1. Ten percent of the participants had two sex-related arrests, two percent had three arrests and one percent had four or more sex-related arrests. The offenders with two or more sex-related arrests (multiple offenders) were designated as Group 2. There were 436 offenders or 12.5 percent of the participants in Group 2. In Group 2, 423 of the participants were male and 13 were females.

Just over one-fourth of the participants had one or more alcohol arrests. Fourteen percent of participants had one or more drug arrests. Just over 60 percent of participants had been placed on probation one or more times. Forty percent were sentenced to jail one or more times and thirty percent of the participants were sentenced to prison one or more times.

Procedure

Participants completed the SAI as part of the normal intake assessment routine for sex offender evaluations in court service and community service programs. These practitioners administered the SAI to offenders when they first entered their programs. Probation departments used the SAI to select appropriate levels of supervision and intervention.

The SAI contains thirteen measures or scales. Five scales have an obvious sexual relationship, six scales are non-sex related scales and there are two scales for measuring respondent truthfulness while completing the SAI. These scales are briefly described as follows. The Test-Item Truthfulness Scale measures the respondent’s truthfulness, denial and problem minimization for non-sex-related test items. The Sex-Item Truthfulness scale measures the respondent’s truthfulness

for test items with an obvious sex-related content. Some respondents may answer truthfully to non-sex items and attempt to minimize or even deceive (fake good) when answering sex-related items. When evaluating sexual adjustment, all interviews and tests are subject to the dangers of untrue answers and even deliberate falsification. In general, people accused of sex-related offenses can be expected to under-report their sexual problems and concerns.

The Sexual Adjustment Scale identifies the respondent’s self-reported sexual adjustment and reflects the respondent’s satisfaction or dissatisfaction with their sex life. The Child Molest Scale measures the respondent’s interest and sexual urges or fantasies involving sexual activity with a prepubescent child. The Sexual Assault Scale measures a person’s rape or other sexual assault proneness. The Exhibitionism Scale measures the respondent’s exhibitionist tendencies and related problems. The Incest Scale measures the respondent’s incestuous behavior.

The Alcohol Scale measures the severity of alcohol use or abuse. The Drugs Scale measures the severity of drug use or abuse. The Violence Scale measures offender proneness to commit violence. The Antisocial Scale measures an offender’s antisocial tendencies, such as the lack of capacity to form significant attachments or loyalties. The Distress Scale measures anxiety and depression. The Judgment Scale measures the respondent’s understanding and comprehension.

Results and Discussion

The inter-item reliability (alpha) coefficients for the thirteen SAI scales are presented in Table 1. All scales were highly reliable. All of the alpha reliability coefficients for all SAI scales were at or above 0.82. These results demonstrate that the SAI is a reliable test for sex offender assessment.

Table 1. Reliability of the SAI

SAI Scale	Alpha
Test-item Truthfulness Scale	.88
Sex-item Truthfulness Scale	.85
Sex Adjustment Scale	.88
Child Molest Scale	.85
Sexual Assault (Rape) Scale	.84
Incest Scale	.91
Exhibitionism Scale	.89
Alcohol Scale	.93
Drug Scale	.92
Violence Scale	.85
Antisocial Scale	.89
Distress Scale	.88
Judgment Scale	.82

In the comparisons of SAI scale scores, Group 2 offenders scored significantly higher than Group 1 offenders on all of the sex-related scales except the Incest Scale and all of the non-sex related scales. Higher scores on SAI scales are associated with more severe problems. The Incest Scale scores were low for both offender groups, which suggests that these offenders did not engage in incestuous behaviors. These discriminant validity results are presented in Table 2. The scale scores presented in the table are derived from test items alone by adding the points assigned to each test item. These scores do not include points for court-related history or truth-correction. The scores can be compared between the groups because the scores are not inflated

by court history.

Table 2 shows that, as expected, scale scores for Group 2 were significantly higher than scores for Group 1 on all SAI scales except the two truthfulness scales and the Incest Scale. The Test-item and Sex-item Truthfulness Scales show that Group 1 scored significantly higher than Group 2. The truthfulness scales results suggest that multiple offenders did not minimize their problems or fake good when tested as much as offenders with one or no arrest. Multiple offenders may have largely stopped attempting to minimize their problems in court, corrections and probation settings. Having a history of arrests lessens the likelihood that a multiple offender will deny problems. Whereas offenders with one or no arrest, who are unfamiliar with court settings, the availability of defendant's records or contemporary assessment tests, may try to fake good in order to lessen the impact or consequences of their situation.

Table 2. T-test Comparisons between Group 1 (1 or no sex-related arrest) and Group 2 (2 or more sex-related arrests).

SAI Scale	Group 1			Group 2			T-value
	Mean	SD	Max	Mean	SD	Max	
Test-item Truthfulness	7.76	5.37	21	6.87	5.39	21	t = 3.22*
Sex-item Truthfulness	8.60	4.62	19	7.32	4.72	19	t = 5.34*
Sexual Adjustment	13.62	11.09	51	19.65	12.55	52	t = 9.39*
Child Molest	8.79	8.17	34	10.73	9.30	34	t = 4.07*
Rape	5.29	5.32	33	6.61	6.15	34	t = 4.19*
Incest	1.01	1.97	7	1.09	2.0	7	n.s.
Exhibitionism	1.29	2.47	18	3.41	4.99	18	t = 8.59*
Alcohol [^]	6.62	8.99	38	21.03	12.94	38	t = 21.95*
Drugs [^]	5.65	7.67	34	16.86	9.96	33	t = 13.75*
Violence	3.90	5.33	33	4.55	6.06	33	t = 2.08***
Antisocial	1.97	2.80	18	2.36	3.10	18	t = 2.49**
Distress	6.22	7.20	29	7.45	7.74	29	t = 3.06*
Judgment	3.12	2.71	17	3.49	3.01	16	t = 2.42**

* Significant at the $p < .001$ level. ** Significant at $p < .01$. *** Significant at $p < .05$.

[^] Offender status based on alcohol-related arrests for the Alcohol Scale and drug-related arrests for Drugs Scale.

These discriminant validity results support the validity of the SAI. The offenders who were believed to have more severe problems (multiple offenders) scored significantly higher on these scales than offenders with one or no sex-related arrest. Distress Scale results indicate that offenders who have multiple sex-related arrests demonstrate more emotional and mental health problems than do offenders with one or no arrest.

Correlation coefficients between offenders' SAI scale scores and arrests records are presented in Table 3. Again, the scale scores did not include points for court history or truth-correction. The most notable of these correlation results includes the finding that sex arrests and sex convictions were only moderately correlated with the SAI sex-related scales. This finding

suggests that an offender's arrest record is not a good indicator by itself of the risk the offender presents. Because multiple offenders scored significantly higher than offenders with 1 or 0 arrest, it would be expected that the correlation between sex assessment and arrests be higher. An individual's assessment of his or her own sexual adjustment or deviance should be taken into account rather than their arrest history. Similar correlation results were found between the Alcohol Scale and alcohol arrests and drug arrests and the Drugs Scale.

Further analyses of the correlation results indicate that there are significant correlations among the SAI scales. The between scales correlation coefficients demonstrate that offenders who score high on one scale tend to score higher on other SAI scales. These findings suggest that sex offenders have more problems than just those associated with sexual adjustment. They have violence, antisocial, alcohol, drugs, emotional and judgment problems as well.

Table 3. Correlations between Arrest Records and SAI Scales

	Sexual Adjust.	Child Molest	Rape Scale	Incest Scale	Exhibit. Scale	
Sex-related arrests	.238	.149	.143	.035	.239	
Sex-related convictions	.259	.207	.162	.062	.143	
Total arrests	.000	-.011	.117	.014	.052	
	Alcohol Scale	Drugs Scale	Violence Scale	Antisocial Scale	Distress Scale	Judgment Scale
Alcohol arrests	.322	.151	.112	.059	.031	.011
Drug arrests	.167	.296	.123	.069	.032	.010
Total arrests	.196	.189	.198	.115	.051	.040
	Sex-item Truthful.	Sexual Adjust.	Child Molest	Rape Scale	Incest Scale	Exhibit. Scale
Test-item Truthfulness	.563	-.332	-.224	-.177	-.122	-.103
Sex-item Truthfulness		-.420	-.249	-.138	-.144	-.187
Sexual Adjustment			.573	.347	.310	.270
Child Molest Scale				.384	.439	.094
Rape Scale					.297	.115
Incest Scale						.121
	Alcohol Scale	Drugs Scale	Violence Scale	Antisocial Scale	Distress Scale	Judgment Scale

Test-item Truthfulness	-.228	-.252	-.366	-.344	-.575	-.081
Alcohol Scale		.538	.290	.248	.231	.105
Drugs Scale			.319	.286	.236	.094
Violence Scale				.597	.424	.225
Antisocial Scale					.454	.350
Distress Scale						.301
	Sex-item Truthful.	Sexual Adjust.	Child Molest	Rape Scale	Incest Scale	Exhibit. Scale
Violence Scale	-.224	.243	.162	.404	.149	.140
Antisocial Scale	-.181	.270	.183	.279	.142	.192

There were moderate correlations between the Violence Scale and the sex-related scales. And there were moderate correlations between the Antisocial Scale and the sex-related scales. It is apparent that violence and antisocial behavior are closely related characteristics in sex offenders. This is most evident in sexual assault (rape) offenders. Either violence and antisocial thinking begets sexual deviance or sexual deviance, violence and antisocial thinking co-occur.

Predictive validity results for the correct identification of problems (sex-related and non-sex related problems) are presented in Table 4. Table 4 shows the percentage of offenders that had or admitted to having problems and who scored in the problem risk range on the selected SAI scales in comparison to offenders who scored in the low risk range. For the Alcohol and Drugs Scales problem behavior means the offender had alcohol or drug treatment.

These predictive validity results were as follows. The Sexual Adjustment Scale correctly identified 99.6 percent or 251 of the 252 offenders who admitted they had serious sexual adjustment problems. The Child Molest Scale identified 97.6 percent or 856 of the 877 offenders who had been arrested for child molestation. The Rape Scale identified 100 percent of the 1,059 offenders who had been arrested for sexual assault or rape. The Incest Scale was 100 percent accurate at identifying the 518 participants who admitted to having sex with a non-spouse family member. The Exhibitionism Scale identified all of the 203 offenders who admitted being an exhibitionist. These results support the validity of the SAI sex-related scales.

The predictive validity results for the non-sex related scales were as follows. The Violence Scale correctly identified 100 percent of the 688 participants who reported being arrested for assault, domestic violence or a violent crime. The Antisocial Scale identified 100 percent of the 574 offenders who admitted to antisocial thinking and behavior. The Alcohol Scale correctly identified all of the 634 offenders who reported having been in treatment for their drinking problem. The Drugs Scale identified all of the 395 offenders who had been treated for drug problems. The Distress Scale identified all of the 303 participants who stated they were in counseling or treatment for anxiety or depression. The Judgment Scale identified all of the offenders who admitted that they did not have a lot of common sense or usually did not make good decisions. These result provide some support for the validity of the non-related scales.

Table 4. Predictive Validity of the SAI

SAI Scale	Correct Identification of Problem Behavior
Sexual Adjustment	99.6%
Child Molest	97.6%
Rape	100%
Incest	100%
Exhibitionism	100%
Alcohol	100%
Drugs	100%
Violence	100%
Antisocial	100%
Distress	100%
Judgment	100%

For ease in interpreting sex offender risk, SAI scale scores were divided into four risk ranges: low risk (zero to 39th percentile), medium risk (40 to 69th percentile), problem risk (70 to 89th percentile), and severe problem risk (90 to 100th percentile). By definition the expected percentages of offenders scoring in each risk range (for each scale) is: low risk (39%), medium risk (30%), problem risk (20%), and severe problem risk (11%). Scores at or above the 70th percentile would identify offenders as having problems.

The above predictive validity results support these particular percentages. The 70th percentile cut off for problem identification correctly classified 97 percent or more of problem offenders. The 39th percentile cut off for low risk was had only three percent of participants who admitted to problems. The low risk level of 39 percent avoids putting a large percentage of offenders into a “moderate” range.

Risk range percentile scores were derived by adding points for test items, truth-correction points and criminal history points, if applicable. These raw scores are converted to percentile scores by using cumulative percentage distributions. These results are presented in Table 5. Risk range percentile scores represent degree of severity. Analysis of the SAI risk range percentile scores involved comparing the offender’s obtained risk range percentile scores to predicted risk range percentages as defined above. These percentages are shown in parentheses in the top row of Table 5. The actual percentage of offenders falling in each of the four risk ranges, based on their attained risk range percentile scores, was compared to these predicted percentages. The differences between predicted and obtained are shown in parentheses.

Table 5. Accuracy of SAI Risk Range Percentile Scores

Scale	Low Risk (39%)		Medium Risk (30%)		Problem Risk (20%)		Severe Problem (11%)	
	Mean	SD	Mean	SD	Mean	SD	Mean	SD
Test-item Truthfulness	40.8	(1.8)	28.1	(1.9)	20.6	(0.6)	10.5	(0.5)
Sex-item Truthfulness	37.5	(1.5)	33.4	(3.4)	18.1	(1.9)	11.0	(0.0)
Sexual Adjustment	40.0	(1.0)	30.3	(0.3)	18.7	(1.3)	11.0	(0.0)
Child Molest Scale	39.4	(0.4)	28.9	(1.1)	20.3	(0.3)	11.4	(0.4)
Rape Scale	38.3	(1.7)	29.2	(0.8)	20.8	(0.8)	11.7	(0.7)
Incest Scale	37.6	(1.3)	33.6	(3.6)	18.0	(2.0)	10.8	(0.2)
Exhibitionism Scale	37.1	(1.9)	32.1	(2.1)	20.6	(0.6)	10.2	(0.8)
Alcohol Scale	41.3	(2.3)	27.1	(2.9)	20.7	(0.7)	10.9	(0.1)
Drugs Scale	38.1	(1.9)	32.5	(2.5)	18.2	(1.8)	11.2	(0.2)
Violence Scale	39.9	(0.9)	29.6	(0.4)	19.8	(0.2)	10.7	(0.3)
Antisocial Scale	39.3	(0.3)	27.7	(2.3)	23.3	(3.3)	9.7	(1.3)
Distress Scale	39.6	(0.6)	30.7	(0.7)	19.2	(0.8)	10.5	(0.5)
Judgment Scale	39.5	(0.5)	31.4	(1.4)	18.9	(1.1)	10.2	(0.8)

As shown in Table 5, the objectively obtained percentages of participants falling in each risk range were very close to the expected percentages for each risk category. All of the obtained risk range percentages were within 3.6 percentage points of the expected percentages and many (31 of 52 possible) were within one percentage point. Only three obtained percentages (Sex-item Truthfulness Scale for medium risk, Incest Scale for medium risk and Antisocial Scale for problem risk) were more than three percent from the expected percentages and these were within 3.6 percent of the predicted. These results demonstrate that risk range percentile scores are accurate.

Table 6. Comparisons between Males and Females

SAI Scale	Males			Females			T-value
	Mean	SD	Max	Mean	SD	Max	
Test-item Truthfulness	7.66	5.38	21	6.82	5.10	21	t = 1.79
Sex-item Truthfulness	8.44	4.65	19	10.13	5.25	19	t = 3.69*
Sexual Adjustment	14.35	11.45	52	10.10	11.05	47	t = 4.26*
Child Molest Scale	9.03	8.34	34	7.66	7.79	32	t = 2.00***
Rape Scale	5.45	5.44	34	5.04	5.17	26	t = 0.85
Incest Scale	1.02	1.97	7	1.52	2.29	7	t = 2.53**
Exhibitionism Scale	1.55	2.97	18	1.10	2.18	13	t = 2.28***
Alcohol Scale	6.38	9.92	38	5.10	8.36	35	t = 1.75
Drugs Scale	4.01	7.22	34	4.62	8.00	32	t = 0.88
Violence Scale	3.98	5.42	33	3.85	5.28	27	t = 0.28
Antisocial Scale	2.02	2.84	18	1.90	2.77	15	t = 0.48
Distress Scale	6.37	7.28	29	9.63	8.61	27	t = 4.36*
Judgment Scale	3.17	2.75	17	3.15	2.77	14	t = 0.08

* Significant at the $p < .001$ level. ** Significant at $p < .01$. *** Significant at $p < .05$.

Gender differences between male and female scale scores are shown in Table 6. These results demonstrated that males scored significantly higher than females on most SAI sex-related scales. Males scored higher than females on the Rape Scale, although the difference was not statistically different. The Sex-item Truthfulness, Incest and Distress scales showed that females scored significantly higher than males. The differences between males and females on the Test-item Truthfulness, Alcohol, Drugs, Violence, Antisocial and Judgment scales were not significant. On all SAI scales the maximum scale scores for the females were either the same as the males or they were lower.

These gender comparisons were tempered by the fact that there were many more male offenders than female offenders in this study. It is likely that with the inclusion of more female offenders the comparisons on most scales would indicate that males score significantly higher than females. It is interesting that females tend to minimize their sex-related problems more than do males. These findings point out that sex offender assessment should take into account the gender of the offender and that separate risk range scoring procedures for males and females are needed.

Conclusions

This study demonstrated that the SAI is a reliable and valid assessment test for sex offenders. Reliability results showed that all thirteen SAI scales were highly reliable. Reliability is necessary in sex offender screening tests for accurate measurement of offender risk.

Discriminant validity analyses demonstrated that multiple offenders (had prior sex-related arrests) scored significantly higher than offenders with one or no prior arrest. Predictive validity analyses demonstrated that the SAI identified sex offenders who had sex-related (sex adjustment, child molest, rape, incest and exhibitionism) and non-sex related (violence, antisocial, substance abuse, distress and judgment) problems. Furthermore, obtained risk range percentages on all SAI scales very closely approximated predicted percentages. These results support the validity of the SAI.

Correlation results show that problems with sex adjustment, child molest, sexual assault, incest and exhibitionism co-exist in sex offenders. Additionally, violence, antisocial thinking, substance abuse, distress and judgment also are concomitant problems in sex offenders. Identification of these problems and prompt interventions that target these problems can reduce a sex offender's risk of recidivism or future sexual deviance. Correlation results also show that sex offenders' criminal history alone is not a good predictor.

An important decision regarding sex offenders is what supervision level and/or intervention programs are appropriate for the offender. The SAI can be used to tailor intervention (levels of supervision and treatment) to each sex offender based upon their assessment results. Low scale scores are associated with low levels of supervision as well as low levels of intervention and treatment, whereas high scale scores relate to more intense intervention/treatment recommendations and levels of supervision. Placing sex offenders in appropriate treatment can enhance the likelihood that an offender will complete treatment, benefit from program participation and change their sexual abusive behavior.

This study supports the reliability and validity of the SAI. The next level of research is the development of a predictor equation for sex offender recidivism. Many offender risk (criminal history) and needs (SAI scale scores) predictor variables are contained in the SAI.



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