THE SEX OFFENDER

ISSUES IN ASSESSMENT, TREATMENT, AND SUPERVISION OF ADULT AND JUVENILE POPULATIONS

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Sex Offender Tests-
SAI and SAI-Juvenile

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OVERVIEW

Increased public awareness of sexual abuse as a growing problem in our society has led to an increased need for sex offender screening and, as warranted, intervention and treatment. Public awareness and concern has led to escalating demands for accountability, which has placed new professional responsibilities on people working with sex offenders.

One aspect of this responsibility is evaluation (screening, assessments, or testing). Assessment-perhaps, better stated "problem identification" with measured "problem severity"-is a necessary prerequisite for effective sex offender treatment. The evidence demonstrates that matching offenders to appropriate treatment programs and incorporating cognitive and behavioral techniques reduces recidivism by 15 percent (Andrews & Bonta, 1994; Andrews, et al., 1989; Carey, 1997). Thus any measure that enhances the appropriate pairing of treatment to the particular needs of the offender will enhance the effectiveness of the process. This chapter discusses two assessment devices that facilitate crucial treatment and supervision decisions: the Sexual Adjustment Inventory (SAI) and the SAI-Juvenile.

INTRODUCTION

There are different approaches to sex offender evaluation (screening, assessment, testing), and the role of these assessments must not be taken for granted. After all, referral and treatment decisions are largely based on the test findings, and risk assessment results can improve decision making (Hudson, Wales, & Ward, 2002). Indeed, many health care professionals now espouse the virtues of "assessment driven treatment" (Davignon, 2003a; Gendreau, Little & Goggin, 1996; Hanson, 2000) and "evidence based practices" (Drake et al., 2001).

Concurrently, courts, assessors, counselors, therapists and treatment staff (along with other health care professionals) are now asked to document or otherwise verify their actions. Intuition, hunches, interviews, and poorly constructed questionnaires are now considered unacceptable sex offender evaluations. Moreover, the justice system and other professionals insist upon valid, reliable, and accurate sex offender tests. The purpose of screening is to identify people with problems serious enough to warrant counseling or treatment referral. And when problems are present, it is important to measure their severity. Contingent upon these test results, clients (offenders, patients) are referred to appropriate types and levels of treatment. The assumption is that, as with emergency room triage, patients with serious problems are referred to intensive treatment programs. Or are they?

Andrews, Bonta and Hoge (1990) pointed out that placing offenders (patients) in wrong "treatment intensity" programs is detrimental to both the offender (patient) and society. Placing low-risk offenders in high-risk intensity treatment programs contributes to an unusually high relapse rate. In contrast, low-risk offenders were better served in low-intensity treatment programs, and similar results were demonstrated with high-risk offenders. These findings emphasize the importance of identifying problems accurately and correctly measuring problem

severity. Researchers have investigated sexual recidivism risk factors (Beech, Friendship, Erikson, & Hanson, 2002; Dempster & Hart, 2002; Hudson et al., 2002; Thornton, 2002) such as antisocial attitudes, violence potential, and substance abuse. As noted previously, matching treatment to an offender's specific needs in a cognitive-behavioral treatment program greatly reduces the risk of recidivism, by 15 percent, to 50 percent (Andrews & Bonta, 1994; Andrews, et al., 1989; Carey, 1997). Thus it is incumbent upon treatment professionals and program administrators to accurately assess these risks and needs.

Most evaluators know that the interview is still widely used for assessment despite its paradoxical lack of reliability and validity. Several literature reviews have pointed out the poor performance of the interview, when used alone, for problem identification (i.e., diagnosis) or prediction of recidivism (Avery & Cannon, 1992; Zimmerman, 1994), and most experienced evaluators agree that the interview is not a defensible technique for making diagnostic or treatment decisions. Reasons for this impaired reliability are many and include different interviewer personalities, equivocal motivation, and dissimilar training. Moreover, interviewers must repeat, paraphrase and probe for answers, a process that introduces even more subjectivity into the process. In contrast, there are objective and standardized tests. Unfortunately, all tests are not equal.

Ward & Stewart (2003) discuss the importance of assessing the "primary constructs" (e.g., sexual adjustment), while concurrently assessing criminogenic needs. Particular criminogenic needs, such as substance (alcohol and other drugs) abuse, antisocial attitudes, violence potential, perceived distress, and poor judgment, are relevant to sex offender assessment and are amenable to change (Hanson, 2002; Peugh & Belenko, 2001; Ward & Stewart, 2003). Such cognitive and behavioral changes are often necessary for rehabilitation success and recidivism reduction (Aytes, Olsen, Zakrajsek, Murray and Ireson, 2001). This approach provides the evaluator with the information needed to make informed referral and treatment decisions.

Multiple scaled tests designed for specific offender (patient) groups and standardized (normed) on that client population sets standards for scale inclusion, in that each scale must contribute to better understanding of the person (offender, patient, client) being evaluated.

This chapter describes an adult and a juvenile sex offender test that can help practitioners answer some of these critical assessment questions. Selected tests include the Sexual Adjustment Inventory (SAI) and the SAI-Juvenile.

SEXUAL ADJUSTMENT INVENTORY SCALES

The SAI is an automated (computer-scored with reports printed onsite in two and a half minutes) assessment instrument or test that identifies sexually deviate and paraphiliac behavior in people accused or convicted of sexual offenses. It has 214 items and takes forth-five minutes to an hour to complete.

The SAI contains thirteen scales (measures), six sex-related scales and seven non-sex-related commonly associated with sex offenders' problematic attitudes and behavior.

SEX-RELATED SCALES

Sex Item Truthfulness Scale. The Sex Item Truthfulness Scale measures how truthful the client was while answering sex-related questions. The SAI presents a very open and candid approach

to sex-related items and makes no attempt to trick or deceive the client; consequently, sex-related items are easily recognized. Sometimes sex offenders who want to minimize sex-related problems answer non-sex-related questions honestly, but minimize problems or even lie when answering sex-related questions. In these cases (denial, attempts to minimize problems, or "fake good") this scale detects the client's attempts to deceive, lie, or deny because it has been correlated with all the SAI sex-related scales, enabling scale scores to be "truth-corrected." Each sex-related scale's proprietary conversion equation transforms each scale's raw scores into truth-corrected scores, which are more accurate than raw scores.

Sex Item Truthfulness Scale scores in the 70^{th}-89^{th} percentile range reflects problem minimizing, whereas scores in the 90^{th}-100^{th} percentile range are so severe they invalidate the test and negate all other sex-related scale scores. Scores at or below the 89^{th} percentile suggest that all sex-related scale scores are accurate.

Sexual Adjustment Scale. The Sexual Adjustment Scale measures the client's self-reported sexual adjustment. High scores reveal sexual dissatisfaction in a person who has an unsatisfying sex life (i.e., high scorers don't like their sexual adjustment). The Sexual Adjustment Scale includes sex-related items with which most people in our society would agree or disagree. Norming the scale on both normals and deviates allows comparison scoring. The higher the score, the greater the impairment.

Child (Pedophile) Molest Scale. The Child (Pedophile) Molest Scale measures a person's sexual interests, urges, and fantasies involving prepubescent children. Pedophilia is a pathological sexual interest in children, and the child molester is often unable to comprehend the reasons for his or her actions. Isolated sexual acts with a child do not necessarily warrant the classification of pedophilia. These circumstances often make accurate classification difficult.

Problem risk range (70^{th}-89^{th} percentile) scorers have a greater than average interest in young boys and/or girls. Severe Problem (90^{th}-100^{th} percentile) risk scorers have an abnormal interest in children (young boy and/or girls). Consequences associated with severe problem (90^{th} -100^{th} percentile) scores on this scale vary according to the evaluation's purpose (e.g., pedophile classification, referrals to a licensed mental health professional for a diagnosis and treatment plan, probation or incarceration decision making, and selection of treatment alternatives).

Sexual (Rape) Assault Scale. The 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. It is often accompanied by force or the threat of force. Problem risk range (70^{th}-89^{th} percentile) scorers on this scale have more than an average interest in aggressive sex and often fantasize about forceful sex against the will of their partner. They are capable of sexual assault. Severe problem (90^{th}-100^{th} percentile) risk scorers have a high probability of sexual assault.

Exhibitionism Scale. The Exhibitionism Scale measures a person's need to expose his or her sex organs to unsuspecting individuals. Exhibitionists are often identified by the repetitive, compulsive, and patterned nature of their acts. An elevated (70^{th} percentile or higher) Exhibitionism Scale score identifies people with exhibitionistic tendencies. Severe Problem (90^{th}-100^{th} percentile) scorers have a high probability of being exhibitionists.

Incest Scale. The Incest Scale measures incestuous behavior, (i.e., having coitus between persons related by blood or marriage-e.g., parents, siblings, or children); non-coitus forms of sexual intercourse do not constitute incest. Problem risk range (70^{th}-89^{th} percentile) scorers on this scale are interested in incest. Severe problem (90^{th}-100^{th} percentile) scorers have a high probability of incestuous behavior. Note: It is important when treating a person engaging in incest to determine if the client is the aggressor or the victim.

NON-SEX-RELATED SCALES

Test Item Truthfulness Scale. As with the similar scale for sex-related items, the Test Item Truthfulness Scale measures how truthful the client was while answering non-sex-related items. Clients can distinguish between sex-related and non-sex-related items, and some clients might only minimize or lie in responding to non-sex-related items. The Test Item Truthfulness Scale is correlated with all non-sex-related scales. Each scale's proprietary conversion equation transforms its raw scores to truth-corrected scores. Thus, raw scores reflect what the client wants the examiner to know; truth-corrected scores are more accurate than raw scores. Test Item Truthfulness Scale scores at or below the 89^{th} percentile mean that all non-sex-related scales are accurate because they have been truth-corrected. **S**cores in the severe problem range (90^{th}-100^{th} percentile), however, indicate that all non-sex-related scale scores are inaccurate and invalid.

Comparison of the Test Item Truthfulness Scale score with the Sex Item Truthfulness Scale score can provide considerable insight regarding the client's test-taking motivation. The higher of these two scores usually represents the client's greatest area of concern.

Alcohol Scale. The Alcohol Scale measures alcohol (beer, wine, and other liquors) use and the severity of abuse. An elevated (70^{th}-89^{th} percentile) Alcohol Scale score is indicative of an emerging drinking problem; a score in the severe problem range (90^{th}-100^{th} percentile) identifies serious drinking problems.

In intervention and treatment settings, the Alcohol Scale score helps staff work through client denial. Most clients accept the objective and standardized Alcohol Scale score as accurate and relevant. This is particularly true when it is explained that elevated scores don't occur by chance. Clients must show a definite pattern of alcohol-related admissions for an elevated score to occur.

Drugs Scale. The Drugs Scale measures drug use and the severity of abuse. Drugs refer to illicit substances-marijuana, crack, cocaine, ice, amphetamines, barbiturates, ecstasy, and heroin. An elevated (70^{th}-89^{th} percentile) Drugs Scale score is indicative of an emerging drug problem; a score in the severe problem range (90^{th}-100^{th} percentile) identifies serious illicit drug abusers.

Violence (Lethality) Scale. The Violence (Lethality) Scale measures the client's use of physical force to injure, damage, or destroy and identifies people who are dangerous to themselves and others. An ever-present concern when evaluating sex offenders is their violence and lethality potential. An elevated (70^{th}-89^{th} percentile) Violence Scale score is indicative of emerging violent behavior in a potentially dangerous person; a score in the severe problem range (90^{th}-100^{th} percentile) identifies very dangerous individuals. As with the two Truthfulness Scales, Violence Scale findings are of interest when reviewing both sex-related scale and non-sex-

related scale scores. This wide applicability emphasizes the important role of the Violence Scale in the SAI.

Antisocial Scale. The Antisocial Scale measures the attitudes and behaviors of selfish, ungrateful, callous, and egocentric people who seem to be devoid of responsibility and fail to learn from experience. From a social perspective, their conduct often appears hostile with little guilt or remorse. Extreme cases are called sociopaths or psychopaths. An elevated (70^{th}-89^{th} percentile) Antisocial Scale score identifies people in an early antisocial stage of development; a score in the severe problem range (90^{th}-100^{th} percentile) identifies people with severe antisocial attitudes.

Distress Scale. The Distress Scale measures two symptom clusters (anxiety and depression) which, 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). Anxiety is an unpleasant emotional state characterized by apprehension, stress, nervousness, and tension. Depression refers to a dejected emotional state that includes melancholy, dysphoric moods, and despair. Added together, these symptoms lead to a very uncomfortable person who may be overwhelmed and, in extreme cases, on the verge of giving up. An elevated (70^{th}-89^{th} percentile) Distress Scale score identifies hurting individuals that need help; a score in the severe problem range (90^{th}-100^{th} percentile) identifies people that are on the verge of being emotionally overwhelmed. These individuals are often desperate. Consideration might be given to referring such individuals to a certified or licensed mental health professional for a diagnosis, prognosis, and treatment plan.

Judgment Scale. The Judgment Scale measures a person's ability to compare facts or ideas, to understand relationships, and to draw conclusions. As judgment decreases, client risk increases. Judgment is necessary for a person to understand the consequences of his or hers actions. An elevated (70^{th}-89^{th} percentile) Judgment Scale score identifies people that are relatively unaware and easily manipulated or exploited and who, in turn, can act without thinking things through or fully considering consequences. A Judgment Scale score in the severe problem range (90^{th}-100^{th} percentile) reflects a person with very poor judgment who can be easily confused and can often act without full regard to future consequences.

CRITICAL SAI FEATURES

In addition to its comprehensiveness, which allows measurement of many non-sexual attitudes and behaviors important in understanding sex offenders, the SAI has several features of special interest.

THE TRUTHFULNESS SCALES

One of the most distinctive features of the SAI is its two truthfulness scales, described earlier. These two proprietary scales are very important when evaluating sex offenders because many of the people accused of sex offenses are aware of the severe penalties associated with admissions of guilt, let alone sex offender convictions. When evaluated, these individuals often

attempt to minimize, rationalize, and deny their sexual interests and behavior. This is one of the many reasons why sex offender interviews are so lacking and unproductive. These two truthfulness scales enable evaluators to account for an offender's denial, problem minimization, and attempts to "fake good." These two truthfulness scales have been shown to be reliable, valid and accurate (Davignon, 2003b).

Truth-corrected Scores are important for sex offender assessment accuracy. These proprietary truth-correction programs are comparable to the Minnesota Multiphasic Personality Inventory (MMPI) K-scale correction.

EASE OF ADMINISTRATION

The SAI can be administered in several different ways (Behavior Data Systems, n.d.-a):

1. Paper-pencil test booklets in English or Spanish, administered individually or in groups.

2. Administered directly on the computer screen in English or Spanish.

3. "Human Voice Audio" in English and Spanish. This SAI presentation requires a computer, a headset, and simple up-down arrow key instructions. As the client goes from questions to answers, the questions or answers are highlighted on the screen (monitor) and simultaneously read to the client. The SAI can also be administered over the Internet see (*www.online-testing.com*).

Each mode of administration has potential advantages and disadvantages, depending on the particular client and situation. For example, more than 20 percent of tested sex offenders are reading impaired. Client's passive vocabularies (what they hear and understand) are usually greater than their active vocabularies (what they speak). Hearing items read out loud in their native language (English or Spanish) helps reduce both cultural and communication problems.

To verify the accuracy of data input, test data taken from client answer sheets are input twice, and any inconsistencies are highlighted until corrected. Only when the first and the second data entry match or are the same the staff person can continue. It is an understatement to note that it is important to ensure accurate data input for scoring, interpreting, and printing SAI reports.

Note: To meet confidentiality and HIPAA requirements (Health Insurance Portability and Accountability Act, 45 C.F.R. § 164.50 (1996)), test users delete client names from diskettes before they are returned. 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 SAI database for subsequent analysis.

The final SAI report is presented in a readable narrative format (see Exhibit 7.1 at the end of this chapter for a sample report).

SAI-JUVENILE

Over the last fifteen years many evaluators, sex offender therapists, and other professionals have asked for a juvenile version of the SAI. To meet this need the SAI was modified for juvenile sex offender assessment. Its reading level was lowered while concurrently maintaining the integrity of the SAI's thirteen measures or scales. Some of the sexual deviancy language is rather unique and could not be changed. However, wherever possible the language was simplified for juveniles ranging in age from 14 through 18. It should be noted that the SAI-Juvenile is a separate test that was normed and standardized on the juvenile sex offender population. (For a discussion of the SAI-Juvenile, including normative and standardization research and a sample report on the web, see the website *www.sex-offender-tests.com* (Risk & Needs Assessment, Inc., n.d.-a, n.d.-b).)

Two procedures for measuring sexual interest and/or arousal are the penile plethysmograph and the Abel Assessment for Sexual Interest (Abel, 1998) procedure. However, neither of these procedures is appropriate for use in court settings during the guilt-finding phase of juvenile sex offender assessment (California Coalition on Sexual Offending, 2002). Experienced juvenile sex offender evaluators are very aware of juveniles' reluctance to respond to test items, vignettes, sexual fantasies, nude pictures, and inquiries (interview questions) having a sexual connotation. Their reasons for not responding include not wanting to incriminate themselves, apprehensions about direct admissions and further disclosure, and plethysmograph concerns. Regardless of the reason, this reluctance to answer sexually related questions is a formidable hurdle that must be overcome in juvenile sex offender assessment.

The SAI-Juvenile has two truthfulness scales that help overcome this problem. The Test Item Truthfulness Scale and the Sex Item Truthfulness Scale were discussed earlier in relation to the SAI. In brief, these scales are also used to measure denial, problem minimization, and attempts to "fake good" while completing the SAI-Juvenile. One of these scales determines if the youth was truthful while answering sex-related items and the other measures the youth's truthfulness while answering non-sex-related items. These two scales (measures) provide important motivation, attitude, and mind-set information in addition to juvenile truthfulness data. These SAI-Juvenile truthfulness scales correlated highly significantly with the MMPI-2, 16PF (Cattell, Cattell, & Cattell, 1993), ACDI-Corrections Version II (Lindeman, n.d.-a), Juvenile Substance Abuse Profile (Lindeman, n.d.-b), and so on. Much of this research is summarized by Davignon (2002a).

The SAI-Juvenile identifies sexually deviate and paraphiliac behavior in juveniles accused or convicted of sexual offenses. The SAI-Juvenile has 195 items and takes forty-five minutes to an hour to complete. It has the same thirteen scales (measures) as in the adult SAI: the Sex Item Truthfulness Scale, Sexual Adjustment Scale, Child (Pedophile) Molest Scale, Sexual (Rape) Assault Scale, Exhibitionism Scale, Incest Scale, Test Item Truthfulness Scale, Violence (Lethality) Scale, Alcohol Scale, Drugs Scale, Antisocial Scale, Distress Scale and Judgment Scale. These scales were defined earlier for the SAI, and the same definitions apply to the SAI-Juvenile. SAI-Juvenile research has demonstrated that it is an objective, reliable, valid and accurate test. Similarly, the discussion of SAI "Unique Features" is also descriptive of the SAI-Juvenile. For a sample SAI-Juvenile report, see website *www.sex-offender-tests.com* (Risk

& Needs Assessment, Inc., n.d.-a, n.d.b). SAI and SAI-Juvenile research is discussed separately in the following sections. [1] However, the "Scale Interpretations" discussion near the end of this chapter applies to both instruments.

SAI RESEARCH

Population Studied

The validity of the SAI was investigated in a sample of 3,616 adult sex offenders who were administered the SAI as part of their standard intake procedure in court and community service programs (Davignon, 2000b). There were 3,480 males (96.2 percent) and 136 females (3.8 percent). Participant age ranged from 18 through 49 years. 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: Caucasian (78.5 percent), Black (14.1 percent), Hispanic (5.4 percent) and Other (2.0 percent).
- Education: 8th grade or less (7.6 percent), some high school (29.6 percent), High School graduate/GED (41.4 percent), some college (15.3 percent), and college graduate (6.0 percent).
- Marital Status: Married (29.9 percent), Single (43.1 percent), Divorced (18.8 percent), Separated (7.6 percent) and Widowed (0.7 percent).

Criminal histories were obtained from SAI answer sheets, which were completed by the offenders. Participants reported this information and it was verified by staff. Over 87 percent of the participants, or 3,055 offenders, reported having one (present offense) sex-related arrest. Of these 3,055 offenders, 2,940 were males (96.2 percent) and 115 were females (3.8 percent). These offenders were designated Group 1.

Ten percent of the participants had two sex-related arrests, 2 percent had three arrests and 1 percent had four or more sex-related arrests. Offenders with two or more sex-related arrests were designated Group 2. There were 436 offenders (12.5 percent) in Group 2; 423 of the participants were male and 13 were female.

One-fourth of the offenders (participants) had one or more alcohol arrests. Fourteen percent had one or more drug arrests. Just over 60 percent of these offenders had been placed on probation one or more times. Forty percent had been sentenced to jail and 30 percent of the offenders were sentenced to prison one or more times.

Participants completed the SAI as part of the normal intake procedure for court-related services and community service programs. Probation departments also used the SAI to select appropriate levels of supervision and treatment for their sex offenders.

SAI RELIABILITY AND VALIDITY

Table 7.1 presents interitem reliability (alpha) coefficients for the thirteen SAI scales. The professionally accepted standard for acceptable reliability is an alpha coefficient of .80.

All the SAI scales were highly reliable. All scales' alpha reliability coefficients were significant at the $p<.001$ level of significance. These results demonstrate that the SAI is a

reliable sex offender test. All SAI scales have alpha coefficients well above the professionally accepted standard of .80 and are highly reliable.

First Offender vs. Multiple Offender Comparisons. In this study (*N = 3,616*), discriminant validity was demonstrated between Group 1 (first offenders) and Group 2 (multiple offenders). Multiple offenders scored significantly higher than first offenders all on SAI scales, with the exception of the Incest and Truthfulness Scales. Truthfulness Scale findings suggest that all, or most, sex offenders are very defensive and evasive and attempt to "minimize their problems" or "fake good." This defensiveness was apparent in both "first" and "multiple" offenders, with the exception of the Incest Scale.

Table 7.2 set forth the "first offender" versus "multiple offenders" comparisons. It consists of *t*-test comparisons between "first offenders" and "multiple offenders." Comparison of "first offenders" and "multiple offenders" demonstrates impressive discriminant validity. As noted earlier, multiple offenders scored significantly higher than first offenders on most SAI scales. The nonsignificant Incest Scale difference may be due to the publicly abhorrent and offensive nature of incest in our society.

Table 7.1.
SAI Reliability (N=3,616)

SAI Scales	Coefficient Alpha	Significance Level
Test Item Truthfulness	**.88**	*p<.001*
Sex Item Truthfulness	**.85**	*p<.001*
Sexual Adjustment	**.88**	*p<.001*
Child Molest	**.85**	*p<.001*
Sexual Assault	**.86**	*p<.001*
Incest	**.91**	*p<.001*
Exhibitionism	**.89**	*p<.001*
Alcohol	**.93**	*p<.001*
Drugs	**.92**	*p<.001*
Violence	**.85**	*p<.001*
Antisocial	**.89**	*p<.001*
Distress	**.88**	*p<.001*
Judgment	**.86**	*p<.001*

Table 7.2.
Mean SAI Scale Difference, First vs. Multiple Offenders (N=3,616)

SAI Scales	Mean	SD	Max	Mean	SD	Max	t-value
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	37	10.73	9.30	34	*t=4.07**
Sexual Assault	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	19	*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 p<.001; **Significant at p<.01; ***Significant at p<.05

Problem Identification. SAI validity was also demonstrated by the correct identification of problems. The Distress, Alcohol, and Drugs Scales were examined in terms of offenders having participated in prior treatment. The Sexual Adjustment, Exhibitionism, Incest, Antisocial and Judgment Scales were studied in terms of offender self-admissions. The Child (Pedophile) Molest, Sexual (Rape) Assault, and Violence (Lethality) Scales were analyzed in terms of offender's court records (priors). Table 7.3 presents these results. All SAI scales demonstrated impressive accuracy in identifying offender problems, as indicated by the percentage of offenders who had or admitted to having problems and who scored in the problem risk range (70^{th} percentile) or higher. Similarly, offenders scoring in the low risk range did not admit to problems and their records did not reflect prior treatment, arrests, or self-admissions. These results support the validity of the SAI scales.

Table 7.3.
SAI Scale Problem identification (N=3,616)

SAI Scale	Correct Percentage	SAI Scale	Correct Percentage
Sexual Adjustment	99.6	Alcohol	100
Child Molest	97.6	Drugs	100
Sexual Assault	100	Violence	100
Incest	100	Antisocial	100
Exhibitionism	100	Distress	100
		Judgment	100

Admittedly, prior treatment, self-admissions, and court records are not the most ideal comparison criteria, yet after a test has been normed and standardized, utilization of comparison tests for concurrent validity becomes impractical, primarily because of time, cost and inconvenience. Yet, this database analysis does support the validity of the SAI: the lowest correct identification percentage is 97.6 percent, and most scales have a 100 percent correct identification percentage.

Accuracy. Accuracy was demonstrated by comparing predicted scale score distributions for the study sample with attained scale scores. Predicted distributions are divided into four risk ranges: low risk (zero-39th percentile), medium risk (40th-69th percentile), problem risk (70th-89th percentile), and severe problem risk (90th-100th percentile). As shown in Table 7.4, attained percentages in each risk range were very close to their predicted risk range percentages. These results further support SAI validity, and they demonstrate that risk range percentile scores are accurate.

Risk range percentile scores were derived by adding test item points, truth-correction points, and criminal history points when applicable. These raw scores were converted to percentile scores. Predicted risk range percentages are presented in each column heading next to the risk range label. The percentage of attained scores in each in each risk range is shown for all SAI scales (to the right of SAI scale names). The observed percentages (to the right scale names) of offender attained scores in each risk range were compared to the predicted percentages (at the top of each risk range column) and the difference is presented in bold parentheses to the right of the observed or attained percentage (between predicted and attained scored). For example, looking at the Sexual Adjustment Scale and going across the table (from left to right), you have an attained low risk score of 40.0, an attained medium risk score of 30.3, an attained problem risk score of 18.7, and an attained severe problem score of 11.0. To the right of each attained percentage in bold parentheses is the difference between the predicted and attained percentages. Again with regard to the Sexual Adjustment Scale and reading from left to right, the following differences between predicted and attained percentages are as follows: low risk (1.0), medium risk (0.3), problem risk (1.3), and severe problem (0.0).

All attained percentages are within 3.6 percent of the predicted percentages. A majority of the attained percentages, actually thirty-one of the possible fifty-two comparisons, fall within one percentage point of the predicted percentage.

Table 7.4
SAI Scale Accuracy (N=3,616)

SAI Scale	Low Risk (39%)		Medium Risk (30%)		Problem Risk (20%)		Severe Problem (11%)	
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)**

Summary. This research demonstrates that the SAI is a reliable, valid, and accurate sex offender assessment instrument or test. Discriminant validity analysis showed that multiple offenders typically scored significantly higher than first offenders. Validity analysis also demonstrated that SAI identified offenders with elevated scale scores had corresponding or related problems. Furthermore, attained risk range percentages on all SAI scales closely approximated predicted percentages. These results further support SAI validity and accuracy.

SAI-JUVENILE RESEARCH

SAI-Juvenile research began in 1985. Several studies have been conducted on thousands of juvenile sex offenders using several validation methods. Early studies involved concurrent

validity (MMPI, Adolescent Chemical Dependency Inventory, ACDI-Corrections Version II, 16PF, Domestic Violence Inventory-Juvenile, Juvenile Substance Abuse Profile, etc.). Much of this research is reported by Davignon (2000a, 2002b, 2002, 2003a, 2003b). Subsequent database research continues to support SAI-Juvenile validity, reliability and accuracy.

RECENT STUDY SAMPLE DEMOGRAPHICS

The validity, reliability and accuracy of the SAI-Juvenile was investigated in a study of 766 juvenile sex offenders tested with the SAI-Juvenile (Davignon, 2002). Data for this study were provided by court evaluators, juvenile probation departments and community service agencies. The demographic composition of this sample was:

- Race: Caucasian (70.7%), Black (21.3%), Hispanic (4.3%) and Other (2.4%).
- Education: Sixth grade or less (13.1%), 7th grade (16.1%), 8th grade (19.8%), 9th grade (24.4%), 10th grade (15.6%), 11th grade (7.3%), High School graduate (2.7%) and some college (1.0%).

Just over 7 percent of juvenile sex offenders had one or more alcohol arrests; over 12 percent had one or more drug arrests. Just over 63 percent of the juveniles had been placed on probation one or more times; 53 percent of the sample had been placed in juvenile confinement.

Participants completed the SAI-Juvenile as part of the intake procedure in court service, community service, and sex offender treatment programs. Probation departments used the SAI-Juvenile to determine appropriate levels of supervision and treatment.

Reliability

Table 7.5 presents inter-item reliability (alpha) coefficients for the thirteen SAI-Juvenile scales. All alpha reliability coefficients for all SAI-Juvenile scales are at or above .83, well above the professionally accepted standard of .80 and are reliable, and all coefficients alphas are significant at the $p<.001$ level, demonstrating that the SAI-Juvenile is a reliable test for juvenile sex offender assessment.

Table 7.5

Reliability of the SAI-Juvenile (N=766, 2002)

SAI-Juvenile Scales	Coefficient Alpha	SAI-Juvenile Scales	Coefficient Alpha
Test Item Truthfulness	**.86**	Alcohol Scale	**.92**
Sex Item Truthfulness	**.85**	Drugs Scale	**.92**
Sexual Adjustment Scale	**.83**	Violence Scale	**.86**
Child Molest Scale	**.83**	Antisocial Scale	**.83**
Sexual Assault Scale	**.86**	Distress Scale	**.83**
Incest Scale	**.83**	Judgment Scale	**.83**
Exhibitionism Scale	**.89**		

Discriminant Validity Results

Table 7.6 presents discriminant validity results. Comparison of SAI-Juvenile scale scores between Group 1 (first offenders) and Group 2 (multiple offenders) shows that Group 2 scored significantly higher than Group 1 on nearly all SAI-Juvenile scales. Child (Pedophile) Molest scores are nearly identical for both Groups 1 and 2. In this case both groups may have been equally concerned about the consequences associated with Child (Pedophile) Molest. Incest Scale scores were low for both offender groups, which may reflect the small number of offenders who admitted to incestuous behavior. Incest presents as an all-or-none distribution in that the client (offender, patient) either admits to it or does not. The abhorrence of incestuous behavior in urban settings may be overwhelming. In other words, members of both Groups 1 and Group 2 may have found incestuous behavior repugnant. With regard to the Judgment Scale, both groups (first and multiple sex offenders) seem to have equally impaired judgment.

Table 7.6

Comparison Between First & Multiple Offenders (N=766, 2002)

	Group 1			Group 2			
SAI-Juvenile Scale	**Mean**	**SD**	**Max**	**Mean**	**SD**	**Max**	**T-Value**
Test Item Truthfulness	5.59	4.49	21	4.41	4.27	21	t=3.61*
Sex Item Truthfulness	9.48	4.39	19	7.76	4.57	19	t=5.22*
Sexual Adjustment Scale	19.97	15.49	51	23.31	14.29	52	t=2.99*
Child Molest Scale	6.84	6.48	34	6.74	7.03	34	t=4.18*
Sexual Assault Scale	5.93	6.47	33	8.37	8.64	34	t=3.11*
Incest Scale	1.01	1.97	7	1.09	2.0	7	t=8.21*
Exhibitionism Scale	1.43	2.32	18	2.04	2.83	18	t=8.96*
Alcohol Scale	4.41	9.36	38	25.07	7.72	38	t=8.70*
Drugs Scale	6.06	10.39	34	23.27	8.23	33	t=8.37*
Violence Scale	12.26	11.23	33	19.00	9.03	33	t=1.91***
Antisocial Scale	6.70	5.22	18	10.25	6.01	18	N.S.
Distress Scale	10.66	10.39	29	11.97	6.98	29	t=1.91***
Judgment Scale	5.00	8.58	17	4.44	2.58	16	N.S.

*Significant at p<.001 level, *** significant at p<.05. Alcohol and Drugs Scale offender status based on alcohol-related arrests for the Alcohol Scale and drug-related arrests for the Drugs Scale.

These discriminant validity results support the validity of the SAI-Juvenile. Multiple offenders believed to have severe problems scored significantly higher on most scales than first offenders. Distress Scale results indicate that multiple arrest offenders have impaired stress

coping abilities when compared to first offenders. In other words, multiple arrest offenders do not handle stress as well as first offenders.

Predictive Validity

Table 7.7 presents predictive validity results for the correct identification of problems (sex-related and non-sex-related). The table shows the percentage of offenders who admitted problems and who also scored in the problem risk range.

The Sexual Adjustment Scale correctly identified 97.4 percent (75 of 79 offenders) who admitted to serious sexual adjustment problems; the Child (Pedophile) Molest Scale correctly identified all 175 offenders who had been arrested for child molestation; the Sexual (Rape) Assault Scale identified all 11 offenders who had forced someone to have sex; the Incest Scale correctly all 155 offenders who had sex with a close family member; the Exhibitionism Scale correctly identified all 150 offenders who were arrested for exhibitionism. These results support the validity and accuracy of the SAI-Juvenile sex-related scales.

Table 7.7

Reliability of the SAI-Juvenile, N=766, 2002

SAI-Juvenile Scales	Correct Identification of Problems	SAI-Juvenile Scales	Correct Identification of Problems
Sexual Adjustment	**97.4%**	Alcohol Scale	**100%**
Child (Pedophile) Molest	**100%**	Drugs Scale	**100%**
Sexual (Rape) Assault	**100%**	Violence Scale	**98.4%**
Incest Scale	**100%**	Antisocial Scale	**93.0%**
Exhibitionism Scale	**100%**	Distress Scale	**92.5%**
		Judgment Scale	**89.7%**

As for the non-sex-related scales, the Violence (Lethality) Scale correctly identified 98.4 percent (123 of the 125 offenders) who admitted to being violent; the Antisocial Scale correctly identified 93 percent (119 of 128) who admitted to antisocial behavior; the Alcohol Scale correctly identified all 59 offenders who admitted having drinking problems; the Drugs Scale correctly identified all 130 offenders who admitted to having a drug problem; the Distress Scale correctly identified 92.5 percent (136 of 147) of offenders who admitted being in counseling/treatment for anxiety and depression; the Judgment Scale correctly identified 89.7 percent (61 of 68) who admitted they didn't know right from wrong.

These results provide support for the validity and accuracy of the SAI-Juvenile non-sex-related scales. Taken together these results strongly support the validity and accuracy of the SAI-Juvenile.

SAI-Juvenile scale scores are divided into four risk ranges: low risk (0-39th percentile), medium risk (40th-69th percentile), problem risk (70th-89th percentile), and severe problem risk (90th-100th percentile). By definition the expected percentage of offenders scoring in each scales risk range is: low risk (39 percent), medium risk (30 percent), problem risk (20 percent), and severe problem risk (11 percent).

Accuracy

Table 7.8 compares attained risk range percentile with predicted risk range percentiles. Predicted percentages are set forth at the top of the table under the risk range – that is, low (39 percent), medium (30 percent), problem (20 percent), and severe problem (11 percent). SAI-Juvenile scales are listed on the left side of the table. Then under each risk range are listed the attained percentage next to each scale's name. Numbers in bold parenthesis are the percentage difference between the attained scale score and the predicted scale score.

Table 7.8

Accuracy of SAI-Juvenile Risk Range Percentile Scores

SAI-Juvenile Scales	Low Risk (39%)		Medium Risk (30%)		Problem Risk (20%)		Severe Problem (11%)	
Test Item Truthfulness	36.8	**(2.2)**	29.3	**(0.7)**	22.3	**(2.3)**	11.6	**(0.6)**
Sex Item Truthfulness	39.8	**(0.3)**	30.5	**(0.5)**	20.0	**(0.0)**	10.8	**(0.2)**
Sexual Adjustment	38.7	**(0.3)**	30.5	**(0.5)**	20.0	**(0.0)**	10.8	**(0.2)**
Child Molest Scale	38.3	**(0.7)**	28.8	**(1.2)**	21.6	**(1.6)**	11.3	**(0.3)**
Rape Scale	39.3	**(0.3)**	30.2	**(0.2)**	19.8	**(0.2)**	10.7	**(0.3)**
Incest Scale	41.4	**(2.4)**	28.6	**(1.4)**	17.4	**(2.6)**	12.6	**(1.6)**
Exhibitionism Scale	40.5	**(1.5)**	29.6	**(0.4)**	18.9	**(1.1)**	11.0	**(0.0)**
Alcohol Scale	37.5	**(1.5)**	31.6	**(1.6)**	19.3	**(0.7)**	11.6	**(0.6)**
Drugs Scale	37.1	**(1.9)**	32.7	**(2.7)**	19.8	**(0.2)**	10.4	**(0.6)**
Violence Scale	39.0	**(0.0)**	30.0	**(0.0)**	20.4	**(0.4)**	10.6	**(0.4)**
Antisocial Scale	38.9	**(0.1)**	28.6	**(1.4)**	21.9	**(1.9)**	10.6	**(0.4)**
Distress Scale	38.1	**(0.9)**	31.5	**(1.5)**	20.1	**(0.1)**	10.3	**(0.7)**
Judgment Scale	38.5	**(0.5)**	29.8	**(0.2)**	20.9	**(0.0)**	11.7	**(0.7)**

Table 7.8 shows that the attained percentage of offenders falling in each risk range very closely approximates the predicted percentage for each risk category. All the attained risk range percentages were within 2.7 percentage points; thirty-five of fifty-two possible comparisons were within one percentage point of the predicted percentages.

The 70^{th} percentile cutoff for problem identification (70^{th}-89^{th} percentile) correctly classified 90 percent or more of problem offenders. The 39^{th} percentile cutoff (0-39^{th} percentile) for low risk is so accurate that only 3 percent of offenders who even admitted to a problem were included. The low risk (0 to 39^{th} percentile) level representing 39 percent of the offenders avoids erroneously putting a large percentage of offenders into the "moderate" range. Analysis of Table 7.8 strongly supports the accuracy of the SAI-Juvenile.

SCALE INTERPRETATION

The SAI and the SAI-Juvenile assess attitudes and behaviors that contribute to meaningful sex offender profiles. The thirteen scales collect a vast amount of information that is important in sex offender evaluation. Each SAI and SAI-Juvenile scale measures the severity of assesses problems. Space limitation precludes a complete discussion of "scale interpretation." Consequently, this section focuses on independent scale interpretation and simplifying the concept of scale interrelationships.

Sex Offender Screening

Screening or assessment instruments filter out individuals with serious problems who may require adjusted supervision levels or referral for further evaluation and, where warranted, treatment. This filtering system works on both the SAI and the SAI-Juvenile. As shown in table 7.9, a "problem" is not identified until a scale score is at the 70th percentile or higher. These risk range percentiles are based on a test's normative (standardization) sample, database research, psychometric literature and experience. This procedure avoids extremes, such as, over identification and under identification of problems. An "elevated" score is indicative of a problem. It is a problematic (indicative of emerging problems) score at or above the 70th percentile. A "severe problem" scale score is at or above the 90th percentile.

There are several levels of SAI scale interpretation ranging from viewing the SAI as a self-report to interpreting scale elevations and scale interaction between sexual deviate/paraphiliac scales and non-sex-related item scales. These interrelationships are often influenced by myriad offender characteristics (attitude, personality, and behavior) and situations or specific factors that brought the sex offender to the court or assessor's attention. Sex offender assessment is particularly complex, involving clinical considerations (victim, family, and perpetrator), concern about harm to others (victims and society), and legal issues.

Table 7.9
SAI Risk Ranges

Risk Category	Risk Range Percentile	Total Percentile
Low Risk	0 - 39%	39%
Medium Risk	40 - 69%	30%
Problem Risk	70 - 89%	20%
Severe Problem	90 -100%	11%

Interactions of SAI Scales

The SAI and SAI-Juvenile measure a wide variety of attitudes and behaviors that are important for sex offender understanding, in addition to identifying sexual deviates and paraphilias, as discussed earlier in this chapter. In addition to the sex-related scales, the assessor (evaluator or screener) should review all other SAI scale scores to identify codeterminants and stressors. For example, a client could have an elevated (70th percentile or higher) Sexual

Adjustment Scale score along with other sexually deviate scores. The "other" elevated scale score(s) could add guilt, concern, or distress to the client'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. And concerns about one's sexual adjustment can be exacerbated by other elevated non-sex-related scale scored like the Alcohol Scale, Drugs Scale, Violence Scale, Antisocial Scale, Distress Scale and Judgment Scale.

The impact of these non-sex-related scales on the Sexual Adjustment Scale can be rather direct (e.g., alcohol, drugs, and violence) or more cognitive (e.g., antisocial thinking or judgmental logic) and emotional (e.g., distress).

The role of non-sex-related SAI scale scores becomes apparent in court-related sexual assault evaluations. For example, substance (alcohol and other drugs) abuse, violence (lethality) potential, and a person's judgment are common areas of related inquiry. The thirteen SAI scales were selected because they provide important information on their own merits and in terms of their relationships with each other.

Other elevated (70^{th} percentile and higher) SAI scale scores, in conjunction with an elevated Sexual Assault Scale score, can provide insight into the client's situation while identifying important areas for subsequent inquiry. For example, a Severe Problem score on the Violence Scale in conjunction with an elevated Sexual Assault Scale score would influence the direction of the assessment. Then add an elevated Alcohol Scale or Drugs Scale score and you can see how these scales interrelate. In this example, the client is violent in life as well as in their sexual relationships. All that is needed is a triggering mechanism such as opportunity, alcohol, or drugs. It should be noted that the Sexual (Rape) Assault Scale can also be interpreted in combination with other SAI scale scores.

Elevated Alcohol Scale and Drugs Scale scores indicate polysubstance abuse, and the higher score often reflects the client's substance of choice. Elevated Alcohol 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 acting-out behavior. Alcohol Scale scores in the Severe Problem range (90^{th}-100^{th} percentile) compound client risk even more. Judgment decreases as alcohol consumption increases. Elevated Alcohol Scale and Distress Scale scores may initially represent an attempt to self-medicate, while further intoxication may exacerbate suicidal ideation. The more of these scales that are elevated with the Alcohol Sale, the more problem prone the client's situation becomes. When alcohol abuse is problematic, it becomes an important part of the sex offender's treatment program. The Alcohol Scale can be interpreted independently or individually. However, when an elevated Alcohol Scale exists it is usually interpreted in combination with other SAI scales.

When both the Alcohol and Drugs Scales are elevated, the higher score typically represents the client's substance of choice. When both the Alcohol and Drugs Scale are in the Severe Problem range (90^{th}-100^{th} percentile), polysubstance abuse is likely.

Elevated Alcohol, Violence, Antisocial, and Distress Scales with an elevated Drugs Scale score are malignant signs. Drug abuse can be part of polysubstance (drugs and alcohol) abuse, exacerbate violent tendencies, magnify antisocial beliefs (paranoia), and further impair judgment. Elevated Drug and Distress Scale scores may represent self-medication attempts, whereas severe scores may be associated with suicidal thinking and acting out. The more of these scales that are elevated with the Drugs Scale, the more problem prone the client's situation

becomes. When drug use is problematic, it becomes an important problem to be worked through in sex offender treatment.

Elevated Alcohol, Drugs, Antisocial, and Distress Scales with an elevated Violence Scale are dangerous combinations because each of these scales represents potential violence magnifier. When the elevated Distress Scale score is higher than the elevated Violence Scale score, we can anticipate an emotionally overwhelmed person who is in great pain and manifesting suicidal ideation. Elevated Antisocial Scale and Violence Scale scorers are problematic in that the client may externalize violent feelings to others, authority figures, institutions or federal agencies. Severe Problem range (90^{th}-100^{th} percentile) scorers on the Violence Scale are very dangerous to themselves and others. These individuals warrant prompt intervention and treatment. The Violence Scale is of particular interest in sex offender cases in that high scorers tend to be associated with rape, whereas low scorers tend to be associated with exhibitionism.

With regard to the non-sex-related scales, the relationship between the Violence Scale and all of these scales (Alcohol, Drugs, Antisocial, Distress, and Judgment) is of importance. The relationship between the Violence Scale and the Antisocial Scale would be of particular interest to the courts, probation departments, and corrections. Elevated Alcohol and/or Drugs Scale scores with an elevated Violence Scale score could exacerbate violence. An elevated Violence and Distress Scale would characterize a dangerous and potentially suicidal person. The more these scales are elevated the more dangerous the client becomes. In summary, the Violence Scale can be interpreted individually. However, the Violence Scale is best understood when it is studied in terms of its relationships with other SAI scale scores.

An elevated Antisocial Scale score in combination with an elevated Judgment Scale score is a malignant sign. Antisocial thinking becomes progressively more problematic as these scores increase. Elevated Alcohol Scale and Drugs Scale scores are often associated with antisocial thinking. And antisocial thinking becomes more extreme as these scale scores escalate into the sever problem range (90^{th}-100^{th} percentile).

An elevated Antisocial Scale score in combination with an elevated Distress Scale score can be problematic-particularly when scores are in the severe problem range (90^{th}-100^{th} percentile). These scale scores often identify people on the verge of being emotionally overwhelmed (anxiety, depression, and distress) with progressively 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 is best understood within the context of its relationship with other SAI scale scores. However, the antisocial Scale score can be interpreted independently.

Sometimes, elevated (70^{th} percentile and higher) Alcohol and Drugs Scale scores, in conjunction with an elevated Distress Scale score identify hurting individuals that are attempting to self-medicate. Concurrently, elevated Violence and Distress Scale scores are problematic. The highest severe problem range (90^{th}-100^{th} percentile) score can provide insight regarding internalization (suicide) or externalization (violence/homicide) of frustration and hostility. These would be malignant prognostic signs.

Severe Problem (90^{th}-100^{th} percentile) Antisocial and Distress Scale scores are descriptive of a dangerous person. Add in an elevated (70^{th} percentile and higher) Violence Scale score and such a person could engage in extremely violent terrorist-type activities. An elevated Distress Scale score with elevated sex-related scales could be interpreted directly in

terms of dissatisfaction. A person with a severe problem Distress Scale score typically discusses his or her feelings with a sincerely interested staff member.

An elevated (70^{th} percentile or higher) Judgment Scale in combination with an elevated Alcohol Scale or Drugs Scale score could identify even more extreme judgment impaired individuals. And if these scores are in the severe problem range the person's impaired judgment could be greatly exacerbated. It goes without saying that elevated (70^{th} percentile and higher) Judgment Scale and Violence Scale scores would be problematic. And severe problem (90^{th}-100^{th} percentile) scorers could be disastrous.

CONCLUSION

It is widely acknowledged that sex offenses are a significant problem in our society. Yet, there are few reliable and valid evaluation procedures designed for sex-offender assessment. The first step in understanding sex offenders and their problems, however, is sex offender assessment (evaluation, screening and testing).

There is consensus among evaluators (assessors, screeners, and testers), mental health professionals, and treatment staff that accurate sex offender problem identification is important for effective treatment. Similarly, it is also important to match problem severity with treatment intensity.

Most experienced evaluators, mental health practitioners, and treatment staff are familiar with client defensiveness, guardedness, and attempts to minimize their problems. Most assessment professionals agree that it is important to know if a client was truthful when tested. The two truthfulness scales in the SAI and SAI-Juvenile measure the amount of denial and problem minimization the client (offender, patient) manifested when tested.

Sex offender evaluations are among the most demanding evaluations conducted given the serious nature of the offense, human victimization, family suffering, the threat to society, legal consequences, severity of sentences, and so on. Psychometric standards like reliability, validity, and accuracy are especially important in sex offender tests.

The SAI and SAI-Juvenile are sex offender tests that identify sex-related problems and related criminogenic needs. Criminogenic needs are offender traits, attitudes, and behaviors that contribute to inappropriate sexual behavior, negativistic attitudes, and recidivism (Andrews & Bonta, 1994). Criminogenic needs are risk factors that are capable of change. Because sex offender assessment involves predicting the likelihood that the offender will commit similar crimes in the future, and a critical goal of all sex offender treatment programs is to reduce sex offense recidivism, it is important to identify sex-related problems and related criminogenic needs. A major goal of sex offender assessment is to identify sex-related problems. Consequently, both the SAI and the SAI-Juvenile identify and measure the severity of sex-related problems.

When problems are identified their severity is important. Only then can assessors (evaluators) appropriately match problem severity with treatment intensity. Scale interpretation was covered to illustrate how scale scores, their evaluations, and their interrelationships can be understood.

In any evaluation or assessment the evaluator should review available records, other evaluation results, interviews with victims and their families, available medical records, and present evaluation results. In sex offender evaluations the assessor needs to put all evaluation

and test results within the context of the client's life situation. Invariably the following question arises "Is he or she a danger to society?" and if so, "to what degree?" the SAI and SAI-Juvenile help answer this question. In the beginning of this chapter it was stated, "The need for sex offender information has been expressed in a variety of ways. For example, 'Is this person a sex offender?' 'What contributes to this sex offender's problems?' And 'What sort of treatment is needed?'" This chapter discussed in detail the SAI and SAI-Juvenile. Within reasonable limits, these tests help answer the questions set forth in this chapter.

FOOTNOTE

[1] Readers desiring more in-depth empirical research are referred to Behavior Data Systems website *www.bdsltd.com* (Behavior Data Systems, n.d.-b, n.d.-c). More inclusive research sources are the "SAI: An Inventory of Scientific Findings" and the "SAI-Juvenile: An Inventory of Scientific Findings" documents which are referenced at the end of this chapter (Davignon, 2000a).

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Exhibit 7.1
Example SAI Report

SEXUAL ADJUSTMENT INVENTORY
*** * * * * * * * * * * * * * ***

NAME : Example Report
ID# : 123abc55555
DATE SAI SCORED: 12/11/2005
AGE: 35 SEX: Male **CONFIDENTIAL REPORT**
ETHNICITY/RACE : Caucasian
EDUCATION/GRADE: H.S. graduate
MARITAL STATUS : Separated
EMPLOYED : Yes

Sexual Adjustment Inventory (SAI) results are confidential and should be considered working hypotheses. No diagnosis or decision should be based solely upon SAI results. The SAI is to be used in conjunction with experienced staff judgment and review of available records.

MEASURES	%ile	SAI PROFILE
		LOW RISK / MEDIUM / PROBLEM / MAX
TEST ITEM TRUTHFULNESS	19	********
SEX ITEM TRUTHFULNESS	20	*********
		PERCENTILE SCORES

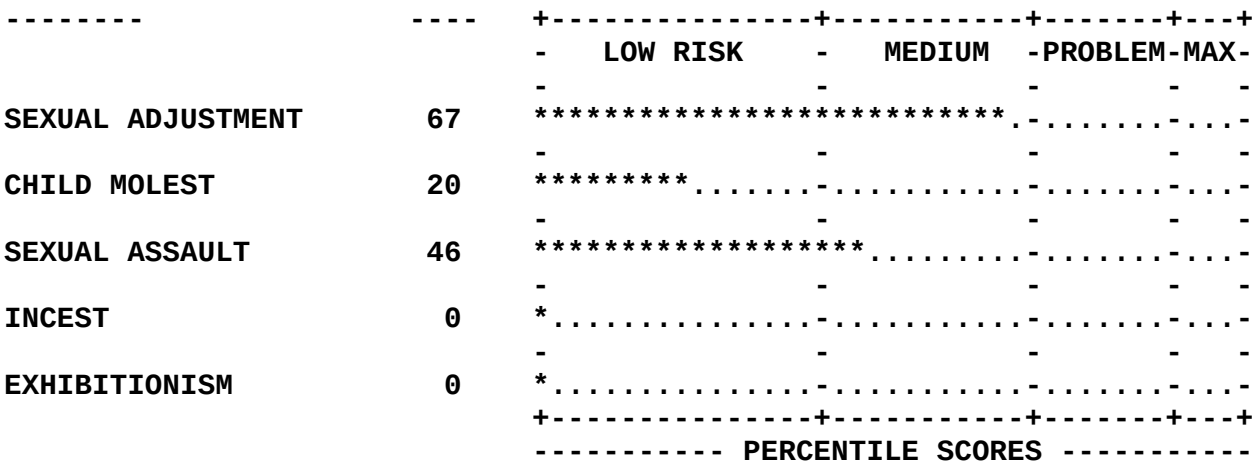
ADDITIONAL INFORMATION PROVIDED BY CLIENT

Total number of arrests.....	1	Number of times in jail.....	0
Age at first conviction.....	17	Number of times in prison.....	0
Misdemeanor convictions.....	1	Sex-related arrests.....	1
Felony convictions.....	0	Sex-related convictions.....	1
Times on probation.....	1	Alcohol-related arrests.....	1
Times on parole.....	0	Drug-related arrests.....	1

TRUTHFULNESS SCALE SCORES

TEST ITEM TRUTHFULNESS SCALE: LOW RISK RANGE RISK PERCENTILE:19
This person's response pattern on the Test Item Truthfulness Scale is in the Low Risk (zero to 39th percentile) range. The client was generally cooperative and nondefensive. This scale determines how open and truthful the client was while completing the SAI. Responses to non-sex related SAI test items are valid, accurate and truthful. Review the SAI Sex Item Truthfulness Scale results. The Test Item Truthfulness Scale score reveals this client was truthful when answering non-sex items on the SAI.

SEX ITEM TRUTHFULNESS SCALE: LOW RISK RANGE RISK PERCENTILE:20
This person's response pattern on the Sex Item Truthfulness Scale is in the Low Risk (zero to 39th percentile) range. The client was truthful when responding to test items having an obvious sexual connotation and relationship. With regard to sexual areas of inquiry, sex-related scale scores are likely accurate and valid.



SEXUAL ADJUSTMENT SCALE: MEDIUM RISK RANGE **RISK PERCENTILE:67**

This person's score on the Sexual Adjustment Scale is in the Medium Risk (40 to 69th percentile) range. Some caution and concern are evident regarding this person's sexual adjustment responses. However, truth-corrected scale scores should be accurate. This client's response pattern is in the Medium risk range. Yet, some sexual adjustment worries or concerns are becoming evident.

CHILD MOLEST SCALE: LOW RISK RANGE **RISK PERCENTILE:20**

This client's response pattern on the Child Molest Scale is in the Low Risk (zero to 39th percentile) range. Few, if any, indicators of child molest behavior (pedophilia) are present. This client does not present as a sexual risk to children. However, review this client's court-related records carefully for any prior sex-related convictions. Also review SAI truthfulness scales to determine how open, cooperative and truthful this client was at the time of testing.

SEXUAL ASSAULT SCALE: MEDIUM RISK RANGE **RISK PERCENTILE:46**

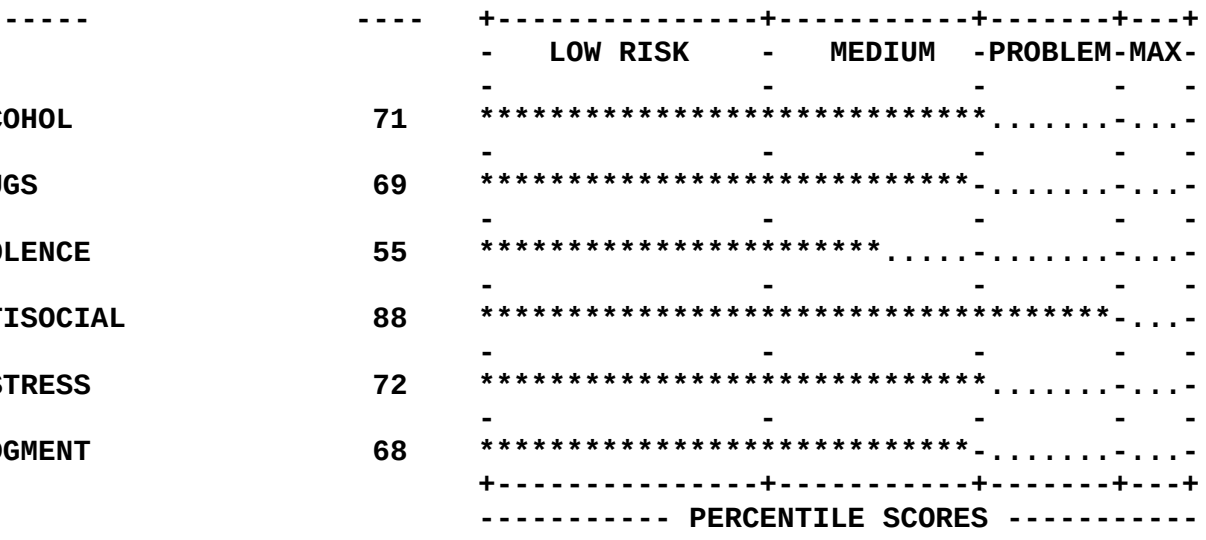
This person's score on the Sexual Assault (Rape) Scale is in the Medium Risk (40 to 69th percentile) range. This client does not present a high probability of sexual assault. A few indicators of sexual hostility and/or aggressiveness are present. However, in all sex offender assessments SAI truthfulness scale scores should be checked to determine how truthful and cooperative the respondent was while completing the SAI. This scale score does not reflect an established pattern of sexually assaultive behavior.

INCEST SCALE: LOW RISK RANGE **RISK PERCENTILE: 0**

This individual's score on the Incest Scale is in the Low Risk (zero to 39th percentile) range. Low risk scorers reveal few, if any, indicators of incestuous behavior.

EXHIBITIONISM SCALE: LOW RISK RANGE **RISK PERCENTILE: 0**

This person's response pattern on the Exhibitionism Scale is in the Low Risk (zero to 39th percentile) range. Low risk range scorers typically do not expose their sex organs to unsuspecting persons. This is a Low risk exhibitionism profile.



ALCOHOL SCALE: PROBLEM RISK RANGE **RISK PERCENTILE:71**

This person's response pattern on the Alcohol Scale is in the Problem Risk (70 to 89th percentile) range. Alcohol (beer, wine or other liquor) use or abuse is indicated. An established pattern of alcohol abuse is indicated, or this person is a recovering alcoholic. A drinking-related problem is evident. Participating in counseling (individual or group), augmented with regular Alcoholic's Anonymous meetings might be considered. If recovering, relapse is possible.

DRUGS SCALE: MEDIUM RISK RANGE **RISK PERCENTILE:69**

This person's response pattern on the Drugs Scale is in the Medium Risk (40 to 69th percentile) range. Some indicators of drug use are present, however, an established pattern of drug abuse is not evident. Yet, there may be a "proneness." Important areas of inquiry include the client's history and pattern of drug exposure, experimentation or involvement. Drug-related problems do not present as "serious" at this time.

VIOLENCE SCALE: MEDIUM RISK RANGE **RISK PERCENTILE:55**

Violent tendencies are indicated, however, an established pattern of violence is not evident. Medium risk individuals are neither brutal nor passive. When provoked, frustrated or during periods of substance abuse, they can become abusive and combative. However, their life-styles are usually free from violence. They are typically respectful of human rights. Yet, stress or substance abuse could exacerbate violent behavior. With regard to the Violence Scale, this is a medium risk score.

ANTISOCIAL SCALE: PROBLEM RISK RANGE **RISK PERCENTILE:88**

An established pattern of antisocial behavior is evident. Problem risk is characterized by many antisocial behaviors and difficulty maintaining responsible relationships and loyalties. These individuals are frequently callous, irresponsible, and lack a foundation of mutual affection or trust. Many are boastful, deceitful and given to tantrums or outbursts of rage. Poor work histories, nonpayment of bills and difficulty conforming to social norms are common. Problem risk score.

DISTRESS SCALE: PROBLEM RISK RANGE **RISK PERCENTILE:72**

This person's score on the Distress Scale is in the Problem Risk (70 to 89th percentile) range. Symptoms of distress include anxiety and depression. This person has a problem with distress and may need help to cope with anxiety or depression. In interview explore prescription drug use. Continued counseling is the treatment of choice.

JUDGMENT SCALE: MEDIUM RISK RANGE **RISK PERCENTILE:68**

This individual's score on the Judgment Scale is in the Medium Risk (40 to 69th percentile) range. This client has low-average judgment abilities. Understanding and comprehension are adequate under normal conditions. However, this person's emotions can all too easily interfere with his or her judgment.

*** * * * ***

OBSERVATIONS/RECOMMENDATIONS: _____

_____

_____

_____

_____

_____ _____ _____

STAFF MEMBER SIGNATURE **ID# OR BADGE#** **DATE**

SAI RESPONSES (SAI TEST # 1)

1- 50	TTFFTTFTTT	TFFTFTTFTT	FTTFFFFTFF	FTTTFFFTTT	FFTFTFTFFF
51-100	TFTFTFFTTF	FFFFFTFFTF	FFFTFTFTTF	TFTTFFFTTT	FFTFFTFFTT
101-150	FFTFFTFTTT	FTFTFTTFFF	TTFTFTTFFF	TFTFFTTTFF	FFTFTFTFTF
151-200	FFTTTFFTFF	FFTFFFTFTT	FFFFTFFFF2	3333123334	3443441444
201-214	4444234444	3444			

SIGNIFICANT ITEMS: These answers are the client's self-reported responses. And, they represent direct admissions or unusual responses, which may help in understanding the client's situation.

CHILD MOLEST

123. Sexually molested a child

SEXUAL ASSAULT

116. Forced a date to have sex
126. Has used force to have sex

ALCOHOL

59. Is concerned about drinking
93. Drinking problem past year
166. Admits drinking is a concern

DISTRESS

39. Been very depressed past year
84. Often feels depressed & alone
117. Feels no one really cares
167. Been very unhappy past year

DRUGS

19. Admits uses marijuana (pot)

STRUCTURED INTERVIEW: These items report the client's opinions regarding self, sexual matters, substance abuse, counseling and treatment. This self-report incorporates the client's opinion with all its biases, introspection and defensiveness. Comparison of these subjective answers with objective SAI scores can sometimes be helpful.

189. Drinking a slight problem
190. Drug use not a problem
191. Sex adjustment slight problem
192. Not sexually abused as child
193. No physical force conviction
194. Alcohol treatment: not sure
195. Drug treatment: no need
196. Sex treatment: no need
197. Has forced sex once
198. No rape/sex assault convictn
199. Has never exposed sex organs
200. No arrest for child molest
201. Not a recovering abuser
202. Not suicidal or homicidal
203. No sexual treatment programs
204. No incestuous relationships
205. Sex adjustment: unusual
206. Fair sexual adjustment
207. No substance abuse treatment
208. No prior sex therapy
209. No emotional/mental hlth prob
210. Sexual counseling not needed
211. Mixed feelings about sex life
212. No prior sexual treatment
213. No time in sexual treatment
214. Not a registered sex offender and not on lifetime probation