



Sexual Adjustment Inventory-Juvenile



www.online-testing.com

Scale Interpretation Sexual Adjustment Inventory-Juvenile

Scale Description

Scale Interpretation

Test Features

Applications

- Juvenile sexual offender assessment.
- Identification of sexually deviate and paraphiliac behavior in juveniles.
- Psychologists and certified/licensed mental health professionals.
- Court-related sexual offender assessment.
- Juvenile sexual offender screening in probation departments and correctional programs.
- Specialized sex offender caseloads. .

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

Thirteen SAI Scales

1. Sex Item Truthfulness Scale: Measures how truthful the juvenile was while answering sex-related questions. The SAI-Juvenile has a very open or candid approach to sex-related items and makes no attempt to trick or deceive the youth. Consequently, sex-related items are easily recognized. A juvenile that wants to minimize sex-related problems or concerns might answer non-sex-related items honestly, but minimize, deny or lie when answering sex-related items. In that case (attempting to fake good), the Sex Item Truthfulness Scale would detect the juvenile's problem minimization to sex-related items.

The Sex Item Truthfulness Scale has been correlated with all other sex-related scales. Then, each sex-related scale's proprietary conversion equation transforms raw scale scores into Truth-Corrected percentile scores. **Truth-Corrected scale scores are more accurate than raw scores.** Sex-related scales include: Sexual Adjustment Scale, Child (Pedophile) Molest Scale, Sexual (Rape) Assault Scale and Exhibitionism Scale.

Elevated (at or above the 70th percentile) scores indicate the respondent is minimizing problems and attempting to fake good. However, Truth-Corrected scale scores in the Problem Risk (70th to 89th percentile) range indicate that all sex-related scale scores are accurate. Sex Item Truthfulness Scale scores at or above the 90th percentile indicate that all sex-related scale scores are not accurate or are invalid. **In contrast, a Sex Item Truthfulness Scale score at or below the 89th percentile means that all sex-related scale scores are accurate.** This is discussed in the "SAI: Orientation and Training Manual."

2. Test Item Truthfulness Scale: Measures how truthful the client was while completing the test's non-sex-related items. Juveniles can distinguish between sex-related and non-sex-related items. And, some juveniles only minimize or lie to non-sex-related items. Non-sex-related scales include: Alcohol Scale, Drugs Scale, Violence (Lethality) Scale, Antisocial Scale, Distress Scale and the Impulsiveness Scale.

A Test Item Truthfulness Scale score in the Problem Risk (70th to 89th percentile) range means that non-sex-related scale scores are accurate because they have been Truth-Corrected. **Test Item Truthfulness Scale scores at or below the 89th percentile mean all non-sex-related scales are accurate.** Test Item Truthfulness Scale scores in the

Severe (90th to 100th percentile) Problem range mean that all non-sex-related scale scores are inaccurate and invalid.

The Test Item Truthfulness Scale has been correlated with all the non-sex-related scales. Then, each scale's proprietary conversion equation transforms raw scores to Truth-Corrected percentile scores. **Raw scores reflect what the juvenile wants you to know. Truth-Corrected scores reveal what the juvenile is trying to hide.** Truth-Corrected scores are more accurate than raw scores.

Comparison of the Test Item Truthfulness Scale score with the Sex Item Truthfulness Scale score provides insight into the juvenile's test taking motivation. The higher of these two scale scores usually represents the juvenile's greatest area of concern. That is why these two truthfulness scales (Sex Item and Non-Sex-Item) are presented together on the first page of the SAI-Juvenile report.

3. Sexual Adjustment Scale: Measures the juvenile's self-reported sexual adjustment. A high score reveals sexual dissatisfaction in a juvenile with an impaired (as compared to other juveniles) and unsatisfying sexual lifestyle or adjustment.

The Sexual Adjustment Scale includes sex-related items that most juveniles in our society would agree or disagree with. Norming the Sexual Adjustment Scale on both normals and sexual deviates allows comparison scoring. The greater the difference, the greater the impairment. For example, a juvenile could have an elevated Sexual Adjustment Scale score along with other sexual deviate scores. The "other" elevated scale score(s) could add guilt, concern or distress to the respondent's perceived sexual adjustment.

The Sexual Adjustment Scale score provides a background from which other sex-related issues can be better understood. For example, is the juvenile manifesting a high Child Molest Scale score satisfied or not satisfied with their sexual adjustment? Similar insights could apply to other sex-related (child molest, sexual assault and exhibitionism) scale scores.

4. Child Molest (Pedophile) Scale: Measures a juvenile's sexual interests, urges and fantasies involving prepubescent children. Pedophilia is a pathological sexual interest in children. Isolated sexual acts with a child do not necessarily warrant the classification of pedophilia. And, the child molester is often unable to comprehend the reason for his/her actions.

Problem Risk (70th to 89th percentile) range scorers have greater than average interest in young boys and/or girls. Severe Problem (90th to 100th percentile) risk scorers have an abnormal interest in children (young boys and/or girls). They have a high probability of being pedophiles.

Consequences associated with Severe Problem (90th to 100th percentile) Child Molest Scale scores vary according to the evaluation's purpose. For example, pedophile classification, referrals to a licensed mental health professional for a diagnosis and treatment plan, probation/ incarceration decision making and treatment options are representative of such outcomes.

5. Sexual (Rape) Assault Scale: Measures sexual assault proneness. Rape refers to sexual assault or sexual intercourse against the will and over the objections of the partner. It is often accompanied by force or the threat of force.

Problem Risk (70th to 89th percentile) range scorers 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 (90th to 100th percentile) risk scorers have a high probability of sexual assault.

The role of non-sex-related SAI-Juvenile scales becomes apparent in court-related sexual assault evaluations. For example, substance (alcohol and other drugs) abuse, violence (lethality) potential and a juvenile's impulsiveness are very common areas of inquiry. The 13 SAI-Juvenile scales were selected because they provide important information on their own merits and in terms of their relationship with each other.

6. Exhibitionism Scale: Measures a person's need to expose their sex organs to unsuspecting individuals. Exhibitionists are often identified by their repetitive, compulsive and patterned nature of the acts.

An elevated (70th to 89th percentile or higher) Exhibitionism Scale score identifies people with exhibitionistic tendencies. Severe Problem (90th to 100th percentile) scorers have a high probability of being exhibitionists.

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

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

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

8. Alcohol Scale: Measures alcohol use and the severity of abuse. Alcohol refers to beer, wine and other liquor. It is a licit or legal substance. An elevated (70th to 89th percentile) Alcohol Scale score is indicative of an emerging drinking problem. An Alcohol Scale score in the Severe Problem (90th to 100th percentile) range identifies serious drinking problems.

A history of alcohol problems could result in an abstainer (current non-drinker) attaining a Low to Medium Risk score on the Alcohol Scale. Consequently, precautions have been built into the SAI-Juvenile to correctly identify "recovering alcoholics."

The juvenile’s answer to the “recovering alcoholic” question (item 177) is printed on page 5 of the SAI-Juvenile report for easy reference. In addition, elevated Alcohol Scale paragraphs caution staff to clarify if the juvenile is a recovering alcoholic.

In interview and treatment settings, the Alcohol Scale score helps staff work through juvenile denial. Most juveniles 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. Juveniles must answer a definite pattern of alcohol-related admissions for an elevated score to occur.

9. Drugs Scale: Measures drug use and the severity of abuse. Drugs refer to marijuana, crack, cocaine, ice, amphetamines, barbiturates and heroin. These are illicit substances. An elevated (70th to 89th percentile) Drugs Scale score is indicative of an emerging drug problem. A Drugs Scale score in the Severe Problem (90th to 100th percentile) range identifies serious illicit drug users.

Similar to the Alcohol Scale, a history of drug-related problems could result in an abstainer (drug history, but not presently using or abusing drugs) attaining a Low to Medium Risk score. Precautions have been built into the SAI-Juvenile to correctly identify “recovering drug abusers.”

The juvenile’s answer to the “recovering drug abuser” question (item 177) is printed on page 5 of the SAI-Juvenile report for easy reference. In addition, elevated Drugs Scale paragraphs caution staff to clarify if the juvenile is a recovering drug abuser.

In intervention and treatment settings, the juvenile’s Drugs Scale score helps staff work through juvenile denial. This is particularly effective when it is explained to the youth that the SAI-Juvenile is a standardized assessment test that has been administered to thousands of adolescents.

When both the Drugs and Alcohol Scales are elevated, the higher score usually represents the juvenile’s substance of choice. When both the Alcohol and Drugs Scales are in the Severe Problem (90th to 100th percentile) range, this means poly-substance abuse is likely.

Reference

Lindeman, H. H. (2005), Chapter 7, Sex Offender Tests - SAI and SAI-Juvenile., Schwartz, B.A. (Ed.), The Sex Offender: Issues in Assessment, Chapter 7, Volume V (pp. 7-1 -- 7-32). Civic Research Institute.

10. Violence (Lethality) Scale: Measures the adolescent’s use of physical force to injure, damage or destroy. The Violence Scale identifies youths who are dangerous to themselves and others.

An ever-present concern when evaluating sex offenders is their violence and lethality potential. An elevated (70th to 89th percentile) Violence Scale score is indicative of emerging violent behavior in a potentially dangerous person. A Violence Scale score in the Severe Problem (90th to 100th percentile) range identifies very dangerous juveniles.

Excluding the two truthfulness scales, Violence Scale findings are of interest when reviewing both sex-related scales and non-sex-related scales scale scores. This wide applicability emphasizes the important role of the Violence Scale.

11. Antisocial Scale: Measures the attitudes and behavior of selfish, ungrateful, callous and egocentric juveniles 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.

An elevated (70th to 89th percentile) Antisocial Scale score identifies people in an early antisocial stage of development. An Antisocial Scale score in the Severe Problem (90th to 100th percentile) range identifies adolescents with severe antisocial attitudes. Court-related evaluators are increasingly interested in exploring a defendant's antisocial tendencies. This reflects the growing awareness of the role of antisocial attitudes and antisocial thinking in violent perpetrators.

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

Anxiety is an unpleasant emotional state characterized by apprehension, stress, nervousness and tension. Depression refers to a dejected emotional state that includes melancholy, dysphoric mood and despair. Added together, you have a very uncomfortable person who may be overwhelmed and, in extreme cases, on the verge of giving up.

An elevated (70th to 89th percentile) Distress Scale score identifies hurting individuals that need help. A Distress Scale score in the Severe Problem (90th to 100th percentile) range identifies juveniles on the verge of being emotionally overwhelmed. These youths are often desperate and need help. Consideration might be given to referring these juveniles (90th to 100th percentile score) to a certified/licensed mental health professional for a diagnosis, prognosis and written treatment plan.

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

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

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

Unique Test Features

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

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

Truth-Corrected Scores: are very important for assessment accuracy. These proprietary truth-correction programs are comparable to the MMPI K-Scale correction. The two SAI Truthfulness Scales have been correlated with the scales they truth-correct, which are listed above. These two scales are: 1. Test Item Truthfulness Scale and 2. Sex Items Truthfulness Scale. Truth-Correction equations then convert raw scores to Truth-Corrected Scores. Truth-Corrected scores are more accurate than raw scores.

Comprehensive Scoring With One Test. In addition to truthfulness measures to determine if the juvenile is minimizing problems or faking good, the SAI screens sex deviate and paraphiliac behaviors. And the SAI doesn't stop there. In addition to sex-related scales like Sexual Adjustment, Child Molest, Sexual Assault, and Exhibitionism, the SAI assesses non-sexual attitudes and behaviors that are commonly associated with sexual abuse. Here we are speaking of the Alcohol Scale, Drugs Scale, Violence (Lethality) Scale, Antisocial Scale, Distress Scale and Impulsiveness Scale. Consequently the SAI measures many attitudes and behaviors often missed by other tests. These behaviors are important in understanding juveniles. The SAI is specifically designed for comprehensive juvenile assessment. It provides the information needed for understanding sexual offenders and their behavior.

Confidentiality. Professional Online Testing Solutions, Inc. encourages test users to delete client names. 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 sub-sequent analysis. [This proprietary "name deletion" procedure involves a few keystrokes and insures client confidentiality and compliance with HIPAA \(federal regulation 45 C.F.R. 164.501\) requirements.](#)

Test Data Input Verification: allows the person that inputs test data from the answer sheet into the computer to verify the accuracy of their data input. In brief, test data is input twice and any inconsistencies between the first and second data entry are highlighted until corrected. When the first and second data entry match or are the same the staff person

can continue. This proprietary test data input verification procedure is optional, yet it is strongly recommended by Professional Online Testing Solutions, Inc.

For more information

Some evaluators want more test-related information than others. If you want more in depth SAI-Juvenile information visit www.bdsltd.com. Upon entering this site there are navigational links in the left margin. Click on “Tests Alphabetically Listed” and scroll down to the SAI-Juvenile. Click on the tests name and you will go directly to its webpage, which contains a lot of test-related (description, unique features, research, example report and more) information.

[For more in-depth SAI-Juvenile information visit www.bdsltd.com](http://www.bdsltd.com)