Professional Psychology: Research and Practice
June 2001 Vol. 32, No. 3, 253-260

Psychological Assessment Procedures in Sex Offending

Richard I. Lanyon
Arizona State University

ABSTRACT

While keeping in mind current psychological guidelines and legal criteria for psychological assessment activities, the author presents a 6-part framework for organizing and approaching the questions commonly asked in assessments related to sex offending: general psychological characteristics, deviant sexual interests, risk of reoffense, amenability to treatment, self-serving misrepresentation, and fit with specific formal criteria. Specialized instruments for sex offender assessments have little demonstrated empirical validity, although several active research programs related to risk assessment show promise. Recent proposals for the use of multistep and decision-making models also hold promise for increasing the quality of assessment procedures.

Psychologists who are called upon to conduct assessments related to sex offending often have a need for a structure that delineates the relevant issues and provides some basic knowledge about appropriate assessment procedures. The need for such assessments can arise in several different contexts: a person with possible sexual deviance presents to a general psychological practitioner for either or both evaluation or treatment; an attorney inquires about sex offender assessment for a client; a sex offender treatment program inquires about routine assessments; or an opportunity arises to accept court referrals before sentencing or before release to address specific questions such as recidivism risk and amenability to treatment.

The task of conducting assessments related to sex offending would be facilitated and made more meaningful by the availability of an agreed-upon conceptual framework or model within which to understand this area. Elsewhere, I have reviewed the applicability of frameworks such as psychoanalytic, physiological, and behavioral ones (Lanyon, 1991). The conclusions drawn at that time were that advances in the field were being driven by empirical data and not theory, that the causes of sex offending were multiple, and that there was some utility in considering a very general model involving predispositions and triggering factors. In my view, this analysis is still applicable, and it suggests that at least for now, approaches to assessment are best guided by practical needs.

A detailed examination of the common assessment situations listed above suggests six underlying questions, which might be stated as follows. (a) What kind of a person is this—what are the person's general psychological characteristics? (b) What kind of an offender is this—what are the person's deviant sexual interests? (c) What is the risk of reoffense—how dangerous is the person? (d) What is the person's amenability to treatment? (e) To what extent is the person engaging in self-serving misrepresentation during the evaluation? (f) In regard to forensic contexts, how well does the person fit specific formal criteria, either legal or other, such as “sexually violent person” or “pedophile?”

Before addressing these assessment questions, it is important to describe two fairly recent decisions of the U.S. Supreme Court that have focused public and professional attention on sex offending. Perhaps the most urgent concern of the public has been with offenders who are sexually aggressive, and the recent Supreme Court decision in *Kansas v. Hendricks* (1997) has led to the passage of state laws that allow for the civil confinement and treatment of such persons beyond their criminal sentence if they are found to be at risk for further sexual violence. The other relevant decision came in the case of *Daubert v. Merrell Dow Pharmaceuticals* (1993), "which effectively changed the standard for admitting expert scientific testimony in federal courts and in the courts of those states which follow the Federal Rules of Evidence" (Steinberg, 1993). In brief, *Daubert v. Merrell Dow Pharmaceuticals* requires that the expert's testimony must be grounded in scientific method and procedure, rather than simply having general acceptance in the scientific community as in *Frye v. U.S.* (1923).

The requirements of *Daubert v. Merrell Dow Pharmaceuticals* are consistent with the well-established reliance on the scientific method that has been the foundation of modern empirical psychology. Of specific relevance in assessment are the recently revised *Standards for Educational and Psychological Testing* (American Educational Research Association [AERA], American Psychological Association, & National Council on Measurement in Education, 1999; referred to hereafter as the *Standards*), plus the standards for test development and use that are promulgated through the American Psychological Association's journal related to testing, *Psychological Assessment.*

The purpose of the *Standards* is "to provide criteria for the evaluation of tests, testing practices, and the effects of test use" (AERA et al., 1999, p. 2). Prominent among its basic themes are the following.

1. Tests and testing programs should be developed on a sound scientific basis. Test developers and publishers should compile and document adequate evidence bearing on test development. (AERA et al., 1999, p. 43)
2. Validity is … the most fundamental consideration in developing and evaluating tests. The process of validation involves accumulating evidence to provide a sound scientific basis for the proposed score interpretations. (AERA et al., 1999, p. 9)
3. Reports of norming studies should include precise specification of the population that was sampled … [and] the information provided should be sufficient to enable users to judge the appropriateness of the norms. (AERA et al., 1999, p. 55)

Although some of the assessment approaches used in sex offending are perhaps better regarded as techniques or procedures rather than tests, it is appropriate to evaluate them using the *Standards* to the extent that their output is delivered in quantitative form or is used as though it were test-based information.

The following definitions are offered for a number of terms that are sometimes used inconsistently. A *sex offender* is a person who has committed a sex offense, legally defined. An example is sexual conduct with a minor, defined in Arizona as "intentionally or knowingly engaging in sexual intercourse or oral sexual contact with any person who is under eighteen years of age" (Arizona Revised Statute 13-1405, 1999). *Sex offending* is a broader term, referring to a general psycholegal domain. A *paraphilia* is a mental disorder involving certain nonnormative sexual arousal patterns that have caused distress or have led to overt behavior; for example, pedophilia (American Psychiatric Association [APA], 1994). *Deviant sexual interest* is a nontechnical term. It does not imply a mental disorder unless the criteria for a paraphilia are met,

and it does not imply a sex offense unless a law is broken. Other terms that have come into common use include *sexual abuse* and *sexual abuser;* as used by the Association for the Treatment of Sexual Abusers (1997), they appear to be broad, general terms.

The possession of deviant sexual interests is not the same as the commission of a sex offense. It is possible for a person to have deviant interests (with or without a paraphilia) but not legally offend, such as when a man's sexual activity consists exclusively of fantasies about exhibiting himself based on his collection of sexually explicit videos. It is possible for a person to legally offend but not have a paraphilia as defined in the *Diagnostic and Statistical Manual of Mental Disorders* (4th ed.: *DSM–IV;* APA, 1994), such as in nonsadistic rape or a one-time instance of voyeurism. Finally, a traditional theory suggests that some instances of sex offending might not be motivated by sexual needs at all, but (for example, in the case of rape) by power or anger needs (Groth, Burgess, & Holstrom, 1977).

Six Assessment Questions

Appropriate procedures for addressing each of the six underlying assessment questions are discussed next. Readers should be aware that some of the instruments that are actively promoted and frequently used for sex offender assessment fall well below the criteria suggested by the *Standards* (AERA et al., 1999). The difficulties relating to these instruments are identified, and alternative approaches are suggested.

General Psychological Characteristics

This question involves two related issues: “Does the person have underlying psychopathology?” and “What could have led the person to do (or want to do) such a thing?” These questions could also perhaps be combined as “Can you help us understand this person?” Thus, sex offender evaluations usually include a section on general psychological characteristics with an emphasis on psychopathology.

Minnesota Multiphasic Personality Inventory–2.

The most widely used test procedure in this category has been the Minnesota Multiphasic Personality Inventory (MMPI) and the MMPI–2. Although the enormous amount of empirical research on this test precludes its publication or evaluation in any single source, it is readily available through handbooks and other publications, and it indicates that validity for assessing psychopathology is satisfactory in an overall sense (e.g., Butcher & Williams, 1992; Graham, 2000; Lachar, 1974). General psychological characteristics assessed by the MMPI and MMPI–2 that may be useful in an evaluation of sex offending include formal psychopathology, such as thought disorder or depression; personality disorder, which may be related to impulsivity and potential for acting out under stress; and family problems, alcohol abuse, and abnormal health concerns. The MMPI–2 is useful in the assessment of defensiveness and other response sets; this topic is discussed below. It has also been pressed into use for the direct assessment of paraphilias and deviant sexual interests. That use is discussed in a section later in this article.

Millon Clinical Multiaxial Inventory (MCMI).

The MCMI, now the MCMI–III, is primarily a diagnostic instrument for the assessment of personality disorders (Millon, 1994, 1996). It is popular in evaluations related to sex offending because it is a shorter alternative to the MMPI–2 and also because the MMPI–2 literature suggests

that sex offenders have a higher than average frequency of personality disorder (e.g., Friedrich, 1988; Hall, Maiuro, Vitaliano, & Proctor, 1986). However, because the MCMI–III must be viewed as fundamentally different from the MCMI and MCMI–II (Rogers, Salekin, & Sewell, 1999) and as yet has little or no appropriate research base (Retzlaff, 1996), its valid use must await further evidence. Rogers et al. found evidence of construct validity for several scales of the MCMI–II, however.

Personality Assessment Inventory (PAI).

The PAI (Morey, 1991) is emerging as a major instrument for the assessment of psychopathology, with a steadily increasing volume of validity data (e.g., Morey, 1996). The PAI includes scales for borderline personality disorder and antisocial personality disorder, each with four subscales or facets. Thus, the PAI may have unexplored potential for utility in sex offender assessments.

Biographical data.

The use of traditional case history information or biographical data as obtained in an interview setting should not be overlooked. The studies of Kostlan (1954), Sines (1959), and others have shown that the contribution of biographical data to the comprehensive understanding of a patient is a major one. This body of research makes a strong case for the use of such data as a basis from which the incremental validity of test data can be determined.

Deviant Sexual Interests

An attempt to assess the individual's pattern of deviant sexual interests is often the centerpiece of a sex offender evaluation. Three basic aspects are whether the individual has more than one deviant sexual interest, how strong these interests are, and how they compare with the individual's nondeviant sexual interests. These questions correspond in part to the assignment of a diagnosis of one or more paraphilias as listed in the *DSM–IV* (1994). The most straightforward way to assess deviant sexual interests is through a comprehensive interview covering all areas of sexuality. Such interviews have sometimes been framed as self-report instruments, such as the Clarke Sex History Questionnaire for Males (Paitich, Langevin, Freeman, Mann, & Handy, 1977). These procedures (and also those discussed later in this article) are prone to distortion through defensiveness, the questionnaires probably more so than a face-to-face interview. Thus, the individual interview is a better choice at the present time, and there is a need for the development of a carefully structured interview guide for this purpose.

Multiphasic Sex Inventory (MSI).

A more elaborate self-report instrument is the MSI, which was first made available in 1984 and issued in revised and expanded form as the MSI–II in 1996 (Nichols & Molinder, 1984, 1996a, 1996b). Interpretation of the MSI–II is available only by sending the answer sheet to the test authors, and no published research could be found on the validity or on any other aspect of the test. Because the content of certain scales is based directly on the concepts being assessed, these scales have some content validity and therefore could have potential utility with men who fully admit their deviance.

Card sorts.

The research literature makes periodic reference to the use of assessment instruments based on cards that depict either verbal or pictorial representations of deviant and nondeviant sexual stimuli (e.g., Brownell, Hayes, & Barlow, 1977; Haywood, Grossman, & Cavanaugh, 1990). However, no data on either the construction or psychometric properties of these instruments could be found. Personal communication with Abel Screen Inc. in Atlanta, Georgia indicated that one such instrument, the Abel Card Sort, was no longer being distributed but was a forerunner to the self-report section of the Abel Assessment for Sexual Interest (see later in this article).

MMPI and MMPI–2.

As noted above, assigning a *DSM–IV* (1994) diagnosis of paraphilia can sometimes require the assessment of events that are not directly ascertainable because they are inner states and may be denied by the individual. Attempts have therefore been made to find indirect methods of assessing deviant sexual interests, and there have been a number of efforts over the years to use the MMPI for this purpose. Much of this research was reviewed by Friedrich (1988), who concluded that there were few findings with clinical utility. He referred to the belief that there is a specific sex offender profile as a "common misconception" (p. 256). Reviews by Hall et al. (1986) and by Murphy and Peters (1992) led to essentially the same conclusion.

Penile plethysmograph.

Penile plethysmography, or phallometry, was first described by Freund (1967). It refers to the use of one of several devices that provide a continuous measure of the size of the penis and thus can presumably assess the wearer's degree of physical sexual arousal while viewing or listening to nondeviant sexual material, deviant material, or neutral material. This procedure quickly became popular, perhaps because of its scientific appearance and its face validity. A considerable amount of empirical research has been conducted on the plethysmograph, and this work shows that it usually gives findings that are significant in research studies but are not accurate enough to use in individual diagnostic situations, particularly in adversarial settings (Howes, 1995). Some studies have failed to find the expected differences between offenders and control subjects, however (e.g., Haywood et al., 1990).

Several reasons for the limitations of penile plethysmography have been identified. First, normal men tend to show some degree of arousal to deviant stimuli (e.g., Hall, Hirschman, & Oliver, 1995). Second, it is generally agreed that men can inhibit their responses when motivated to do so (e.g., Lalumiere & Earls, 1992). The third and most serious limitation of plethysmography is that it is a subjective procedure, lacking standardization in both administration and interpretation (e.g., Barker & Howell, 1992; Howes, 1995). For these reasons, the literature has recommended against the use of plethysmography for assessment use in adversarial settings (Schouten & Simon, 1992).

Abel Assessment for Sexual Interest (AASI).

This test is a recent addition to the available procedures for measuring sexual interest and/or arousal patterns (Abel, Huffman, Warberg, & Holland, 1998; Fischer & Smith, 1999; Krueger, Bradford, & Glancy, 1998). The first part consists of a self-report questionnaire that covers sexual history and related topics. The second part is analogous to the plethysmograph, but instead of penile arousal, it involves the use of visual reaction time. The person is asked to rate each of 135 slides on a scale of 1 through 7, according to whether it is perceived as highly sexually disgusting through highly sexually arousing, and the computer records viewing time. Two sets of scores are generated:

one based on viewing time for each slide, and a second set based on the individual's subjective ratings of disgust versus arousal.

Scoring and interpretation of all aspects of the AASI are computer based and are available only by sending the raw data to the test author. Details could not be found regarding the development, norms, or validity of any section of the test nor about the process by which the raw data are scored, normed, or converted to clinical interpretations. Abel et al. (1998) compared the visual reaction time method with penile plethysmography and concluded that both methods of assessment had high validity. However, detailed examination of the visual reaction time test by Fischer and Smith (1999) concluded that "its use with adults is tenuous at best" (p. 195), and a study on its utility with adolescents had likewise negative results (Smith & Fischer, 1999). These findings indicate that further research with the AASI is needed before its potential for assessing deviant sexual interests can be known.

Risk of Reoffense

The prediction of the likelihood of recidivism or reoffense is termed *risk assessment.* Although the utility of objective or actuarial procedures in assessing the likelihood of criminal recidivism in general was known more than 70 years ago (Hart, 1923), risk assessments for sex offending have traditionally been done subjectively, and the development of objective procedures is a recent phenomenon. Because empirical demonstration of the validity of such predictions must necessarily await a substantial follow-up period, this work is only now becoming available for practical use.

Several such instruments are currently in various stages of development. The Sexual Violence Risk—20, described by Boer, Hart, Kropp, and Webster (1998), requires that final judgments be made clinically after reviewing the entire instrument, although actuarial treatment of the data is considered justifiable for research purposes. The Rapid Risk Assessment for Sexual Offense Recidivism (RRASOR), developed by Hanson (1997, 1998), is a four-item instrument that uses historical data only. On the basis of an initial survey that identified a large number of possible predictors (Hanson & Bussiere, 1998), the RRASOR reportedly shows a moderate degree of validity in predicting the probability of recidivism over a 5-year and a 10-year period. An extended version with 10 items, the Static-99, has recently shown a slight improvement over the four-item version (Hanson & Thornton, 2000). The inclusion of attitudinal and motivational factors is also being considered (Hanson, 1998). A somewhat similar instrument is the 16-item Minnesota Sex Offender Screening Tool—Revised, described in an unpublished paper (Epperson, Kaul, & Heselton, 1999).

Perhaps the most extensively documented instrument is the Sex Offender Risk Appraisal Guide (SORAG; Quinsey, Harris, Rice, & Cormier, 1998). The 23 items, some of them quite complex, are determined from historical information and are weighted and summed to give a single score. The SORAG includes several items that themselves are entire test procedures, such as the Psychopathy Checklist—Revised (PCL–R; Hare, 1991) and composites for alcohol abuse history and criminal history. Validity data are presented in terms of probability-of-offense rates over 7 and 10 years for different score intervals, although these data are based on a postdictive or "follow-back" design rather than on future prediction (Boer et al., 1998). Quinsey et al. used only historical, or static, items in the SORAG because of the methodological problems involved in quantifying dynamic items, those that can change with time. Thus, based on the SORAG, an individual's risk of reoffense cannot change significantly over time. It should be noted that significant relationships have been separately reported between the PCL–R and recidivism and also that the PCL–R has been shown to

measure antisocial personality disorder as defined in the *DSM–IV* (1994; e.g., Hanson, 1998; Quinsey et al., 1998).

The direct applicability of each of these instruments is limited to the population on whom it was developed, and using the instruments with other populations would require some caution, including an assessment of the similarity between the new population and the original one. For example, the SORAG focused on Canadian sex offenders "who have been incarcerated or hospitalized" (Quinsey et al., 1998, p. 119), and the normative sample contained "few low-risk offenders" (p. 156). There is current controversy about the use of actuarial risk-assessment devices in sex offending (Hart, 1999), including disagreement about whether they are accurate enough to use in individual cases at the present time, the stability of norms, and whether dynamic variables are sound enough to be included. It is also cautioned that the practical utility of objective predictions depends on the base rate of the event to be predicted in the population being studied. Although current predictive accuracies are relatively low, the extensive work in this area, the active publication of procedures and findings, and the level of methodological soundness suggest promise for this ongoing field. For current clinical practice, it would seem appropriate to use the better-validated instruments in a flexible manner, along with other data.

Amenability to Treatment

Despite assertions that evidence of successful treatment for sex offenders is minimal or nonexistent (Furby, Weinrott, & Blackshaw, 1989; Harris, Rice, & Quinsey, 1998), there is abundant evidence that some sexually deviant persons are treatable, at least to the extent of the available follow-up studies (Alexander, 1999; Hall, 1995; Hanson, 1998). Further, careful selection of good candidates for treatment appears to lead to higher success rates (Dwyer, 1997). Several authors have reviewed the factors that are related to positive treatment outcome. For example, Heilbrun, Nezu, Keeney, Chung, and Wasserman (1998) identified the following: incest offending; no genital–genital or anal–genital contact; fewer types of deviant behavior; married; fewer prior offenses; and age greater than 40. In addition, Quinsey et al. (1998) found psychopathy as assessed by the PCL–R to be "a powerful [negative] predictor of response to treatment" (pp. 87–88).

Of the treatment procedures that are not physiologically invasive, the most successful tend to be cognitive–behavioral (Alexander, 1999; Hall, 1995; Heilbrun et al., 1998). In behavioral and cognitive–behavioral modes of treatment in general, assessment consists in part of analyzing the problem into its elements of excesses and deficits of behavior (broadly defined to include motor, cognitive, and affective characteristics), with the intention of selecting specific behavior-change methods for each change that needs to be made. Thus, the more behaviors that need to be changed, the longer would be the overall treatment time and the lower the likelihood of success.

On the basis of the behavioral and cognitive–behavioral treatment literature in general (e.g., Craighead, Craighead, Kazdin, & Mahoney, 1994; Dattalio & Freeman, 1994), the following factors might also be candidates for predicting treatment success in sex offenders: possession of adult heterosexual interests, skills, and experiences; availability of stable sources of personal and emotional support; availability of the means for gaining sexual satisfaction in normal and appropriate ways (in other words, appropriate partners); and freedom from personal difficulties that would interfere with the ability to work productively in treatment and toward life goals, such as alcohol or drug addiction, character disorder, mental retardation, psychosis, or disabling physical handicaps. It would also be important for the individual to acknowledge the offense and accept responsibility for it, to consider it a problem and want to stop it, and to be motivated to participate fully in treatment.

Self-Serving Misrepresentation

It is common in sex offender assessment situations to encounter some degree of self-serving distortion in responding, ranging from unconscious biases through deliberate misrepresentation, and there is a substantial literature reviewing and comparing the various inventory-based procedures for assessing these characteristics in general (e.g., Baer, Wetter, & Berry, 1992; Berry, Baer, & Harris, 1991; Lanyon, 1997a; Rogers, 1997). Although there is no accepted categorization of response distortions, it is probably fair to say that in assessment related to sex offending, they can include exaggeration and denial of psychopathology, self-presentation as particularly well-adjusted and personally effective, and self-presentation as extremely virtuous and honest. Scales with documented utility for assessing these characteristics include the validity scales of the MMPI and MMPI–2 (Scales L, F, and K), the PIM (positive impression) and NIM (negative impression) scales of the PAI, a set of scales developed from the Psychological Screening Inventory (Lanyon, 1978, 1993a), and the two scales of the Balanced Inventory of Desirable Responding (Paulhus, 1986, 1998). Because each of these scales has its own nuances of meaning, one way to interpret them is by means of a profile in which similar scales are grouped together. The use of such an approach, as illustrated elsewhere (Lanyon, 1996), can give a broader base for drawing conclusions about integrity of responding than the common approach of relying on the response distortion scales of one test alone.

The polygraph continues to be considered a useful tool in the assessment of sex offenders despite the lack of empirical evidence for its use, the negative findings regarding its validity in general (e.g., Saxe, Dougherty, & Cross, 1985), and the severe restrictions placed on its use in state and federal court systems (Bartol & Bartol, 1994). Because the public tends to believe in the polygraph, some writers have suggested that it is often used as a bluff to secure admissions from suspects that might not otherwise be made (e.g., Lykken, 1981). The *Ethical Standards and Procedures for the Management of Sex Abusers* (Association for the Treatment of Sex Abusers, 1997) has stated that "physiological assessment data can be helpful in confronting a client who denies deviant sexual behavior, deviant sexual fantasies and/or deviant sexual arousal" (p. 37). Although the need for caution in interpretation was also stated, no data were presented or referenced to support the polygraph in this use.

Fit With Specific Formal Criteria

Assessing the presence of a formal deviant sexual condition involves application of the rules (legal, psychiatric, or other) that define the condition. Fitting a person into a category in this manner would not be considered psychological assessment, although the reliability (repeatability) and validity (usefulness) of the categories and the category-fitting procedures are certainly appropriate issues for psychologists to study. In that regard, the question of translating legal rules and definitions into concepts that can be used by psychologists is often not a straightforward one (e.g., Grisso, 1986). For example, the definition of *mental abnormality* in *Kansas v. Hendricks* (1997) as a "congenital or acquired condition affecting the emotional or volitional capacity which predisposes the person to commit sexually violent offenses in a degree constituting such a person a menace to the health and safety of others," is open to a variety of interpretations and requires a considerable amount of subjective judgment. Even criteria developed directly by mental health professionals are not immune to these difficulties. Thus, aspects of the *DSM–IV* definition of paraphilias include "the presence of recurrent, intense, sexually arousing fantasies" (American Psychiatric Association, 1994, p. 522). Assessment of such inner states is clearly a subjective enterprise and is complicated by the fact that accused sex offenders are often unwilling to discuss or even acknowledge them.

Discussion

Assessment Issues

This paper has focused on six questions that are often involved in a sex offender evaluation and has reviewed the assessment instruments that tend to be employed in answering them, keeping in mind the *Standards* (AERA et al., 1999) for testing endorsed by the American Psychological Association. The following observations and conclusions are offered.

1. Contributions to the assessment of an individual's general psychological characteristics can come from biographical data, the MMPI–2, and other sources. In regard to forensic contexts, the MCMI–III is considered controversial at the present time.
2. Assessing the nature of the individual's deviant sexual interests is often the centerpiece of a sex offender evaluation, although the utility of test instruments designed specifically for this purpose (plethysmograph; MSI; AASI) is not yet supported by published literature, either in regard to test development or validity. Reliance on comprehensive interviews plus a careful consideration of past records is recommended.
3. Research on assessing risk of reoffense is now yielding objective procedures that currently have relatively modest accuracy and need further development but hold promising potential. The origin, development, and validities of several such instruments have been presented in a variety of publications.
4. Amenability to treatment has not been addressed with specific test instruments, although researchers have identified some relevant factors, and the potential exists for developing such instruments. Consideration should also be given to factors that are related to positive outcomes in cognitive–behavioral treatment overall.
5. It is critical to assess the extent of self-serving misrepresentation (defensiveness; exaggeration; malingering), whether conscious or unconscious. This can be done with selected inventory scales, the best of which are adequately validated in general. The use of the polygraph remains controversial.
6. Assessing the person's fit with specific formal criteria—whether legal, psychiatric, or other—is a matter of applying the rules that define the condition, whatever they happen to be.

Emergent Issues

It is worth questioning whether the comprehensive identification of a person's deviant sexual interests is always necessary in a sex offender evaluation. The motivation for identifying such interests is based at least in part on the assumption that they all stem from a common underlying disorder, variously conceptualized as sexual psychopathology (Freud, 1905/1953) and propensity (e.g., Beale, 1993). Thus, the concern is that if one deviant behavior were successfully treated, there would probably be another ready to take its place. The empirical evidence bearing on this argument is mixed. It is supported by Abel, Becker, Cunningham-Rathner, Mittelman, and Rouleau (1988), who found that sex offenders usually have several different paraphilias, but contradicted by Marshall, Barbaree, and Eccles (1991), who found that they do not. (A possible reason for the difference is that Abel et al. might have studied a much more severely disordered population.) In addition, there is no viable scientific theory that would suggest a common underlying disorder (Lanyon, 1997b). Possibly relevant is the finding of Hall et al. (1995) that men differ greatly in sexual arousability, with the implication that some men may be readily aroused by a wide variety of stimuli.

There is also the thorny problem of men who do not admit sexual deviance (nonadmitters). This difficult area has been all but ignored in the literature. There are two types of nonadmitters: *guilty nonadmitters*—that is, men who deny their offense; and *innocent nonadmitters*—men who are falsely accused. The most obvious research need is to study the differences between these two groups to distinguish one from the other, and there will be obvious limitations to what can be concluded about nonadmitters until adequate data exist. There is at least one instance in which a court has raised the question of the validity of test data for nonadmitters. In *State v. Cavaliere* (1995), the supreme court of New Hampshire questioned whether findings based on studies of admitters also applied to nonadmitters and expressed a desire for data on nonadmitters (Rogers et al., 1999). The issue of men who admit only part of their sexually deviant behavior must also be addressed. Lanyon and Lutz (1984) showed that that MMPI profiles of such men were much more like those of full nonadmitters than full admitters.

In regard to the practical assessment of nonadmitters, currently available procedures can show the extent to which such persons are being defensive but not necessarily what they are being defensive about. Such information needs to come from historical and other collateral data. Lanyon (1993b) demonstrated that guilty nonadmitters could be identified using MMPI scales related to sexual deviance when compared with subjects who had comparable reasons for being defensive. Some potential thus exists for the future development of inventory-based assessment of nonadmitters. It is of interest that the meta-analytic review by Hanson and Bussiere (1998) found little or no relationship between nonadmission and recidivism.

A word should be said about the task of translating findings from risk-assessment research into useful practical tools (see Douglas & Webster, 1999). Most commonly, scores are converted into probability tables of success versus failure over different time intervals, and these projected outcomes are used in conjunction with a decision as to what level of risk is acceptable. In other words, the usual end-product is a single empirically based probability figure. An alternative approach might be a multistep management and decision-making model (e.g., Heilbrun et al., 1998) in which multiple assessments of risk potential and other relevant variables are made at different times in the offender's trajectory, each relevant to the particular management issues that are faced at that time. For example, an offender's risk potential might be assessed before and after therapeutic modification of a particular aspect of his behavior, such as social skills or response to personal stress. The assessment could result either in a decision to move the offender to a slightly less restrictive environment or perhaps to identify and change some other dysfunctional aspect of his behavior. The use of such an approach would require the availability of assessment tools that are somewhat different from those currently being developed.

In conclusion, it is worth reiterating that professionals focusing on assessment in sex offending, and especially the assessment of risk, face a more difficult task than those focusing in most other assessment areas. There are two types of possible errors in an assessment situation: false positives and false negatives. In sex offender assessment (and particularly in risk assessment), false-negative errors are considered to be very serious and to be less acceptable than false positives, although there are obviously serious consequences associated with false positives too. Thus, the highest possible quality of work is needed, and this is a particular reason why continued improvement in the accuracy of assessment procedures is important. It is also a reason for considering multistep models, which have the advantage of breaking the process down into many small risk-management decision steps, thereby reducing the burden carried at each step.

References

Abel, G. G., Becker, J. V., Cunningham-Rathner, J., Mittelman, M.,& Rouleau, J.(1988). Multiple paraphilic diagnoses among sex offenders. *Bulletin of the American Academy of Psychiatry and the Law, 16,* 153-168.
Abel, G. G., Huffman, J., Warberg, B.,& Holland, C. L.(1998). Visual reaction time and plethysmography as measures of sexual interest in child molesters. *Sexual Abuse: A Journal of Research and Treatment, 10,* 81-95.
Alexander, M. A.(1999). Sexual offender treatment efficacy revisited. *Sexual Abuse: A Journal of Research and Treatment, 11,* 101-116.
American Educational Research Association, American Psychological Association,& National Council on Measurement in Education(1999). Standards for educational and psychological testing. (Washington, DC: Author.)
American Psychiatric Association.(1994). Diagnostic and statistical manual of mental disorders ((4th ed.). Washington, DC: Author.)
(1999). (Arizona Revised Statutes, 43rd Legislature, 1st Reg. Sess. and 2nd Special Sess. §13-1405)
Association for the Treatment of Sexual Abusers.(1997). Ethical standards and principles for the management of sexual abusers. (Beaverton, OR: Author.)
Baer, R. A., Wetter, M. W.,& Berry, D. T. R.(1992). Detection of underreporting of psychopathology on the MMPI: A meta-analysis. *Clinical Psychology Review, 12,* 509-525.
Barker, J. G.,& Howell, R. J.(1992). The plethysmograph: A review of recent literature. *Bulletin of the American Academy of Psychiatry and the Law, 20,* 13-25.
Bartol, C. R.,& Bartol, A. M.(1994). Psychology and law ((2nd ed.). Pacific Grove, CA: Brooks/Cole.)
Beale, S. S.(1993). Prior similar acts in prosecutions for rape and child sex abuse. *Criminal Law Forum, 4,* 307-326.
Berry, D. T. R., Baer, R. A.,& Harris, M. J.(1991). Detection of malingering on the MMPI. *Clinical Psychology Review, 11,* 585-598.
Boer, D. P., Hart, S. D., Kropp, P. R.,& Webster, C. D.(1998). Manual for the Sexual Violence Risk–20. (Vancouver, Canada: Mental Health, Law, and Policy Institute, Simon Fraser University, with British Columbia Institute Against Family Violence. (Distributed by Psychological Assessment Resources, Odessa, FL.))
Brownell, K. D., Hayes, S. C.,& Barlow, D. H.(1977). Patterns of appropriate and deviant sexual arousal: The behavioral treatment of multiple sexual deviations. *Journal of Consulting and Clinical Psychology, 45,* 1144-1155.
Butcher, J. N.,& Williams, C. L.(1992). Essentials of MMPI-2 and MMPI-A interpretation. (Minneapolis: University of Minnesota Press.)
Craighead, L. W., Craighead, W. E., Kazdin, A. E.,& Mahoney, M. J.(1994). Cognitive and behavioral interventions. (Boston: Allyn & Bacon.)
Dattalio, F. M.,& Freeman, A.(1994). Cognitive-behavioral strategies in crisis intervention. (New York: Guilford.)
((1993)). Daubert v. Merrell Dow Pharmaceuticals, Inc. (509 U.S. 579)
Douglas, K. S.,& Webster, C. D.(1999). Predicting violence in mentally and personality disordered individuals. (In R. Roesch, S. H. Hart, & J. R. P. Ogloff (Eds.), Psychology and law: The state of the art (pp. 175–239). New York: Kluwer Academic/Plenum.)
Dwyer, S. M.(1997). Treatment outcome study: Seventeen years after sexual offender treatment. *Sexual Abuse: A Journal of Research and Treatment, 9,* 149-160.
Epperson, D. L., Kaul, J. D.,& Heselton, D.(1999). Minnesota Sex Offender Screening Tool–Revised (MnSOST-R): Development, performance, and recommended risk level cut scores. (Unpublished manuscript, Iowa State University.)
Fischer, L.,& Smith, G.(1999). Statistical adequacy of the Abel Assessment for Interest in

Paraphilias. *Sexual Abuse: A Journal of Research and Treatment, 11,* 207-216.
Freud, S.(1953). Three essays on the theory of sexuality. (In S. Freud (Ed.), The complete psychological works of Sigmund Freud (Vol. 7, pp. 123–143). London: Hogarth Press. (Original work published 1905))
Freund, K.(1967). Diagnosing homo- or heterosexuality and erotic age preference by means of a psychophysiological test. *Behavior Research and Therapy, 5,* 209-228.
Friedrich, W. N.(1988). Child abuse and sexual abuse. (In R. L. Greene (Ed.), The MMPI: Use with specific populations (pp. 246–248). New York: Grune & Stratton.)
((D.C. Cir. 1923)). Frye v. U.S. (293 F. 1013)
Furby, L., Weinrott, M. R.,& Blackshaw, L.(1989). Sex offender recidivism: A review. *Psychological Bulletin, 105,* 3-30.
Graham, J. R.(2000). MMPI-2: Assessing personality and psychopathology. (New York: Oxford University Press.)
Grisso, T.(1986). Evaluating competencies: Forensic assessments and instruments. (New York: Plenum.)
Groth, A. N., Burgess, A. W.,& Holstrom, L. L.(1977). Rape: Power, anger, and sexuality. *American Journal of Psychiatry, 134,* 1239-1243.
Hall, G. C. N.(1995). Sexual offender recidivism revisited: A meta-analysis of recent treatment studies. *Journal of Consulting and Clinical Psychology, 63,* 802-809.
Hall, G. C. N., Hirschman, R.,& Oliver, L. L.(1995). Sexual arousal and arousability to pedophilic stimuli in a community sample of normal men. *Behavior Therapy, 26,* 681-694.
Hall, G. C. N., Maiuro, R. F., Vitaliano, P. P.,& Proctor, W. C.(1986). The utility of the MMPI with men who have sexually assaulted children. *Journal of Consulting and Clinical Psychology, 54,* 493-496.
Hanson, R. K.(1997). The development of a brief actuarial risk scale for sexual offense recidivism (User Report No. (1997-04). Ottawa, Canada: Department of the Solicitor General of Canada.)
Hanson, R. K.(1998). What do we know about sex offender risk assessment? *Psychology, Public Policy, and Law, 4,* 50-72.
Hanson, R. K.,& Bussiere, M. T.(1998). Predicting relapse: A meta-analysis of sexual offender recidivism studies. *Journal of Consulting and Clinical Psychology, 66,* 348-362.
Hanson, R. K.,& Thornton, D.(2000). Improving risk assessments for sex offenders: A comparison of three actuarial scales. *Law and Human Behavior, 24,* 119-136.
Hare, R. D.(1991). The Revised Psychopathy Checklist. (Toronto, Canada: Multi-Health Systems.)
Harris, G. T., Rice, M. E.,& Quinsey, V. L.(1998). Appraisal and management of risk in sexual aggression: Implications for criminal justice policy. *Psychology, Public Policy, and Law, 4,* 73-115.
Hart, H.(1923). Predicting parole success. *Journal of Criminal Law and Criminology, 14,* 405-413.
Hart, S. D.(1999). Assessing violence risk: Thoughts and second thoughts. *Contemporary Psychology: APA Review of Books, 44,* 486-488.
Haywood, T. W., Grossman, L. S.,& Cavanaugh, J. L. Jr.(1990). Subjective versus objective measurements of deviant sexual arousal in clinical evaluations of alleged child molesters. *Psychological Assessment: A Journal of Consulting and Clinical Psychology, 2,* 269-275.
Heilbrun, K., Nezu, C. M., Keeney, M., Chung, S.,& Wasserman, A. L.(1998). Sexual offending: Linking assessment, intervention, and decision making. *Psychology, Public Policy, and Law, 4,* 138-174.
Howes, R. J.(1995). A survey of plethysmographic assessment in North America. *Sexual Abuse: A Journal of Research and Treatment, 7,* 9-24.
((1997)). Kansas v. Hendricks (117 U.S. 2072)
Kostlan, A.(1954). A method for the empirical study of psychodiagnosis. *Journal of Consulting Psychology, 18,* 82-88.

Krueger, R. B., Bradford, J. M. W.,& Glancy, G. B.(1998). Report from the committee on sex offenders: The Abel Assessment for Sexual Interest: A brief description. *Journal of the Academy of Psychiatry and the Law, 26,* 277-280.
Lachar, D.(1974). The MMPI: Clinical assessment and automated interpretation. (Los Angeles: Western Psychological Services.)
Lalumiere, M. L.,& Earls, C. M.(1992). Voluntary control of penile responses as a function of stimulus duration and instructions. *Behavioral Assessment, 14,* 121-132.
Lanyon, R. I.(1978). Psychological Screening Inventory manual ((2nd ed.). Port Huron, MI: Sigma Assessment Systems.)
Lanyon, R. I.(1991). Theories of sex offending. (In C. R. Hollin & K. Howells (Eds.), Clinical approaches to sex offenders and their victims (pp. 35–54). New York: Wiley.)
Lanyon, R. I.(1993a). Development of scales to assess specific deception strategies on the Psychological Screening Inventory. *Psychological Assessment, 5,* 324-329.
Lanyon, R. I.(1993b). Validity of MMPI sex offender scales with admitters and nonadmitters. *Psychological Assessment, 5,* 302-306.
Lanyon, R. I.(1996). Assessment of specific deception strategies used by personality inventory respondents. *American Journal of Forensic Psychology, 14,* 37-53.
Lanyon, R. I.(1997a). Detecting deception: Current models and directions. *Clinical Psychology: Science and Practice, 4,* 377-387.
Lanyon, R. I.(1997b). Scientific status of the concept of continuing emotional propensity for sexually aberrant acts. *Journal of the American Academy of Psychiatry and the Law, 25,* 59-67.
Lanyon, R. I.,& Lutz, R. W.(1984). MMPI discrimination of defensive and nondefensive felony sex offenders. *Journal of Consulting and Clinical Psychology, 52,* 841-843.
Lykken, D. T.(1981). A tremor in the blood. (New York: McGraw-Hill.)
Marshall, W. L., Barbaree, H. E.,& Eccles, A.(1991). Early onset and deviant sexuality in child molesters. *Journal of Interpersonal Violence, 6,* 323-326.
Millon, T.(1994). The Millon Clinical Multiaxial Inventory-III manual. (Minneapolis, MN: National Computer Systems.)
Millon, T.(1996). Disorders of personality ((2nd ed.). New York: Wiley.)
Morey, L. C.(1991). Personality Assessment Inventory: Professional manual. (Odessa, FL: Psychological Assessment Resources.)
Morey, L. C.(1996). An interpretive guide to the Personality Assessment Inventory (PAI). (Odessa, FL: Psychological Assessment Resources.)
Murphy, W. D.,& Peters, J. M.(1992). Profiling child sexual abusers: Psychological considerations. *Criminal Justice and Behavior, 19,* 24-37.
Nichols, H. R.,& Molinder, I.(1984). Multiphasic Sex Inventory. (Tacoma, WA: Nichols and Molinder.)
Nichols, H. R.,& Molinder, I.(1996a). Multiphasic Sex Inventory II. (Tacoma, WA: Nichols and Molinder Assessments.)
Nichols, H. R.,& Molinder, I.(1996b). Multiphasic Sex Inventory II handbook. (Tacoma, WA: Nichols and Molinder Assessments.)
Paitich, D., Langevin, R., Freeman, R., Mann, K.,& Handy, L.(1977). The Clarke SHQ: A clinical sex history questionnaire for males. *Archives of Sexual Behavior, 6,* 421-435.
Paulhus, D. L.(1986). Self-deception and impression management in test responses. (In A. Angleitner & J. S. Wiggins (Eds.), Personality assessment via questionnaire (pp. 143–165). New York: Springer.)
Paulhus, D. L.(1998). Paulhus Deception Scales: User's manual. (North Tonawanda, NY: Multi-Health Systems.)
Quinsey, V. L., Harris, G. T., Rice, M. E.,& Cormier, C. A.(1998). Violent offenders: Appraising and managing risk. (Washington, DC: American Psychological Association.)

Retzlaff, P.(1996). MCMI–III validity: Bad test or bad validity study. *Journal of Personality Assessment, 66,* 431-437.
Rogers, R.(1997). Clinical assessment of malingering and deception ((2nd ed.). New York: Guilford.)
Rogers, R., Salekin, R. T.,& Sewell, K. W.(1999). Validation of the Millon Clinical Multiaxial Inventory for Axis II disorders: Does it meet the Daubert standard? *Law and Human Behavior, 23,* 425-443.
Saxe, L., Dougherty, D.,& Cross, T.(1985). The validity of polygraph testing. *American Psychologist, 40,* 355-366.
Schouten, P. G. W.,& Simon, W. T.(1992). Validity of phallometric measures with sex offenders: Comments on the Quinsey, Laws, and Hall debate. *Journal of Consulting and Clinical Psychology, 5,* 812-814.
Sines, L. K.(1959). The relative contribution of four kinds of data to accuracy in personality assessment. *Journal of Consulting Psychology, 23,* 483-492.
Smith, G.,& Fischer, L.(1999). Assessment of juvenile sexual offenders: Reliability and validity of the Abel Assessment for Interest in Paraphilias. *Sexual abuse: A Journal of Research and Treatment, 11,* 217-232.
((N.H. 1995)). State v. Cavaliere (663 A.2d 96)
Steinberg, C. E.(1993). The Daubert decision: An update on the Frye rule. *AAPL Newsletter, 18,* 66-67.