A Comparative Study of Two Groups of Sex Offenders Identified as High and Low Risk on the Static-99

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The purpose of this study was to identify possible differences between high- and low-risk sex offenders. The subjects included 285 sex offenders on probation. They were evaluated with the Static-99, Abel Assessment, Raven's, and MMPI-2. A criminal history review identified the number of prior offenses and the age/sex category in the index offense. The high- and low-risk groups were compared on 26 variables: intelligence, age, criminal history, denial patterns, measured sexual interest in children, admission of sexual interests, a childhood history of sexual abuse, victim's age, and personality variables. Four variables significantly accounted for 64% of the variance: age, prior number of felonies, the Cognitive Distortion Score, and the MMPI-2 Infrequency scale score.

KEYWORDS   Static-99, sex offender, risk assessment

INTRODUCTION

The media's frequent and detailed descriptions of violent sexual acts have created widespread outrage toward the perpetrators of these offenses. Added to the intensity of the public's concerns is a growing belief that the criminal justice system is ineffective in reducing the recidivism of sex

crimes. For example, social scientists report that the pervasiveness of child-hood sexual abuse ranges from 6% to 62% for females and 3% to 31% for males (Finkelhor, 1990). Also, some studies describe high recidivism rates for sex offenders, questioning the effectiveness of sex offender treatment. After reviewing the results of 42 sex offender programs, Furby, Weinrott, and Blackshaw (1989) concluded, "[W]e can at least say with confidence that there is no evidence that treatment effectively reduces sex offender recidivism" (p. 27). However, Marshall, Jones, Ward, Johnson, and Barbaree (1991) did a four-year follow-up comparing the recidivism rates of treated to untreated sex offenders. Treated nonfamilial child molesters showed a lower recidivism rate (17.9% for those who molested girls and 13.3% for those who molested boys) compared to 42.9% for the untreated offenders. Their review of the efficacy of treatment methods determined that physical and chemical castrations were effective and that self-help approaches were an "abysmal failure." In a meta-analysis of 61 studies that included 28,972 sex offenders with an average follow-up period of four to five years, Hanson and Bussiere (1998) reported that 13.4% recommitted a sex offense. However, when recidivism was defined as any reoffense, the overall rate was 36.3%.

The Legislative Response

In response to the public's concerns, and in an attempt to make communities safer by preventing sexual offenses, alarmed legislators have enacted a variety of measures including sexual predator laws, "castration laws," requirements for lifetime registration as a sex offender, and public notification laws. The legality of these enacted measures has not gone unchallenged. In Kansas, the court ordered a civil commitment after a sex offender completed his sentence for the criminal offense. He appealed that decision to the Supreme Court (*Kansas v. Hendricks*, 1997), but the Court determined that his subsequent civil commitment was not a violation of his constitutional rights; however, a spirited debate over where to draw the constitutional line between community safety and the rights of sex offenders is likely to continue. Prentky, Barbaree, Janus, Schwartz,, and Kafka (2006) stated there is a lack of scientific integrity in sexually violent predator commitment laws and specifically discussed the difficulty in making accurate risk assessments: "The risk thresholds for invoking sexually violent predators commitments are vague, and courts have failed to set standards that can be implemented reliably, relying instead on unoperationalized terms, such as 'likely'" (p. 372).

Assessing Recidivism Risk

Several measures to assess risk have been developed in an attempt to predict which sex offenders are most likely to reoffend: The Sex Offender Risk

Appraisal Guide (Quinsey, Harris, Rice, & Cormier, 1998), The Minnesota Sex Offender Screening Tool (Epperson, Kaul, & Hout, 1995), and the Static-99 (Hanson & Bussiere, 1998). Doren (2002) reviewed these three risk assessment instruments and stated, "The Static-99 may represent the most comprehensive actuarial risk assessment instrument currently available that is both specific to sexual recidivism likelihood and has been frequently researched with consistently supportive findings" (p.122).

Hanson and Bussiere (1998) conducted a meta-analysis of 61 follow-up studies to identify the factors most strongly related to recidivism among sexual offenders. They studied 56 variables subsumed under four categories: demographic variables, general nonsexual criminality, sexual criminal history, and sexual deviancy. The results determined that age (younger offenders), marital status (single), criminal lifestyle (especially antisocial personality disorder), failure to complete treatment, deviant victim choices (boys, strangers), and prior nonsexual and sexual offenses were modest but significant predictors. Measures of sexual deviancy as measured by the plethysmograph were the strongest predictors, but sexual interest in children was the single strongest predictor. The authors added, "Related predictors included phallometric assessment of sexual interest in boys as well as any deviant sexual preference (assessed by diverse methods)" (p. 44). Unrelated to sexual recidivism were low victim empathy and low remorse. In summarizing their findings, the authors stated, "The predictive accuracy of most of the variables was also small (.10–.20 range), and no variable was sufficiently related to justify its use in isolation" (p. 44).

In a review of the characteristics and typologies of sex offenders, Schwartz (1999) found that most studies reported the mean age of sex offenders is between 26 and 32. Hanson and Bussiere (1998) found education was not a significant predictor of recidivism. The positive relationship between prior sexual and nonsexual criminal history and sexual reoffending is reported in a number of studies. Hanson and Bussiere found that the total number of prior offenses was a reliable but modest predictor of sexual offender recidivism. Quinsey, Lalumiere, Rice, and Harris (1995) reported that prior nonsexual offenses and sexual deviancy were predictors of sexual reoffense. Gendreau, Little, and Goggin (1996) also reported that a prior criminal history is a strong predictor of sexual recidivism. Frisbie and Dondis (1965) studied a large group of sex offenders released from Atascadero and found that recidivists were most frequently diagnosed as sociopaths. The Hare Psychopathy Checklist-Revised, or PCLR-R (Hare, 2004), is a widely used measure of psychopathy, a personality pattern that is strongly associated with dangerousness (Salekin, Rogers, & Sewell, 1996). Hare stated that the predictive validity of the PCL-R "is less strongly related to a history of sexual offending than it is to a history of general offending and violence" (p. 154).

Cognitive Distortions and the Cycle of Abuse

Cognitive distortions are the beliefs that offenders use to rationalize and defend their deviant behavior (Salter, 1988). Offenders also use these irrational beliefs to minimize both their own responsibility and their perceptions of the harm done to their victims (Schwartz & Cellini, 1995). The importance of attempting to restructure these beliefs is a core feature of sex offender treatment programs using a cognitive behavioral model (Hanson & Slater, 1993; Pollock & Marshall, 1993). Programs using this model have been shown to be more effective in reducing recidivism than alternative approaches (Quinsey et al., 1998). Hanson and Bussiere (1998) reported that failure to complete a treatment program is a moderate predictor of sexual offense recidivism, but other treatment variables including length of treatment, empathy for victims, and denial of the sex offense are not related to recidivism.

The cycle of abuse theory states that if a child becomes a victim of sexual abuse, he or she is more likely to become an adult perpetrator. However, there is a wide discrepancy in the findings of researchers who have studied this theory. The United States General Accounting Office (1996) reviewed 25 studies in which known adult sex offenders were questioned as to whether they were sexually abused as children. This report concluded, [T]he experience of childhood sexual victimization is quite likely neither a necessary nor a sufficient cause of adult sexual offending" (p. 13). Coxe and Holmes (2001) studied a group of 147 sex offenders on probation. They found that of the 32 offenders in this group who were victimized sexually as children, 19 had victims under the age of 10. Their conclusion was that sexual perpetrators of young children were themselves more likely to have been victims of sexual abuse. Hanson and Bussiere (1998) did not find that a childhood history of sexual abuse predicted membership in a high-risk group.

Measuring Sexual Interests

Plethysmography is a procedure that uses a direct measure of penile tumescence to assess sexual interests. A national survey identified 726 programs for adult offenders, and 32% of these used phallometry to measure genital arousal (Knopff, Rosenberg, & Stevenson, 1986). Phallometry involves the use of one of several techniques to measure changes in penis size: the volumetric method (Freund, Sedlacek, & Knob, 1965), Bancroft's circumferential method (Bancroft, Jones, & Pullan, 1966), and the Barlow strain gauge (Barlow, Becker, Leitenberg, & Agras, 1970). Slides, audiotapes, and/or videotapes are used as stimulus materials. O'Donohue and Letourneau (1992) reported that because of these differences in techniques and stimulus materials, penile tumescence assessments appear to lack standardization.

After surveying 48 plethysmograph centers in Canada and the U.S., Howes (1995) also questioned the apparent lack of standardization of phallometry. Schwartz (1999) identified constraints in the use of the penile plethysmograph (PPG) to include the expense of the equipment, time requirements to administer the procedure, intrusiveness of measuring erectile response, and ethical and legal concerns regarding the stimulus material.

Using PPG methods, Quinsey, Chaplin, and Upfold (1984) found rapists showed more sexual arousal to rape descriptions than to descriptions of consenting sex when compared to a control group. Quinsey, Chaplin, and Varney (1981) also found that rapists showed relatively greater responses to rape stimuli in comparison to their responses for consenting sex. Laws (Ward, Laws, & Hudson, 2003) questioned the ability of the PPG to predict, stating, "I am convinced that PPG scores add very much to actuarial prediction" (p. 94).

A recently developed procedure for measuring sexual interests is the Abel Assessment for Sexual Interests (AASI; Abel, 2002), which uses an alternative method, visual reaction time (VRT), to measure sexual interests (Schwartz, 1999). There are now 600 sites including 2,000 clinicians who have administered over 80,000 Abel Assessments (personal communication, Abel Screening, January 11, 2007). Rosenzweig (1942) was one of the first to report a correlation between an individual's expressed sexual interests and the length of time they viewed slides containing those interests.

Several studies have compared individuals' responses on the VRT with their responses on the PPG. Abel, Huffman, Warberg, and Holland (1998) compared the results of a group of men who were administered both the AASI and PPG and reported both procedures demonstrated good reliability and validity. Harris, Rice, Quinsey, and Chaplin (1996) examined viewing time as an alternative measure of sexual preferences. They showed slides of nude males and females of various ages to child molesters and normal men while their viewing times were recorded. Subjects then rated the sexual attractiveness of the stimulus persons. PPG assessments were then administered to the same subjects using the same stimulus. They found viewing time shows considerable promise as an unobtrusive measure of male sexual interest, although the discrimination achieved was less than that obtained using phallometric measures.

Letourneau (2002) compared 57 incarcerated offenders' VRT with PPG responses and reported "adequate internal consistency for both measures" (p. 207). Letourneau subdivided the group by age and sex and found both measures accurately identified offenders against young boys, only the VRT significantly identified offenders against adolescent girls, the VRT but not the PPG reached significance identifying offenders against adolescent girls, and the VRT did not significantly identify offenders against young girls.

The AASI Web site (Abelscreening.com) identifies 11 cases in which either federal or state courts have "accepted" the opinions of professionals

using results of the AASI, and three cases where their opinions were "not accepted." A search in the Westlaw reference database (Westlaw.com) using "plethysmograph" and "Daubert" as the keywords identified 23 cases in either the federal or state courts where PPG results were introduced as evidence. Reviews of these cases show that the courts generally recognize the use of the PPG to diagnose, monitor, or treat offenders (*United States v. Torres*, 1991) who are already in the judicial system. However, courts have questioned the reliability of the PPG under both the Frye (*Frye v. U.S.*, 1923) and Daubert (*Daubert v. Merrell Dow Pharmaceuticals*, 1993) standards when experts have attempted to use PPG results to prove an ultimate issue of fact at trial (*State v. Spencer*, 1995).

Personality Assessment

Schwartz and Cellini (1995) reported that the Minnesota Multiphasic Personality Inventory (MMPI) is the most widely used psychological test with sex offenders. Hanson and Bussiere (1998) found that the masculinity-femininity scale was the only MMPI scale that was a significant predictor of sexual recidivism. Rader (1977) compared the profiles of exposers, rapists, and assaulters and found that of the three groups, the rapists were the most hostile, aggressive, and anxious, and appeared to have more bizarre thoughts. Armentrout and Hauer (1978) compared group profiles of adult rapists, rapists of children, and nonrapist sex offenders and found all three groups were impulsive and self-centered with poor social intelligence; however, the rapists were the angriest and most socially alienated group. Hall, Maiuro, Vitaliano, and Proctor (1986) profiled hospitalized sexual abusers and found the psychopathic deviate and schizophrenia scales (4–8 code type) elevated on the mean profile; however, no single 2-point code type was predominant. Green (2000) identified individuals with simultaneous elevations on these scales as nonconforming, resentful of authority, unpredictable, and having impulse control problems. Coxe and Holmes (2003) compared the group MMPI profiles of high- to low-risk sex offenders and found that the lie and infrequency scales predicted membership in the high-risk group.

Erickson, Luxenberg, Walbek, and Seely (1987) cautioned that these studies use mean profiles, and that group profiles should not be used to attribute these characteristics for sex offenders. They added that the findings do not support any MMPI profiles as typical for any sort of sex offenders. Duthie and McIvor (1990) also reported no single "typical" MMPI profile for sex offenders. The purpose of this study was to identify possible differences between high- and low-risk sex offenders. The Static-99 was used to classify offenders' risk level: high, medium, or low.

The high- and low-risk groups were compared on 26 variables including intelligence, offender's age, criminal history, denial patterns, measured sexual interest in children, admission of measured sexual interests, childhood history

of sexual abuse, victim's age, and personality variables. Based on the research the authors reviewed, it was hypothesized that there would be significant differences between the high- and low-risk when compared on these 26 variables.

METHOD

Participants

The subjects in this study included 285 sex offenders who were on probation for a sexual offense following a plea agreement. One requirement for receiving probation was that the offender admits the details of the offense as described in the index offense report. The sentences for this group ranged from 2 to 10 years.

Procedure

Within one month after being placed on probation, each offender completed a psychological and sexual interest assessment. The Orange and Jefferson County probation chiefs and the supervising Courts approved the study and the offenders consented to participate. The consulting psychologist to the probation departments' sex offender program performed the evaluations.

Measures

The Texas legislature mandated that the Texas Department of Criminal Justice shall establish a risk assessment to be used in determining each sex offender's level of risk and, based on the score, be assigned to one of three groups depending on level of risk (Texas Code of Criminal Procedure, 2006). Offenders scoring four or higher on the Static-99 are identified as high-risk. Local law enforcement authorities can notify the public of high-risk offenders through newspapers, neighborhood meetings, posting notices in the areas where the offender intends to reside, distributing printed notices to area residents by postcard, and establishing a specialized Web site. This notice can include the offender's social security number, driver's license number, or telephone number.

Supervising officers receive uniform training in the use and interpretation of the Static-99. The Static-99 scale includes 10 items, and the value of each is rated zero or one. The total score determines an offender's level of risk: low risk = 0–1, medium risk = 2–3, and high risk = 4 and above. The items include the number of prior sex offenses, relationship of the offender to their victim, victim's gender, the offender's marital history and age, prior sentencing occasions, and index and prior nonsexual assault convictions.

Supervising officers used the Static-99 to classify offenders' levels of risk at the time they were placed on probation: 125 (44%) were classified as low risk, 131 (46%) as medium risk, and 29 (10%) as high risk. Since being placed on probation, 101 (35%) of the total of 285 offenders in this study were revoked, and 58 (20%) successfully completed their probation. To maximize the differences, only the low- and high-risk groups were compared. In the high-risk group, 22 offenders were revoked: 1 for a new sexual offense, 10 for new nonsexual offenses, and 11 for technical violations. In the low-risk group, 22 offenders were revoked: 2 for new sexual offenses, 11 for nonsexual offenses, and 9 for technical violations.

The Raven's Matrices Progressive Matrices, a nonverbal measure of intelligence, was administered to obtain an IQ score (Raven, 1958). The MMPI-2 was used to assess personality; this is a 567 item, true-false questionnaire designed to assist in the diagnosis of mental disorders (Butcher, Graham, Ben-Porath, Tellegren, & Kaemmer, 2001).

The AASI, a two-part computerized test, was used to measure sexual interests (Abel, 2002). The first part is a comprehensive questionnaire of self-reported behaviors, accusations, arrests and convictions, and questions designed to identify cognitive distortions and truthfulness. Offenders' response to item 106 determined whether they admitted that they had committed a sexual offense and/or whether they even admitted being present with their victims as described in the index offense report. The response to item 73 determined whether offenders were victims of childhood sexual abuse. The cognitive distortion score identifies any beliefs and justifications they may have used to justify their sexual involvement with children. The score on the social desirability scale determines their willingness to admit to common social mores such as impatience, feelings of anger, and responding truthfully in the evaluation.

The second part of the Abel Assessment is the physical measurement of sexual interests, which is based on VRT. Each profile was scored using the AASI standards. In describing this section, Abel (2002) stated, "The second part of the test objectively captures the client's deviant sexual interests while viewing 160 digital images of clothed adults, adolescents, and children" (p. 1). While each slide is presented, the offender rates his sexual interest to it on a seven-point scale ranging from "highly sexually disgusting" to "highly sexually arousing." A comparison of these two measures, the VRT and the self-rating of sexual interests, determines whether an offender's self-reported interests are consistent with his measured interests. Respondents were identified as "admitters" if their self-rating was consistent with their highest category of measured interest. (The categories used in this study included children, adolescent, and adults.) Respondents were identified as "deniers" if their self-rating was not consistent with their highest category of measured interests. Offenders' criminal records, presentence reports, and victims' statements were reviewed to determine prior number of misdemeanors. A record review also determined the age category.

RESULTS

Standard multiple regression was conducted to determine the accuracy of the independent variables used in this study. These variables included the offender's age, IQ scores, a history of childhood sexual abuse, prior number of misdemeanors and felonies, denial of offense and/or details of the offense, victim age category in the index offense, measured sexual interest in children, scores on measures of cognitive distortion and social desirability, consistency between the self-report and the physical measurement of a sexual interests, and measures of personality.

In predicting the level of risk, the regression results indicated that the overall model significantly predicted the level of risk, $R = .80$, $R^2 = .64$, R^2 $adj = .531$, $F(26,112) = 5.870$, $p < .001$ (Model 1). A summary of regression coefficients is presented in Table 1. As indicated in Table 1, only four of the 26 variables (age, prior number of felonies, the cognitive distortion score, and the MMPI-2 Infrequency scale score) contributed significantly to the model.

TABLE 1 Coefficients for Model 1 Variables

Variables	B	Beta	t	Significance
Age	−.012	−.347	−4.421	.000
IQ	−.003	−.088	−1.108	.271
Victim	−.126	−.128	−1.652	.102
Misdemeanors	.025	.088	1.203	.232
Felonies	.127	.163	2.274	.025
Index offense	.045	.066	.854	.395
Child	−.012	−.013	−.178	.859
Deny offense	−.024	−.008	−.104	.918
Deny offense details	.109	.097	1.327	.188
Cognitive distortion score	.010	.275	3.548	.001
Social desirability	−.001	−.045	−.469	.640
Admit	−.029	−.034	−.470	.639
MMPI-2 Scales				
Cannot say	.005	.107	1.549	.125
Lie	.002	.079	.781	.437
Infrequency	.009	.375	2.825	.006
K scale	.007	.210	1.640	.105
Hypochondriasis	−.004	−.144	−1.045	.299
Depression	.003	.096	.781	.437
Hysteria	−.001	−.025	−.187	.852
Psychopathic-deviate	.000	−.014	−.133	.859
Masculinity-femininity	−.006	−.135	−1.679	.097
Paranoia	−.003	−.103	−1.008	.316
Psychasthenia	.001	.022	.159	.874
Schizophrenia	.002	.082	.449	.654
Mania	.004	.114	1.160	.249
Social introversion	.002	.045	.436	.664

TABLE 2 Coefficients for Model 2 Variables

Variables	B	Beta	t	Significance
Admits offense	−.307	−.105	−1.248	.215
Admits sexual interests	.154	.144	1.741	.084
Cognitive distortion score	.011	.350	3.969	.000
Social desirability	−.003	−.167	−1.618	.109
Admits to highest measured sexual interests	−.063	−.078	−.920	.359
MMPI-2 Scales				
Cannot say	−.008	−.086	−1.042	.300
Lie scale	.006	.200	1.752	.082
K scale	−.005	−.165	−1.607	.111

TABLE 3 Frequencies of High- and Low-Risk Subjects by Index Offense with Child, Adolescent, or Adult

	High	Low	Total
Child	5	43	48
Adolescent	21	74	95
Adult	3	8	11
Total	29	125	154

To examine patterns of denial and truthfulness, an additional standard multiple regression was conducted with eight of the original 26 variables (Model 2). These variables include truthfulness in admitting important details of the offense, scores on the cognitive distortion and social desirability scales, consistency between self-reported and measured sexual interests, and the lie and defensiveness scales on the MMPI-2. Regression results indicated that the overall Mmdel predicted level of risk, $R = .505$, $R^2 = .255$, $R^2 adj = .201$, $F(8,111) = 4.742$, $p < .001$. A summary of regression coefficients for Model 2 is presented in Table 2 and indicates that only one of the eight variables, the cognitive distortion score, significantly contributed to the model.

A chi-square analysis was done to examine the differences between high- and low-risk subjects in terms of the age category in their index offense. The chi-square analysis yielded results that were not significant, $X^2(2, N = 154) = 4.18$, $p > .05$. As seen in Table 3, low frequencies in some cells call for caution in drawing conclusions based on this particular analysis.

DISCUSSION

The results of this study found that only 4 of the 26 variables (offender's age, number of felonies, the cognitive distortion score, and the infrequency

scale on the MMPI-2) significantly predicted membership in the high-risk group. The average age of the low-risk group was found to be significantly lower than for the high-risk group (low = 25.9, high = 40.5). These results are consistent in part with the findings of Marshall and Barbaree (1990), who found that being below the age of 40 was a significant predictor of recidivism for nonfamilial but not incest offenders. The two groups also differed significantly in the number of prior felonies (low = .45, high = .11), but no difference was identified in number of prior misdemeanors (low = .79, high = 1.38). This supports the opinion of Gendreau and colleagues (1996), who reported that prior criminal behavior is a strong predictor and partially supports the conclusions of Hanson and Bussiere (1998), who found that it is only a modest risk predictor.

Results showed that the high-risk group obtained a significantly higher cognitive distortion score than did the low-risk group. The items on this scale describe potential justifications frequently used by offenders who are sexually involved with children, with higher scores suggesting greater use of these cognitive distortions. These findings support the conclusions of Salter (1988) and Schwartz and Cellini (1995). They are also consistent with the recommendations of Hanson and Slater (1993), Pollock and Marshall (1993), and Quinsey and colleagues (1998), who stated that a core element of any sex offender treatment program should be the reduction of cognitive distortions.

Fourteen MMPI-2 profiles were invalid due to either an excessive number of unanswered questions or an overreporting of problems (an elevated infrequency scale). The high-risk group obtained a significantly higher score on the infrequency scale of the MMPI-2 as compared to the low-risk group (low = 51, high = 69). Green (2000) reported that elevations on the infrequency scale represent the severity of psychological distress and the extent of psychopathology. Freidman, Lewak, Nichols, and Webb (2001) stated that a standard score of 60 on the infrequency scale indicates unusual or marked unconventional thinking and attitudes as well as psychological distress.

None of the MMPI-2 clinical scale averages for the low-risk group were above a standard score of 65. (For interpretive purposes, scores above a standard score of 65 are considered to be of clinical concern.) However, three scales (psychopathic deviance, paranoia, and schizophrenia, or the 4–6–8 code type) were above a standard score of 65 for the high-risk group. Freidman and colleagues (2001) stated that this pattern represents a severe and probably chronic emotional disorder. In summary, the results of this study find that the mean profile of the high-risk group is associated with a greater degree of chronic psychological maladjustment. This study's results are consistent with those of Hanson and Bussiere (1998), who stated, "Psychological symptoms have been unrelated to recidivism among general criminal populations, but sexual offending may be a special case" (p. 42). These authors found that the masculinity-femininity scale was a significant

predictor of sexual recidivism; however, in this study scores on this scale did not predict membership in the high-risk group.

This study determined that no significant difference existed between the high- and low-risk groups in their measured sexual interests in children (low = 25%, high = 24%). These results did not replicate the findings in the Hanson and Bussiere (1998) study that the "sexual interest in children as measured by phallometric assessment was the single strongest predictor found in the meta-analysis" (p. 44). One explanation is that these studies used different methods to measure sexual interests (i.e., the AASI versus the PPG). A second is that the offenders in this study probably represent a more homogeneous group than the 28,972 offenders who were in the 61 studies used in the Hanson and Bussiere research.

The two groups did not differ significantly when the offenders' self-reports of their sexual interests were compared with their measured results: 79% of the low-risk group were "admitters" and 21% were "deniers." In the high-risk group, 72% were "admitters" and 21% were "deniers." These results suggest that the majority of the offenders' self-reports of their sexual interests were consistent with their measured results. The responses of the low- and high-risk groups did not differ significantly when questioned if they had committed a sexual offense and/or whether they were even present with their victim as described in the offense report. In spite of their admissions in their sentencing hearings, 83% of the low-risk group and 95% of the high-risk group denied they committed a sexual offense. Also, 93% of the low-risk group and 95% of the high-risk group denied they were even present with their victim as described in the offense report. These results are consistent with those reported by Hanson and Bussiere (1998), who found that denial does not predict a sex offender's level of risk. Since most of these offenders admitted their offenses at their sentencing prior to these evaluations, overcoming denial is obviously not a one-time-only event. Rather, practitioners can expect offenders to waffle on this issue, especially in the early part of their treatment.

A childhood history of sexual abuse did not predict membership in the high-risk group: 20% of the low-risk group and 24% of the high-risk group reported they were childhood victims. These findings are consistent with those of Hanson and Bussiere (1998) and the survey of the United States General Accounting Office (1996). Coxe and Holmes (2001) reported somewhat different results: they found that while the relationship between early victimization and becoming an adult sexual offender does appear to be weak when all categories of sex offenders are included, a stronger relationship seems to exist among child molesters.

The results of this study have implications for both researchers and practitioners. The review of the literature and the results in this study show that the concept "deviant sexual interests" is not a unitary construct that can be represented by a single score or qualitative statement. Rather, it is composed

of subgroups based on victim age and gender. The results of this and other studies find that determining the presence or absence of "deviant sexual interests" may depend in large part on the unique qualities of a specific measuring method (AASI, PPG). The implication is that further comparative study of the AASI and the PPG such as reported by Letourneau (2002) is indicated.

Of the 285 offenders used in this study, 88 (31%) molested a child but only 41 (46%) of this group of child molesters had a measured sexual interest in children on the AASI. The implication is that the results of AASI–measured sexual interests should not be used as the sole indicator of an individual's propensity to molest a child. There is no official record that any of the 197 (69%) offenders whose victims were adults or adolescents ever molested a child, although 20 (7%) of this group obtained a measured sexual interest in children on the AASI. These results find that further convergent validity studies with diverse populations of offenders are indicated.

A one-size-fits-all risk assessment based solely on static variables and applied in all social contexts has obvious limitations. Results of this study indicate that including dynamic factors that have empirical support increases the reliability of risk assessments. Specifically, including measures of emotional adjustment and cognitive distortions can increase the accuracy of a risk assessment. This is consistent with the opinions of Hanson and Bussiere (1998) and Prentky and colleagues (2006), who suggested that an offender's risk should not be based on a single variable, and to increase reliability, assessments should include both dynamic and static variables. Further research on the ecological validity of risk assessments is indicated. For example, what social factors in a community increase or lessen the likelihood of recidivism? Also, further studies could identify the effect that the quality of sex offender treatment and community supervision may have on recidivism. This is an important area because Hanson and Bussiere found that a failure to complete treatment was a moderate predictor of recidivism.

There are two serious limitations that exist in this study. The subjects represented a narrow range within the overall population of sex offenders: these offenders were on probation in a community-based program, and the number of offenders in the high risk group was small (27). These limitations seriously reduce the ability to generalize to a larger and more diverse group of offenders. Another weakness, which also limits an attempt to apply this data to all offenders, is that the data was obtained at the beginning of the offenders' probation management and treatment; it is very possible that the data would be quite different if they were evaluated at the end of their probationary period.

This article began with a description of the public pressures that are being placed on the professionals who evaluate and treat offenders whose acts are abhorrent to society. The public's opinion is mostly influenced by

the publicity surrounding a few very egregious offenses, and public outrage demands that these offenders receive the strictest and severest punishment. However, contrary to most reports in the popular media, a majority of sex offenders do not recommit a sexual offense, and, fortunately, the horrific nature of a few high profile cases are not common to most sexual offenses. To determine the balance point between the demands of the public, community safety, and the rights of the individual offender, the judicial system depends in part on the scientific integrity of mental health professionals. In their summary of current practices, Prentky and colleagues (2006) wrote, "Bad science hinders, and good science advances, our common interest in protecting society of sexual offenders" (p. 386).

REFERENCES

Abel, G. G. (2002). *The Abel assessment for sexual interest*. Atlanta, GA: Abel Screening.

Abel, G. G., Huffman, J., Warberg, B., & Holland, C. L. (1998). *Visual reaction time and plethysmography as measures of sexual interests in child molesters*. Unpublished manuscript.

Armentrout, J. A., & Hauer, A. L. (1978). MMPIs of rapists of adults, rapists of children, and non-rapist sex offenders. *Journal of Consulting and Clinical Psychology*, *54*(4), 493–496.

Bancroft, H. J. J., Jones, H. C., & Pullan, B. P. (1966). A simple transducer for measuring penile erections and comments on its use in the treatment of sexual disorders. *Behavior Research and Therapy*, *4*, 239–241.

Barlow, D. H., Becker, R., Leitenberg, H., & Agras, W. S. (1970). A mechanical strain gauge for recording penile circumference change. *Journal of Applied Behavior Analysis*, *3*, 73–76.

Butcher, J. N., Graham, J. R., Ben-Porath, Y. S., Tellegen, A., & Kaemmer, B. (2001). *MMPI-2: Manual for administration, scoring and interpretation*. Minneapolis, MN: NCS Assessment.

Coxe, R., & Holmes, W. (2001). A study of the cycle of abuse among child molesters. *Journal of Child Sexual Abuse*, *10*(4), 111–118.

Coxe, R., & Holmes, W. (2003) A multivariate comparison of high to low risk sex offenders. *Texas Probation*, *19*(3), 12–15.

Daubert v. Merrell Dow Pharmaceuticals, 509 U.S. 579 (1993).

Doren, D. (2002). *Evaluating sex offenders: A manual for civil commitments and beyond*. Thousand Oaks, CA: Sage Publications.

Duthie, B., & McIvor, D. L. (1990). A new system for cluster-coding child molester MMPI profile types. *Criminal Justice & Behavior*, *17*(2), 199–214.

Epperson, D. I., Kaul, J. P., & Hout, S. J. (1995, October). *Predicting risk of recidivism for incarcerated sex offenders: Updated development on the Sex Offender Screening Tool (SOST)*. Paper presented at the 19th annual Research and Treatment Conference for the Association for the Treatment of Sexual Abusers, San Diego, California.

Erickson, W. D., Luxenberg, M. G., Walbek, N. H., & Seely, R. K. (1987). Frequency of MMPI two-point code types among sex offenders. *Journal of Consulting and Clinical Psychology*, *55*(4), 199–214.

Finkelhor, D. (1990). *A sourcebook on child sexual abuse* (9th ed). Beverly Hills, CA: Sage Publications.

Freidman, A. F., Lewak, R., Nichols, D. S., & Webb, J. T. (2001). *Psychological assessment with the MMPI-2*. Mahwah, NJ: Lawrence Erlbaum Associates.

Freund, K., Sedlacek, F., & Knob, K. (1965). A simple transducer for mechanical plethysmography of the male genital. *Journal of the Experimental Analysis of Behavior*, *8*, 169–170.

Frisbie, L. V., & Dondis, E. H. (1965). Recidivism among treated sex offenders. *California Mental Health Monograph,* No. 5. Sacramento, CA: State of California Department of Mental Hygiene.

Frye v. U.S., 293, F. 1013 (D.C. Cir. 1923).

Furby, L., Weinrott, M. R., & Blackshaw, L. (1989). Sex offender recidivism: A review. *Psychological Bulletin*, *105*, 3–30.

Gendreau, P., Little, T., & Goggin, C. (1996). A meta-analysis of the predictors of adult recidivism: What works. *Criminology*, *34*, 575–607.

Green, R. L. (2000). *The MMPI-2: An interpretive manual*. Boston: Allyn and Bacon.

Hall, C. C. N., Maiuro, R. D., 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*(4), 493–496.

Hanson, R. K., & Bussiere, M. T. (1998). A meta-analysis of sexual offender recidivism studies. *Journal of Consulting & Clinical Psychology*, *66*, 348–362.

Hanson, R. K., & Slater, S. (1993). Reactions to motivational accounts of child molesters. *Journal of Child Sexual Abuse*, *2*(4), 43–59.

Hare, R. D. (2004). *Hare PCL-R: Technical manual* (2nd ed.). North Tonawanda, NY: Multi-Health Systems.

Harris, G. T., Rice, M. E., Quinsey, V. L., & Chaplin, T. C. (1996). Viewing time as a measure of sexual interests among child molesters and normal heterosexual men. *Behavior Research and Therapy*, *34*, 389–394.

Howes, R. J. (1995). A survey of plethysmographic assessment in North America. *Sexual Abuse: A Journal of Research and Treatment*, *7*, 9–24.

Kansas v. Kendricks, 117, S. Ct. 2072 (1997).

Knoppf, F. H., Rosenberg, J., & Stevenson, W. (1986). *Directory of juvenile and adult sex offender treatment programs in the United States*. Syracuse, NY: Safer Society Press.

Letourneau, E. (2002). A comparison of objective measures of sexual arousal and interest: Visual reaction time and penile plethysmography. *Sexual Abuse: A Journal of Research and Treatment*, *14*(3), 307–334.

Marshall, W., & Barbaree, H. E. (1990). Outcome of comprehensive cognitive-behavioral treatment programs. In W. L. Marshall, D. R. Laws, & H. E. Barbaree (Eds.), *Handbook of sexual assault* (pp. 363–385). New York: Plenum Press.

Marshall, W. L., Jones, R., Ward, T., Johnson, P., & Barbaree, H. E. (1991). An optimistic evaluation of treatment outcome with sex offenders. *Violence Update*, *7*, 9–11.

O'Donohue, W., & Letourneau, E. (1992). The psychometric properties of the penile tumescence assessment of child molesters. *Journal of Psychopathology and Behavioral Assessment*, *14*, 125–174.

Pollock, N. L., & Marshall, J. M. (1993). The excuses of child molesters. *Behavioral Sciences and the Law*, *9*, 53–59.

Prentky, R. A., Barbaree, H., Janus, E., Schwartz, B. K., & Kafka, M. P. (2006). Sexually violent predators in the courtroom: Science on trial. *Psychology, Public Policy, and Law*, *12*(4), 357–393.

Quinsey, V. L., Chaplin, T. C., & Upfold, D. (1984). Sexual arousal to nonsexual and sadomasochistic themes among rapists and non-sex offenders. *Journal of Consulting and Clinical Psychology*, *52*, 651–657.

Quinsey, V. L., Chaplin, T. C., & Varney, G. (1981). A comparison of rapists' and non-sex offenders' sexual preference for mutually consenting sex, rape, and physical abuse of women. *Behavioral Assessment*, *3*, 12.

Quinsey, V. L., Harris, G., Rice, M., & Cormier, C. (1998). *Violent offenders: Appraising and managing risk*. Washington, DC: American Psychological Association.

Quinsey, V. L., Lalmuiere, M. L., Rice, M. E., & Harris, G. T. (1995). Predicting sexual offenses. In J. C. Campbell (Ed.), *Assessing dangerousness: Violence by sex offenders, batterers, and child abusers* (pp. 147–137). Thousand Oaks, CA: Sage Publications.

Rader, C. M. (1977). MMPI profile types of exposers, rapists, and assaulters in a court services population. *Journal of Consulting and Clinical Psychology*, *45*(1), 61–69.

Raven, J. (1958). *Standard progressive matrices*. Oxford, England: Oxford Psychologists Press.

Rosenzweig, S. (1942). The photoscope as an objective device for evaluating sexual interest. *Psychosomatic Medicine*, *4*, 150–157.

Salekin, R., Rogers, R., & Sewell, K. (1996). A review and meta-analysis of the Psychopathy Checklist and Psychopathy Checklist-Reviewed: Predictive validity of dangerousness. *Clinical Psychology: Science and Practice*, *3*, 203–215.

Salter, A. (1988). *Treating child sex offenders and victims: A practical guide*. Newbury Park, CA: Sage Publications.

Schwartz, B. (1999). *The sex offender: Theoretical advances, treating special populations and legal developments*. Kingston, NJ: Civic Research Press.

Schwartz, B. K., & Cellini, H. R. (1995). *The sex offender: Corrections, treatment, and legal practice*. Kingston, NJ: Civic Research Press.

State v. Spencer, 459 S.E.2D 812 (N.C. App.1995).

Texas Code of Criminal Procedure. (2006). Article 62.035.

United States General Accounting Office. (1996, September). *Cycle of sexual abuse: Research inconclusive about whether child victims become adult abusers* (GAO/GGD-96-178). Washington, DC: Author.

United States v. Torres, 926 F. 2d 31,324 (3d Cir. 1991).

Ward, T., Laws, D. R., & Hudson, S. M. (Eds.). (2003) *Sexual deviance: Issues and controversies*. Thousand Oaks, CA: Sage Publications.

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