The Evaluation of Accusations and the Abel Assessment for Sexual Interest

Robert Enright, Ph.D.
Department of Educational Psychology
University of Wisconsin-Madison

I recently have had the opportunity to review the Abel Assessment for Sexual Interest (AASI), which is used by clinicians in the context of persons with sex offenses. By way of background, I am a Professor of Educational Psychology at the University of Wisconsin-Madison, one of the major research universities in the country. I have been in my position for the past 34 years. In that time, I have devised a number of psychological measures, which have been reported in peer-reviewed journal articles. Some of these scales include the Adolescent Egocentrism-Sociocentrism Scale, the Distributive Justice Scale, and the Enright Forgiveness Inventory (which is the only forgiveness scale, among many, that is published, in this case by the well-regarded test-publishing company, Mind Garden). In 2007, I was given the university's highest award, the Hilldale Award for excellence in research, teaching, and service. I am a licensed psychologist in the state of Wisconsin.

The AASI consists of images on a computer screen that a person views and self-determines when to switch to the next image. The person's reaction time is calculated and used, along with the person's subjective judgments of each image, in determining whether or not there is sexual interest in a variety of different contexts (children, prostitution, voyeurism, and so forth).

The AASI does seem valid in two narrow contexts and only in these contexts: 1) as a way to support the hypothesis that certain kinds of sex offenders, as a statistical group, spend more time looking at certain kinds of images. Pedophiles, for example, spend more time gazing at photos of children in suggestive situations than do non-pedophiles who have other kinds of sexual offenses, 2) as a way to track progress in therapy. For example, if a person is being treated for pedophilia it is appropriate to use the AASI as a pretest and post-test measure to ascertain progress in therapy. The one strong caveat is this: If the participant will gain something from the therapy such as a prison release, and if the participant knows the nature of this test (how it works), then the scale is highly inappropriate for use because such a participant can easily fake the amount of time that he spends looking at a given photo.

With that background, here are my concerns, and they are significant:

First, I have reviewed much of the published research on the AASI. The reader should know that although the scale is widely used in clinical and court cases, there is surprisingly little actual published research with this instrument. I went to PsychInfo, perhaps the most comprehensive psychology search engine out there, and typed in "Abel Assessment." Much to my surprise a total of only five peer-reviewed journal articles appeared in the search, along with five unpublished doctoral dissertations and three non-data-based articles (for example, a commentary on the scale). Thus, given the importance

placed on this scale in clinical cases, I recommend caution in its use, especially when it is used to determine someone's fate as an employee, for example. There just are not enough studies to give me confidence that the scale has strong and enduring psychometric properties for use in predicting a particular person's sexual interest in general or in the workplace in particular.

Second, the reader should know that 100% of the published studies and the unpublished doctoral dissertations reporting on the AASI have used it in the exclusive context of diagnosed or convicted sex offenders. In other words, there is not one participant in even one study who is a *suspected* sex offender. All participants in every study are sex offenders of some kind. Thus, it would be highly inappropriate for a clinician to make a judgment of "guilty" on someone who is accused (not diagnosed already or convicted already) of sexual offenses. To use the AASI as the criterion for diagnosing or convicting a person of a sexual offense is unwarranted because there is no science to support its use in this way.

Third, and this is a subtle point of measurement, there are claims in the published literature that the AASI has what our field of psychology calls *discriminant validity*. By this we mean that the scale can distinguish different kinds of sex offenders (those who abuse children compared with those who abuse other adults). The AASI can successfully discriminate different kinds of sex offenders and thus the claim that it has discriminant validity is correct. Yet, and this is vitally important, it does not have discriminant validity in distinguishing someone who is a sex offender (of whatever kind) from someone who, by all indications, is not a sex offender. In other words, there is not one study to show that people who are not sex offenders (judged with a high degree of probability) can be distinguished from sex offenders based on how they respond to this scale. How do non-sex offenders respond to the visual stimuli? We do not know. Might some non-sex offenders dwell on some of the photos for reasons other than sexual attraction? We do not know. If non-sex offenders do dwell on certain photos, are they focused on the people in the image or perhaps on a car or a beach? Are non-sex offenders who dwell on certain photos examining foreground or background? We have no idea because there are no scientific investigations of this kind of discriminant validity. Thus, to use the AASI to predict or diagnose or accuse anyone who is not a known sex offender is an inappropriate use of this scale because it lacks this kind of discriminant validity to make such a claim.

Fourth, the research on the scale in 100% of the studies compares *groups*. This is important to note because the findings are all on the group level, not on the individual level. In other words, suppose that we have 100 convicted sex offenders who take the AASI. Out of that pool of 100 people, a certain percentage will show a false pattern of sexual abuse (they will look like they are dwelling on certain photos, let us say, of children when they have no sexual interest whatsoever in the children). In other words, doing these kinds of studies on the *group* level can lead to errors on the *individual* level. In the example I gave, the error is called a false positive (it seems as if we have found a pedophile based on his responses on the AASI, but in his case the findings are inaccurate). On an *individual* level (not the *group* level) there can be other kinds of

errors that we call false negatives, in which a person does not appear to be a pedophile from the view of the scale, but in fact is a pedophile. A research study done as a doctoral dissertation raised this issue of false positives and false negatives with respect to the AASI (see Casey, K., The Abel Assessment for sexual interests: Impact of antisocial personality features and pedophilic tendencies on test performance. *Dissertation Abstracts International*: Section B: The Sciences and Engineering, Vol 69(2-B), 2008. pp. 1318). The bottom scientific line is this: Beware of clinical diagnoses of *individuals* with the AASI, which has been validated (with very few studies to date) on *group* levels only. Studies on the *group* level, when statistically significant, can lead to the false conclusion that the AASI is now somehow accurate for *individual* decisions. If studies are done examining the extent of false positives and false negatives, and if these are shown to be minimal, then my concern may lessen, but the scientific data have to be there for my confidence to rise.

Finally, some researchers have published studies questioning the reliability and validity of the AASI. See, for example, Fischer and Smith, 1999, Statistical adequacy of the Abel Assessment for Interest in Paraphilias, *Sexual Abuse: Journal of Research and Treatment*, 11, 195-205. A central concern raised by Smith and Fischer (1999, Assessment of juvenile sexual offenders: Reliability and validity of the Abel Assessment for Interest in Paraphilias*, Sexual Abuse: Journal of Research and Treatment*, 11, 207-216) with juvenile offenders is the issue of temporal stability, or how the scale performs for each individual in subsequent administrations of that scale. In the case of the AASI (which now has an adolescent version), according to these researchers, juveniles tend to change their pattern of looking at the same image from one administration of the scale to another. Participants do not consistently (reliably) dwell on certain images for the same amount of time across subsequent administrations of the scale. This, of course, has clinical implications for any one individual who takes the scale and who will be judged based on the results.

In summary, the AASI has validity in two specific contexts. Its utility as an instrument to predict who is (without a prior diagnosis or conviction) or who will be a sexual offender has yet to be demonstrated. Those who use this scale to make decisions that will affect the personal and professional lives of individuals are strongly cautioned in its use, especially if it is used alone or in conjunction with only one other instrument. Because people's reputations and lives are at stake here, it is my recommendation that the AASI not be used to make these kinds of individual clinical decisions.