

# Abel assessment of sexual interest



**ASSIGN  
BUSTER**

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Working in a child center environment daily and being a part of organizations that bring service to children and their families in academic and personal setting make proper and thorough screening of individual's looking to be a part of and/or work for our organization and/or school very important. In today's society there are constant reminders of why this is so important with the increase of child molestation cases that are being reported by media outlets daily; that show indiscretions in school, churches, in the child's own home, or in the home of a friend or a relative. Even though the Department of Human Services report that incident of child sexual abuse has had a "62 percent decline in sexual abuse from 1992 to 2010" (DHHS, 2013, p 92). Although this new gives a positive view of the sexual incidents reported, it doesn't represent the countless incidents that have been unreported and/or covered up.

Since this writer works in schools and with organizations that work in schools with an at-risk population with ranging in age from 5 to 9 years old, this is an increasingly important since "33% of victims were younger than 9 years old" and "majority of victims were comprised of three races or ethnicities—White (44.0%), Hispanic (21.8%), and African-American (21.0%)" (DHHS, 2013, p 19-20). The Department of Health and Human Services (DHHS) also reported that 12.0% of victims were victimized by a perpetrator who was not the related to child (DHHS, 2013, p 22). Although these numbers may seem minimal to the general public, these numbers are frightening and unacceptable in this writer no matter how small they are. Which made this writer begin to consider the assessments out there that may assist schools

and child centered organizations in weeding out those who have the potential or inclination to sexually abuse a child. Through this writer research I happen upon the ABEL Assessment for Sexual Interest that that assesses an individual's sexual interest to a variety of subjects (Smith, Gillan, & MacLean, 1998). This paper will examine the test construction, administration, scoring, interpretation, and test review to determine if it is a viable option for this writer's intended purpose.

### Test Construction

The Abel Assessment of Sexual Interest (AASI) was created by Dr. Gene Abel and his associates based on the belief that “ visual reaction time is an indicator of sustained sexual interest” (Coric, Feuerstein, Fortunati, Southwick, Temporini, & Morgan, 2005, p 28). Dr. Abel believed that the amount of viewing time, or Visual Reaction Time (VTR), an individual spends looking at a certain image, is a nonintrusive approach of determining sexual interest (Abel, Huffman , Warberg, & Holland, 1998). AASI is comprised of subjective and objective components that were created “ to measure sexual interest by age and gender” (Coric, Feuerstein, Fortunati, Southwick, Temporini, & Morgan, 2005, p 28). AASI is separated into two sections. The first section is comprised of a questionnaire that is utilized to collect information about a “ client's sexual preferences and behaviors, legal history, and self-reported ability to control their sexual behaviors” (Coric, Feuerstein, Fortunati, Southwick, Temporini, & Morgan, 2005, p 28). The questionnaire is also comprised of elements that assist the clinician in determining if the client is faking, “ if the client exhibits a mental distortions regarding having sex with children, or if the client matches the statistical

profile of individuals (known offenders) who have sexually abused children” (Coric, Feuerstein, Fortunati, Southwick, Temporini, & Morgan, 2005, p 28)

The second part of the assessment measures the clients VTR and awareness through the viewing of “ 160 slides showing clothed children, teens, and adults clothed” (Coric, Feuerstein, Fortunati, Southwick, Temporini, & Morgan, 2005, p 28). The client is also asked during this part to rate their degree of sexual arousal in relation to the visual provocations (Abel, Huffman , Warberg, & Holland, 1998). The information gathered during this assessment is then processed and analyzed and a comprehensive report of the “ client’s response patterns” is then provided to the requesting agency, organization, or school (Coric, Feuerstein, Fortunati, Southwick, Temporini, & Morgan, 2005, p 28). There are three versions of AASI consisting of a version for men and women, boys and girls ages 12-17, and individuals with intellectual disabilities; each of these version require the client to be able to read at a 7th grade reading level (Coric, Feuerstein, Fortunati, Southwick, Temporini, & Morgan, 2005).

### Administration

As noted earlier AASI is comprised of and administered in two parts. The first part of the assessment requires the client to self-report, and this is done through a very comprehensive and investigative questionnaire, that ask the client questions about their “ sexual history, criminal history, and any history of deviant interests or activity” (Krueger, Bradford, & Glancy, 1998, p 278). Within the sequence of questions there is a series “ of questions that probe for deviant cognitions often endorsed by child molesters, as well as several

questions that form a social desirability score, measuring a person's unwillingness to admit to any violation of common social mores" (Krueger, Bradford, & Glancy, 1998, p 278). The assessment is available in several different versions for men and women, boys and girls ages 12-17, and individuals with intellectual disabilities (Coric, Feuerstein, Fortunati, Southwick, Temporini, & Morgan, 2005). This part of the assessment is self-administered and can be completed in an hour (Krueger, Bradford, & Glancy, 1998). The client is asked to answer the questions by filling in bubbles on an answer sheet (Krueger, Bradford, & Glancy, 1998). The completed questionnaires is then "mailed to Abel Screening in Atlanta for computerized scoring, and the scores are then faxed back to the site" (Krueger, Bradford, & Glancy, 1998, p 278).

The second part of the assessment is comprised of the client being presented "15 practice slides and two sets of 80 stimulus slides depicting clothed models" (Krueger, Bradford, & Glancy, 1998, p 278). These slides contain pictures of men, women, boys, and girls, of various races, which assist the clinician in examining "22 categories of sexual interest" (Krueger, Bradford, & Glancy, 1998, p 278). The slides are shown to the client on computer, and the client is

"asked first to go through and view the slides and then to go through the slides again and rate them, using the computer, on a scale ranging from 1 to 7, which presents a range of answers from highly sexually disgusting, to neither sexually disgusting nor sexually arousing to highly sexually arousing" (Krueger, Bradford, & Glancy, 1998, p 278).

The results are then e-mailed to Abel Screening in Atlanta for scoring.

### Scoring

The scoring of AASI is done by Abel Screening in Atlanta and each part is scored differently. The first part, which is the questionnaire, is faxed to Abel Screening to be scored; then the results are faxed back to the clinician (Krueger, Bradford, & Glancy, 1998, p 278). The results consist of synopses “ of the client’s answers for each of 21 deviant sexual behaviors and any admitted inappropriate sexual behavior” (Krueger, Bradford, & Glancy, 1998, p 278). Cognitive distortion and social desirability scores are also given to the clinician, as well as “ a danger registry that consist of a summary of any accusations, arrests, and convictions that the subject endorsed is given” (Krueger, Bradford, & Glancy, 1998, p 278).

The second part of assessment is also sent to Abel Screening to be scored by email, and the completed scored results are then faxed back to the clinician (Krueger, Bradford, & Glancy, 1998, p 278). The results are sent back to the clinician “ in the form of Z scores for the objective measures” (Krueger, Bradford, & Glancy, 1998, p 279). The Z score transformation is believed to treats the client’s various answers “ of each subject as a distribution of scores and calculates the mean and standard deviation of these scores, and then each response is transformed to a standard normal deviate of the distribution” (Krueger, Bradford, & Glancy, 1998, p 279). This type of scoring method is ideally supposed to “ show the relative strength of interests that an individual demonstrates toward each of the 22 categories” (Krueger, Bradford, & Glancy, 1998, p 279). The Cronbach alpha coefficient test is also

utilized, “ which is a statistical test of reliability, which demonstrates a high degree of internal consistency for the Abel Assessment” (Krueger, Bradford, & Glancy, 1998, p 279).

### Interpretation

When interpreting the result of AASI the clinician takes into account the client’s response to the questionnaire, the cognitive distortion and social desirability scores, and the VTR (Tong, 2007). The VTR is analyzed on “ the assumption that the longer a person views (i. e., attends to) a digital stimulus (visual image)the greater his or her interest in the type of person or activity represented by the stimulus, and vice-versa” (Tong, 2007, p 193). The questionnaire was specifically “ designed to assess sexual deviancy and one’s level of denial or cognitive distortions” (Tong, 2007, p 193 ). After all the probability values are calculated for the client, in regards to the four types of possible perpetrators; which are “ Girl victims outside the family (GVOF scale); Boy victims outside the family (BVOF scale); Girl victims inside the family (GVIF scale), and Boy victims inside the family (BVIF scale)” (Tong, 2007, p 196 ). If the client’s “ probability value is 70% or greater,” then it is believed that there is an elevated probability that the client’s result match one of the types of known child molester used for comparison (Tong, 2007, p 196). If the client’s “ probability value was 30% or less, there was a low probability the participant matched the type of child molester in that particular comparison group” (Tong, 2007, p 196).

Four VRT scales are also utilized to “ indicated sexual interest to child stimuli under visual examination” (Tong, 2007, p 197). Several specific stimuli of

interest are utilized, which are “ preschool females (YYF), school-aged females (YF), preschool males (YYM), and school-aged males (YM)” (Tong, 2007, p 197). The client’s scores “ will range from +1. 0 to + 7. 0, whereby scores greater than 4. 0 and closer to 7. 0 indicated genuine sexual interest to stimuli; and scores closer to 1. 0 or less indicated a genuine lack of sexual interest” (Tong, 2007, p 197).

## Conclusion

Overall the AASI seems to be fairly simple to administer, score, and interpret since the last two steps are done by Abel Screening. Abel Screening does offer seminars on how to score and interpret the result, so clinicians have options. Regardless of this fact, this writer is still leery of solely utilizing this assessment due to the controversy regarding its “ reliability, validity, and statistical analysis of the data that has been debated in the literature” (Abel, Huffman , Warberg, & Holland, 1998, p 28). Many researchers believe that AASI is more beneficial when utilized “ as part of a comprehensive psychiatric evaluation, the Abel Assessment may be a useful tool in assessing sexual interest and obtaining a thorough sexual behavior history” (Abel, Huffman , Warberg, & Holland, 1998, p 28). With that being said, this writer is willing to give AASI a try, but this writer is not willing to put complete faith in its findings.

## References

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