

Attempting to Measure Sexual Deviance Among Persons with Intellectual Disabilities Using the Abel Assessment for Sexual Interest: A Summary

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Sexual arousal involving children has been established in the literature as a significant indicator of risk for sexual re-offense (Abel, 1995; Hanson & Bussiere, 1996). Two tools exist that have been utilized to perform objective measurement of sexual interest and/or arousal; namely the penile plethysmograph and the Abel Assessment for Sexual Interest. Neither procedure is appropriate for use in legal arenas during the guilt-finding phase, although both are used for clinical assessment purposes in sexual offender treatment programs.

Several studies have identified the Abel Assessment for Sexual Interest to have comparable validity with the penile plethysmograph (Johnson & Listiak, 1999; Letoureau, 1999). The present study explored the AASI procedure in regard to its' use with persons with intellectual disabilities who are identified as having sexual behavior problems.

An obvious weakness of the present study is the absence of a non-sexual offender control group. Given that all subjects in the present study were known to have sexual behavior problems, the present data cannot be generalized to non-offenders. Since the subjects in this study were a fairly homogeneous group, within-group differences were difficult to determine with n=30. There were, however, interesting findings that support previous findings regarding the similarities of mainstream and intellectually disabled sex offenders.

The present data implies the AASI to be useful in screening the highest risk offenders, i.e. those who have multiple male victims were able to be identified through the AASI procedure, as distinct from those with female victims. The computer-based attentional visual reaction data and the endorsement of cognitive distortions combined to be useful indicators of the presence of multiple male child victims. Hanson & Bussiere's (1996) meta-analysis found that current sexual interest in children was the highest indicator of potential for re-offense, and the present data suggests that the AASI procedure can identify a good portion of those with such current interest patterns.

Another significant measurement of current sexual interest in children was found upon comparison of those offenders endorsing sexual fantasy vignettes involving children, and/or those who refused to respond to one or more of the vignettes. Declining to answer those items was highly correlated to the presence of a child-victim in their history, although file review data does not offer explanation of why those subjects declined to respond. One could speculate that they may not have wanted to incriminate themselves, were fearful of making such direct disclosure, or failed to respond for other unknown reasons. Among the subjects who did respond to that section of the questionnaire, their responses significantly identify their current sexual interest in children. This again is indicative of a current potential risk to children with whom they may come into contact.

A significant finding involved the preponderance of offenders in the present study who endorsed cognitive distortions. This finding indicates a similarity between the intellectually disabled and non-disabled sexual offender, and is consistent with other research (Kalal, Nezu C., Nezu, A., & McGuffin, 1999). It is unclear whether the cognitive distortions dis-inhibit the individual towards acting out on the deviant fantasies, or vice versa. These data imply that the presence of cognitive distortions and deviant fantasies play an active role in the wrongful sexual conduct of persons with intellectual disabilities, and may well be indicators of a current risk to children.

The present study does not support the notion of using the computer-based bar graph data independent of the questionnaire procedure. The present bar graph data did identify those offenders who were more likely to have multiple male child victims particularly when combined with endorsement of cognitive distortions. Nonetheless, the Abel Assessment for Sexual Interest data reviewed in the present study does not support the slide stimuli response data as a separate, isolated tool in attempting to identify a victim type. This finding is consistent with other findings that indicate that not all child molesters have a sexual preference for children (Marshall, 1999), implying that some sexual abuse of children may be more of an opportunistic or situational nature rather than preferential pedophilia. Divergent motivations for wrongful sexual behaviors among persons with developmental and/or intellectual disabilities are discussed elsewhere (Blasingame, 2001).

An interesting observation regarding the current study is that official records do not reflect the seriousness of the sexual behavior problems reported by the intellectually disabled subjects in this study. A number of subjects disclosed more victims once into the program as compared to the number of victims reported at the time of their initial evaluation and those found in their official criminal records; this despite having been adjudicated or in hospital based treatment, or probation/parole status. Many intellectually disabled offenders in the current study were not convicted or adjudicated for their sexual crimes, which is an issue that merits discussion but is outside the scope of the current study.

The offender assessments used in this study were completed at intake, during incarceration or during hospital placement. The subjects often reported more victims and deviant fantasies after being in treatment for a period of time. This may affect the veracity of data gathered before a trusting relationship is formed between these offender-clients and the treatment provider. The administration of similar testing procedures may be more useful if longer periods of rapport building can be allowed before the assessment procedures are implemented, or treatment providers may simply expect more disclosures to follow subsequent treatment relationship formation.

The data from the current study supports the use of the AASI in clinical settings with persons with intellectual disabilities. This study did not compare offenders to non-offenders, and all offenders in this study were in admission of some form of inappropriate sexual behavior. This latter issue points to the need for further study involving the Abel Assessment for Sexual Interest with persons with intellectual disabilities in other settings.

References are available from the lead author at gblasingame@ndth.org.