Report from the Committee on Sex Offenders: The Abel Assessment for Sexual Interest—A Brief Description

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This article briefly reviews objective methods of assessing sexual interest and/or arousal and mentions some of the disadvantages of penile plethysmography. Literature that supports the use of viewing time as a measurement of sexual interest is reviewed. A detailed description of a new system of assessing sexual interest, called the Abel Assessment, which has both subjective and objective components, is presented. A critique of this assessment system is then offered.

Attempts have been made for years to obtain some objective measurement of sexual interest and/or arousal patterns in the assessment of paraphilias. Facial electromyography[1]; penile temperature, volume, circumference, motion, and electrical bioimpedance[2]; pupillometry[3]; and abdominal temperature change[4] have all been considered in efforts to measure sexual interest and/or arousal objectively.

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The most widely accepted method of measurement in the field is the penile plethysmograph,[5] although there continue to be problems with its use.[6] Some individuals can manipulate their responses; up to one-third of the individuals in a laboratory will "flat-line," that is, will show no response to stimuli. Plethysmography is time consuming, and it involves having the patient connect his penis to a strain gauge, something that many patients find repulsive.

Into this array of assessment techniques comes the Abel Assessment for Sexual Interest. It was developed by Dr. Gene Abel, a prominent figure in the field of paraphilias, formerly at the New York State Psychiatric Institute (New York, NY) and now at Abel Screening, Inc., in Atlanta, GA. This instrument relies on the

measurement of viewing time in the assessment of sexual interest.

There is support in the literature for the use of this modality to assess sexual interest. The first mention of using viewing time as a measure of sexual interest is in an article by Rosenzweig[7] in which he described the construction of an apparatus he called the photoscope and its use to assess sexual interest in a group of subjects. Some years later Love *et al.*[8] measured the viewing time of pornography by undergraduate students and correlated this with the degree of sexual guilt that subjects reported. More recently, Harris *et al.*[9] presented slides of nude males and females of various ages to child molesters and control subjects, while recording their viewing times and also performing phallometric assessments. Deviance scores derived from the viewing time data were able to discriminate the control subjects from the child molesters, although not as much as scores derived from phallometric measures.

The Abel Assessment consists of two parts. The first part, which relies on the subject's self-report, consists of a very detailed and probing questionnaire, which poses questions about a patient's sexual history, criminal history, and any history of deviant interests or activity. Contained in this series of questions are a set 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. The questionnaire is available in separate versions configured for adult men and women and adolescent boys and girls and is also available in Spanish (for men). It is self-administered and takes about an hour to complete. Answers are recorded by having the subject "black out" items on "bubble sheets" (i.e., sheets that have small circles to be filled in with a number 2 lead pencil). The completed questionnaires have to be mailed to Abel Screening in Atlanta for computerized scoring, and the scores are then faxed back to the site. Summaries of the answers are given for each of 21 deviant sexual behaviors and any admitted inappropriate sexual behavior. A cognitive distortions score, social desirability score, and danger registry are computed and presented, and a summary of any accusations, arrests, and convictions that the subject endorsed is given.

The second part of the Abel Assessment consists of the presentation of 15 practice slides and two sets of 80 stimulus slides depicting clothed models, including men, women, boys, and girls, of both African-American and Caucasian races, which examine 22 categories of sexual interest. The slides are presented on a small projector, which is a connected to a Macintosh computer. The subject 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. The results of this administration are e-mailed to Abel Screening in Atlanta, and in turn the computed results of the administration are faxed back to the site. The results are presented in the form

of *Z* scores for the objective measures. *Z* score transformation treats the various responses 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.[10] This theoretically would show the relative strength of interests that an individual demonstrates toward each of the 22 categories.

Dr. Abel has reported, using the Cronbach alpha coefficient test, a widely used statistical test of reliability, alpha coefficients for the Abel Assessment from .84 to .90, which demonstrates a high degree of internal consistency for the Abel Assessment.[11]

While the Abel Assessment offers promise as a method for measuring sexual interest in a technically simple and unobtrusive way, several problems remain. First, there are as yet no published results describing its sensitivity and specificity. For a new procedure, corroboration of the procedure and its reliability, sensitivity, and specificity from a variety of sources that can offer an independent assessment, free from any potential economic self-interest, and communication of these results through the peer-reviewed literature are critical tests of a procedure's validity. Dr. Abel has reported, however, that an article including data that support his instrument has been accepted for publication.* Second, the concept of sexual interest falls more in the cognitive domain and is not the same thing as sexual arousal; thus, the Abel Assessment may be measuring something different than plethesmography does or some of the other techniques mentioned above. Third, it is not clear whether the Abel Assessment is sensitive to treatment effects and able to change over time. For instance, if a frotteur receives masturbatory satiation therapy, plethysmography can be used to demonstrate a change in sexual arousal pre- and posttreatment to frotteuristic stimuli. It is not clear whether the Abel Assessment has this degree of sensitivity. Fourth, even the questionnaire portion needs to be validated, in the way, for instance, that the Clarke Sexual History Questionnaire has been.[13]

Overall, the Abel Assessment has promise and deserves to be tried in the field. Technical support for the product is excellent, and all results were faxed back promptly. The questionnaire presented in part 1 of the assessment is superb. Training in the use of this instrument and its interpretation are provided with the package.

*Note added in proof: Dr. Abel's article has now been published (see Ref. 12).

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