

Using Post Conviction Sex Offender Polygraph Testing (PCSOT) and Actuarial Assessments to
Reduce Sex Offender Recidivism: A Recommendation for A New Approach

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Using Post Conviction Sex Offender Polygraph Testing (PCSOT) and Actuarial Assessments to
Reduce Sex Offender Recidivism: A Recommendation for A New Approach

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ABSTRACT

USING POST CONVICTION SEX OFFENDER POLYGRAPH TESTING (PCSOT) AND ACTUARIAL ASSESSMENTS TO REDUCE SEX OFFENDER RECIDIVISM: A RECCOMENDATION FOR A NEW APPROACH

Purpose

The purpose of the research is to define and analyze Post Conviction Sex Offender Polygraph Testing (PCSOT) and actuarial assessments. A review of the benefits of utilizing PCSOT and actuarial assessments separately will be provided and then a suggestion will be made for a new addition to the current risk assessment option. This suggestion will incorporate combining PCSOT and actuarial assessments and making a recommendation for future research which evaluates the effectiveness of combining these two risk assessment tools to determine if these tools combined could be recommended as a best practice.

Methods

The information for the research paper will be collected from various secondary sources and statistics to identify relevant information pertaining to recidivism among sex offenders. The information will be evaluated to identify effective risk assessment tools regarding sex offenders. A comprehensive analysis of the effective tools produced by the research will be conducted. As a result of the analysis, a recommendation for best practice will be produced regarding effective risk assessment tools to reduce recidivism amongst sex offenders.

Findings

Based upon a review of previous studies, actuarial assessments were found to be the most reliable and effective method when conducting risk assessments of sex offenders. In addition, PCSOT was found to be an effective tool to utilize during the risk assessment process. As a result, it is suggested that the use of actuarial assessments and PCSOT used concurrently could be considered as a recommendation for best practice. Due to the lack of evidence concerning using actuarial risk assessments and PCSOT in tandem, future empirical research is needed to validate these findings further. Future research should focus on the ability of these assessments to successfully estimate sex offender risk, reduce recidivism, and to improve compliance with probation when used concurrently. The research should also capture the offenders' experiences and opinions while undergoing these risk assessments. Recidivism should be given the most focus, as the findings of this paper support that actuarial risk assessments and PCSOT examinations provide benefits relating to reducing recidivism that other assessments do not. Based upon the evidence reviewed, future empirical research regarding the use of both actuarial assessments and PCSOT to reduce recidivism among sex offenders indicates promising results.

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Under the Supervision of Dr. Susan Hilal, Professor UW-Platteville Criminal Justice Department

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CHAPTER I: INTRODUCTION

Purpose

The purpose of the research is to define and analyze Post Conviction Sex Offender Polygraph Testing (PCSOT) and actuarial assessments. A review of the benefits of utilizing PCSOT and actuarial assessments separately will be provided and then a suggestion will be made for a new addition to the current risk assessment option. This suggestion will incorporate combining PCSOT and actuarial assessments and making a recommendation for future research which evaluates the effectiveness of combining these two risk assessment tools to determine if these tools combined could be recommended as a best practice.

A major concern regarding the sex offender population in the United States is recidivism. Approximately 67% of sex offenders commit a new sex crime within three years after being released and 76% commit a new sex crime within five years (Bureau of Justice Statistics, 2018). When comparing sex offenders to non-sex offenders, sex offenders are four times more likely to commit a new sex crime (Bureau of Justice Statistics, 2018). Approximately 60% of all sex offenders managed by the United States correctional system in federal and state prisons are under some form of conditional supervision. Despite efforts to implement preventative tools intended to reduce recidivism, recidivism remains a major concern amongst this population of offenders (Grubin, Kamenskov, Dwyer, & Stephenson, 2019).

Statement of the Problem

Risk assessments are the primary tool utilized to make sentencing and treatment decisions regarding sex offenders. The goal of risk assessments is to reduce rates of recidivism among sex offenders. In addition, risk assessments help to determine appropriate treatment programs to reduce the rate of recidivism. Risk assessments are heavily relied upon to accurately predict the rate of recidivism per offender, based upon certain risks. Although risk assessments are an

essential component when evaluating sex offenders, there is no current standard for best practice when utilizing risk assessments (Baldwin, 2016).

Several issues have been identified regarding risk assessments. Risk assessment instruments are designed to provide information regarding a specific type of recidivism risk, such as general violence, domestic violence, or sexual. No single risk assessment instrument will provide information on every type of recidivism risk potential (Grubin, Kamenskov, Dwyer, & Stephenson, 2019). Therefore, there are no current standards for best practice when assessing the sex offender population. In addition, risk assessment instruments are designed from groups of individuals and the determined risk profile for an individual is determined from groups of individuals. As a result, an individual's risk may be higher or lower than the estimated likelihood depending on other risk factors which are not considered by the risk assessment instrument (Baldwin, 2016).

Another issue regarding risk assessments is the information used to determine the risk of recidivism is primarily based upon information provided by the offender. Offenders are expected to complete questionnaires that provide information related to their previous offenses and deviant sexual behavior. Sex offenders are less likely to disclose this information due to denial and embarrassment (Harris, 2015). As a result, previous sexual offending behaviors and deviancy remains unreported. The lack of this information is detrimental to the risk assessment process.

Method of Approach

The information for the research paper will be collected from various secondary sources and statistics to identify relevant information pertaining to recidivism among sex offenders. The

information will be evaluated to identify effective risk assessment tools regarding sex offenders. A comprehensive analysis of the effective tools produced by the research will be conducted. As a result of the analysis, a recommendation for best practice will be produced regarding effective risk assessment tools to reduce recidivism amongst sex offenders.

Significance and Implications

To address the recidivism issue among sex offenders, effective risk assessment tools must be utilized. With the amount of various risk assessment tools available, it is essential to identify the most appropriate tools for criminal justice professionals to use. Currently, a major problem among the sex offender population is the lack of standard for best practice when utilizing risk assessment tools. It can be argued that this issue has attributed to the increased rate of recidivism among the sex offender population (Baldwin, 2016).

Limitations

The limitations within this paper is a lack of empirical research regarding utilizing both the PCSOT and actuarial assessments on sex offenders concurrently. Much of the existing research supporting these risk assessment tools evaluate the effectiveness of them independently. Future empirical research will need to be conducted to determine the effectiveness of using both tools concurrently on sex offenders.

CHAPTER 2: LITERATURE REVIEW

The following review is divided into seven sections. The first section will provide an overview of the risk assessment process as it relates to sex offenders. The second section will examine types of risk factors that are commonly used when assessing the risk of recidivism for sex offenders. The third section will examine various risk assessment methods utilized when evaluating sex offender risks and their overall effectiveness. The fourth section will examine types of actuarial risk assessments utilized and their overall effectiveness when evaluating sex offenders. The fifth section will provide an overview of Post-Conviction Sex Offender Polygraph Testing (PCSOT), the types of polygraph testing, and their overall effectiveness when conducted on sex offenders. The sixth section will provide barriers and limitations related utilizing PCSOT and actuarial risk assessments. Finally, the seventh section will examine the approach used for the treatment and management of sex offenders.

Introduction

According to the U.S. Department of Justice (2020), there are 859,500 convicted sex offenders in the United States. The State of Oregon has the highest amount of sex offenders at a rate of 688 per 100,000 inhabitants (U.S. Department of Justice, 2020). The State of Arkansas ranks second to Oregon, with a rate of 544 sex offenders per 100,000 inhabitants. Finally, the State of Delaware ranks the third highest with a rate of 496 per 100,000 inhabitants (U.S. Department of Justice, 2020). The U.S. Department of Justice (2020) estimates that 54% of sexual assaults are never reported to police, which means that many sex offenders are never convicted or registered.

Prison costs cause a significant burden to federal, state, and local governments as well as taxpayers. Approximately \$33.5 billion is allocated per year for prison expenses; however,

prisons costs have risen to \$39 million per year (Dalvimar, 2014). Housing inmates in prisons is costly, especially for sex offenders, due to sex offenders requiring separate housing from the general prison population to prevent physical harm from other inmates (Federal Bureau of Prisons, 2020). On average, it costs \$20,000 per year to house a sex offender compared to approximately \$12,000 per year for the general inmate population (Dalvimar, 2014). Once a sex offender has been released and is undergoing treatment, the cost of sex offenders reduces drastically to approximately \$5,000 to \$10,00 per year (Dalvimar, 2014).

A major concern regarding the sex offender population in the United States is recidivism. Recidivism relates to an arrest, charge, conviction, or incarceration for new sexual violations (Przybylski, n.d.). Approximately 67% of sex offenders commit a new sex crime within three years and 76% commit a new sex crime within five years (Bureau of Justice Statistics, 2018). Recidivism poses a detrimental impact to public safety and the community, especially victims and their families. Reducing recidivism should be the focus regarding the sex offender population.

Focusing on reducing recidivism will ease the financial burden on federal, state, and local governments as well as taxpayers. More importantly, it will enhance the safety of the community and minimize the number of future victims. A vast majority of offenders are released back into the community after conviction. It is essential to focus on ways to reduce the likelihood of committing additional sexual offenses.

The Risk Assessment Process

Risk assessments are an essential process as it relates to sex offenders. They are primarily used for sexual offenders at the federal and state level. They are utilized for both non-violent and violent sexual offenders. When using risk assessments, there are no limitations regarding the type of sex offenders that are evaluated. Typically, risk assessments are utilized by clinicians and criminal justice professionals when determining sentencing and during community supervision.

Local, state, and federal government agencies prioritize protecting the public and will continue to do so (Jones, Harkins, & Beech, 2015). To protect the public, an emphasis has been placed on early intervention and prevention. As a result, the capability to correctly assess the risk surrounding future acts and criminal behavior is increasingly important to mental health professionals, policy makers, government agencies, and the public (Jones et al., 2015). Risk assessments provide an estimation of the likelihood that an offender will recidivate, which is helpful in predicting future behavior. Modern risk assessment tools are largely designed for convicted sex offenders (Jones et al., 2015).

Historically, the risk assessment process of sex offenders has been ineffective in relation to their predictive accuracy (Baldwin, 2016). Risk assessments of sex offenders primarily consisted of individual health care practitioners utilizing both their progressive experience and clinical insight to provide a clinical judgement regarding the degree of risk associated with an offender. The unstructured, clinical judgements used as a foundation when performing risks assessments caused scientists and researchers to question the validity of risk assessments (Baldwin, 2016).

It was not until 1981, after the publication of John Monahan's *Predicting Violent Behavior: An Assessment of Clinical Techniques*, that a scientific basis was provided for risk assessments (Baldwin, 2016). The literature in this publication provided scientific guidance for healthcare clinicians when performing risk assessments. Since its publication, risk assessments of sex offenders have evolved exponentially over the past 30 years. Overall, the accuracy of risk assessments has considerably increased (Baldwin, 2016).

Risk assessment provide several functions throughout the adjudications process regarding sex offenders (Baldwin, 2016). They are utilized to accurately assess sentencing or custody levels relating to incarceration. In addition, risk assessments are utilized to determine the conditions required for community supervision. They are an essential tool utilized by corrections facilities and several government agencies to provide comprehensive decisions (Baldwin, 2016). Decisions yielded from risk assessments allow for the proper allocation of resources to promote community safety (Baldwin, 2016).

Types of Risk Factors for Assessing Recidivism

When utilizing risk assessments, there are various risk factors that are considered when predicting the likelihood of recidivism. These risk factors include static risk factors and dynamic risk factors.

Static Risk Factors

Static risk factors are comprised of unchangeable factors such as age at the time of the offense, number of previous offenses/convictions, and victim characteristics. These risk factors are easily accessible through official records and require minimal or no subjective judgement

(Harris, 2015). Static risk factors have been examined in several empirical studies and are a primary component of many valid and reliable instruments regarding assessing sex offenders (Baldwin, 2016).

Dynamic Risk Factors

Dynamic risk factors are composed of more changeable factors such as compliancy with treatment, employment, residence, attitude toward offending behavior, and intoxication (Harris, 2015). Dynamic risk factors may change over a longer period or may change over a shorter period. Research surrounding these risk factors is still in the developmental stage, so studies regarding dynamic risk factors are minimal. Although the research surrounding these risk factors is limited, there are a few factors that appear to be correlated to recidivism among sex offenders. These risk factors include cooperation with treatment, access to victims, self-awareness regarding the risk of recidivating, social adjustment, and attitudes towards victims (Harris, 2015).

Methods of Assessing Sex Offender Risk

When assessing sex offender risk, there are three commonly used methods. These include unstructured or unguided clinical judgment, structured or guided clinical judgement, and pure and adjusted actuarial assessments.

Unstructured or Unguided Clinical Judgement

One method used when assessing sex offender risk and recidivism is unstructured or unguided clinical judgement. When using this method, the evaluator utilizes case information and applies personal experience to produce a risk estimate of the offender. Unstructured clinical

judgement disregards known risk factors and theories when evaluating the information used (Baldwin, 2016). Due to this method being subjective in nature, it may result in poor validity and authenticity. This is primarily a result of unstructured clinical judgments relying largely on human judgement. One skepticism of this method is that human biases may have an impact on the decision-making process when developing a risk estimate (Harris, 2015).

Structured or Guided Clinical Judgement

A second method used is structured or guided clinical judgement. When utilizing this method, the evaluator considers a predetermined list of factors that are associated with risk. This predetermined list is produced from theory or personal experience, rather than relevant empirical evidence (Baldwin, 2016). The predetermined list of factors associated with risk are derived from areas which include psychosocial adjustment, the nature of the sexual offending, and future intentions. The area of psychosocial adjustment includes factors such as sexual deviance, offending history, childhood sexual abuse, and relationship problems. The area regarding the nature of the sexual offending is comprised of attitudes regarding offending behavior and violence used during the offense. Finally, future intentions relate to the response and willingness to comply with interventions (Baldwin, 2016).

Effectiveness of Methods

When evaluating the effectiveness of unstructured and structured clinical judgement, differences can be noted. According to Falzer (2013) unstructured clinical judgements solely rely on human expertise to gather and decipher data for the assessment. In addition, they are not supported by empirical evidence, which leaves an increased likelihood of human error, that could

have a detrimental impact on the risk assessment (Falzer, 2013). Researchers have argued that unstructured clinical judgements are not scientifically valid when compared to other risk assessment methods, due human error.

Falzer (2013) suggests that structured clinical judgements are a more efficient assessment to utilize when compared to unstructured clinical judgement. Structured clinical judgements rely upon factors which are empirically validated and supported. However, there are aspects which rely on human expertise. In structured clinical judgements, human expertise is utilized to assign an individual to a risk category of low, medium, or high (Falzer, 2013). Human expertise is guided by empirically sound evidence. Researchers have concluded that structured clinical judgments are more effective than unstructured clinical judgements (Falzer, 2013).

Actuarial Risk Assessments

A third method utilized when assessing sex offender risk and recidivism is pure actuarial assessment. The evaluator applies a current instrument composed of a list of static factors that are associated with risk, as evidence by existing literature and research. The instrument aids the evaluator in identifying the presence or absence of each risk factor. Each risk factor is then weighted, and the data is combined into an aggregate risk score (Harris, 2015). Pure actuarial assessments are the only method of evaluation that can be attained using a computerized algorithm. In addition, it is the only method that can be used by non-clinicians and does not allow subjective interpretation to be integrated (Baldwin, 2016). In addition to pure actuarial assessment, the evaluator may employ adjusted actuarial assessments. Adjusted actuarial assessments utilize existing actuarial assessments but supplement these assessments with a

predetermined list of considerations that can lower or raise the assessed level of risk (Baldwin, 2016). This method allows professional judgment to be applied to actuarial assessments.

There are several actuarial assessments which are utilized by criminal justice professionals when evaluating sex offender risk. Some of these assessments include the Rapid Risk Assessment for Sexual Offense Recidivism (RRASOR) and the Structured Anchored Clinical Judgments Minimum (SACJ-Min). In addition, three of the most widely used actuarial assessment include the Static-99, Static 99-R, the Minnesota Sex Offender Tool (MnSOST-3), and the Sexual Offender Risk Appraisal Guide (SORAG).

Rapid Risk Assessment for Sexual Offense Recidivism (RRASOR)

RRASOR, developed by Karl Hansen in 1997, is an actuarial assessment instrument which was created to assess various levels of sexual recidivism risk for convicted sex offenders (Smid, Kamphuis, Wever, & Van Beek, 2014). Hansen developed this actuarial scale through a regression procedure regarding the seven best predictors for recidivism over a sample of 2,592 sex offenders. The RRASOR is comprised of four variables that substantially increase predictive accuracy. These variables include prior sex offenses, age at release, victim gender, and the relationship between the victim and the offender. The scoring of these variables consists of prior sex offenses producing a score between zero and three, while the other factors are dichotomous. The aggregate score is calculated by adding up scored items and assigning a value of zero through six (Smid et al., 2014).

The initial study conducted by Hansen produced a relative to significant predictive accuracy for sexual recidivism. Several studies which aimed to validate the results of Hansen's original study also concluded that the RRSASOR is a relative predictor of sexual recidivism. One notable meta-analysis evaluated 34 published and unpublished studies which consisted of

over 11,000 participants regarding sexual recidivism. The meta-analysis concluded that the RRSASOR is a relative and significant tool to utilize when assigning risk to sexual offenders (Smid et al., 2014).

Structured Anchored Clinical Judgments Minimum (SACJ-Min)

The SACJ was developed in 1998 by David Thornton and was based upon the RRSASOR. The primary focus of the SACJ was to assess risk of sexual and violent recidivism over an extended period. It is comprised of three stages, which include assessment of historical risk factors, assessment of aggregating factors, and assessment of current behavior and response to treatment programs. Historical factors reflect prior and current offenses for sexual, violent, and criminal offenses. Each of these items is dichotomously scored to provide a risk assessment category of low, medium, or high. Aggregating factors are comprised of four items which are victim gender, relationship between victim and gender, noncontact sexual offenses, and relationship category. Each time two aggregating factors are present; the offender is assigned to the next highest risk category. The initial study and subsequent validation studies of the SACJ-Min concluded that it was a relative tool when assessing sexual and violent recidivism over an extended period (Boccaccini, Rice, Helmus, Murrie, & Harris, 2017).

Static-99 and Static-99R

The Static-99 is one of the most widely used actuarial assessment for predicting sexual recidivism among sex offenders (Boccaccini et al., 2017). It was developed by Karl Hanson and David Thornton between 1999 and 2000, and is a combination of the RRSASOR and the SACJ-Min. When developing the Static-99, the focus was to implement an instrument that could be

scored reliably on the premise of objective and readily available information. In addition, to the most widely used assessment, it is also highly researched. Meta-analysis regarding the validation of the Static-99 included 63 studies in total, which is approximately six times more than any sex offender instrument (Boccaccini et al., 2017).

The Static-99 is comprised of a 10-item scale which includes all four variables from the RRSASOR and seven items from the SACJ-min, with one item overlapping. These items consist of offender and offense information, which is easily obtainable through official records.

The 10-item scale includes factors such as prior sentencing dates, prior sexual offenses, age at release, prior non-sexual offenses, and victim characteristics (Boccaccini et al., 2017). Prior sexual offenses are provided with a score ranging from zero to three, while the other factors are dichotomously scored. The item scores are then calculated to provide a number ranging from zero to 12, which produces four risk levels. These risk levels include low risk, low-moderate risk, moderate-high risk, and high risk. In 2012, a revised version of the Static-99, called the Static-99R, was released. The Static-99R includes the same 10-item scale; however, the scores assigned to age at release differ (Boccaccini et al., 2017).

Minnesota Sex Offender Screening Tool (MnSOST-3)

Like the Static-99, the Minnesota Sex Offender Screening Tool is one of the most widely used actuarial assessments for predicting sexual recidivism among sex offenders (Smid et al., 2014). It was created in the 1990s by Douglas Epperson and his colleagues for the Minnesota Department of Corrections (MDOC). The primary goal of the MDOC was to provide a risk assessment tool for male sex offenders which was supported by empirical research (Ralston &

Epperson, 2013). Since its creation, it has experienced several periods of revision. The most current version is referred to as the MnSOST-3.

The MnSOST-3 is comprised of an 11-item scale, which consists of offender and offense information that can be obtained through offender records. These items include various predictors such as male victims, predatory offenses, disorderly conducted within the past three years, violation of protective orders, age at time of release, and felony offenses (Duwe & Rocque, 2018). Each item is scored in a Microsoft Excel application, which contributes to a total risk value overall. The value an offender is provided represents the probability of committing another sexual offense within four years (Duwe & Rocque, 2018). The overall score is assigned a percentile, which ranges from 0 to 100% (Duwe & Rocque, 2018).

Sexual Offender Risk Appraisal Guide (SORAG)

In addition to the Static-99 and the MnSOST-3, SORAG is a widely used risk assessment tool. The SORAG was developed in 1997 by Marnie Rice and Grant Harris and closely mirrored the Violence Risk Assessment Guide (VRAG) used for violent offenders (Smid et al., 2014). The VRAG is an actuarial risk assessment tool which predicts the likelihood of an offender committing additional violent offenses. The goal of the SORAG was to construct a violence risk assessment guide, specifically for sexual offenders, to predict the likelihood of committing additional violent, sexual offenses. The SORAG is comprised of A 14-item scale, which is designed to predict violent sexual recidivism among male offender who have committed at least one prior violent sexual offense (Smid et al., 2014). Most of the items are derived from the VRAG, which include history of alcohol problems, number of prior convictions, diagnosis of any personality disorder, elementary school maladjustment, and residing with both parents until the

age of 16, victim characteristics, and phallometrically diagnosed sexual deviance (Smid et al., 2014).

When determining a SORAG score, each item is scored inversely based upon the ideal value in the creation sample. The item scores vary between -5 and 12 , while the aggregate score ranges from -27 to 51 (Smid et. al., 2014). Once the final number is calculated, the offender is assigned to one of nine risk categories. For example, if an offender's score ranges from -17 to $+2$, they will be considered low risk. If an offender's score ranges between $+3$ and $+19$, they are considered medium risk. Finally, if an offender's score ranges from $+20$ to $+34$, they will be considered high risk (Smid et. al., 2014). When an offender's score places them in the middle of any two of the above risk levels, they will be classified accordingly. For instance, if an offender scores a $+19$ or $+20$, they will be considered medium-high risk (Smid et. al., 2014).

Effectiveness of Actuarial Assessments

When comparing various methods of assessing sex offender risks, actuarial assessments are more reliable. This is because the determined score is produced from empirically researched risk identifiers, rather than solely human judgement. Risk estimates performed using actuarial methods are more accurate than methods which rely on professional judgements. Actuarial assessments are more widely used and empirically validated than any other risk assessment method (Neller & Frederick, 2013). Research has demonstrated that clinical observations are ineffective when determining which offenders are at a high risk for reoffending and which offenders are at a lower risk of reoffending (Neller & Frederick, 2013).

A study conducted by Neller and Frederick (2013) evaluated the performance between actuarial assessment methods used for assessing sex offenders and methods which relied on

professional judgement. The sample consisted of sex offenders who were released from Minnesota prisons after being evaluated by either an actuarial assessment or an assessment involving clinical judgment. The offenders were observed over a period of four years for recidivism to compare the accuracy of the risk assessment provided. When compared to actuarial assessments, assessments which involved clinical judgements significantly performed worse regarding predicting recidivism. Offenders who were assessed using clinical judgement had a higher rate of recidivism than those were assessed by actuarial assessments. Overall, the study supports previous research which indicated that clinical judgement is inferior to actuarial assessments (Duwe & Rocque, 2018).

Below, Table 1 provides a summary of the various types of actuarial assessments and a description of each assessment.

Table 1: Types of Actuarial Risk Assessments

Type of Actuarial Risk Assessments	Description
<i>Rapid Risk Assessment for Sexual Offense Recidivism (RRASOR)</i>	<ul style="list-style-type: none"> • Comprised of four variables that substantially increase predictive accuracy. • Variables include prior sex offenses, age at release, victim gender, and the relationship between the victim and the offender.
<i>Structured Anchored Clinical Judgments Minimum (SACJ-Min)</i>	<ul style="list-style-type: none"> • Assess risk of sexual and violent recidivism over an extended period. • Comprised of three stages, which include assessment of historical risk factors, assessment of aggregating factors, and assessment of current behavior and response to treatment programs.
<i>Static-99 and Static-99R</i>	<ul style="list-style-type: none"> • One of the most widely used tools • Combination of the RRASOR and the SACJ-Min. • 10-item scale which includes all four variables from the RRASOR and seven items from the SACJ-min, with one item overlapping. • Consists of offender and offense information.
<i>Minnesota Sex Offender Screening Tool (MnSOST-3)</i>	<ul style="list-style-type: none"> • One of the most widely used tools • Developed for MDOC for male offenders • Comprised of an 11-item scale, which consists of offender and offense information t
<i>Sexual Offender Risk Appraisal Guide (SORAG)</i>	<ul style="list-style-type: none"> • One of the most widely used tools • Mirrors VRAG • Designed to predict violent sexual recidivism among male offender who have committed at least one prior violent sexual offense. • Comprised of a 14-item scale

References: (Boccaccini et al., 2017; Duwe & Rocque, 2018; Smid et al., 2014)

Post-Conviction Sex Offender Polygraph Testing (PCSOT)

Over the past 80 years, polygraph testing has been broadly used across the U.S Criminal Justice system (Spruin, Wood, Gannon, & Tyler, 2018). The use of polygraph testing for post-convicted sex offenders to assist in the supervision and treatment of offenders is utilized by more than 70% of jurisdictions in the U.S. (Cook, Barkely, & Anderson, 2014). Many states, such as Colorado and Ohio, have required PCSOT of sex offenders following their conviction as a condition of their supervision and treatment. Although much controversy surrounds polygraph testing's validity, the use of it has expanded to post-conviction settings, especially the treatment and supervision of sex offenders (Spruin, et al., 2018). Polygraph testing in post-conviction settings is designed to obtain information from offenders regarding their involvement in criminal activity. The use of polygraph testing in post-conviction situations is expected to steadily increase (Spruin et al., 2018).

Polygraph testing is used to provide historical information about the offender's past behaviors and to serve as a deterrent to re-offending while under supervision. Historical information obtained about the offender is utilized when assessing the risk of recidivism and treatment interventions. Polygraph testing allows for the disclosure of information, that would otherwise not be obtained regarding the offender (Spruin et al., 2018). The offender and the court agree upon probation conditions in which polygraph testing is implemented. This condition allows for the probation officer to successfully report the conduct of the offender to the sentencing court and allows for improvements to the offender's condition (Spruin, et al., 2018).

The polygraph test is composed of three separate parts, which include the pre-test interview, the administration of the polygraph, and a post-test interview. The pre-test interview entails the polygraph examiner reviewing information provided by the offender, reviewing the

questions that will be utilized on the examination, and explaining the polygraph testing procedures to the offender. While the polygraph test is being administered, it monitors and records physiological responses produced by the offender while they are asked certain questions. These physiological responses include changes in sweat gland activity, respiration, heart rate, and blood pressure (Spruin, et al., 2018). Once the physiological responses are recorded, the results are interpreted, and a result is determined. The results entail either No Deception Indicated (NDI) or Deception Indicated (DI). If the results are deemed DI, the post-test interview proceeds to confront the offender regarding the results and an interrogation is ensued. The polygraph examination is administered and interpreted by a certified, professional polygraph examiner.

Full Disclosure Sexual History Polygraph Examination (SHE)

One type of PCSOT Examination is the SHE. The SHE is utilized to obtain useful information pertaining to lifetime history of unreported offenses and other sexual deviancy behaviors of the offender. In addition, SHE is also utilized if the offender portrays denial regarding the offense committed and surrounding circumstances of the offense. The offender is provided with a lengthy form which requires them to list all sexual deviancy behaviors and victims. The SHE is conducted to validate the answers provided by the offender (United States Courts, 2018).

Maintenance Polygraph Examinations (MPA)

Another type of PCSOT examination is the MPA, which is utilized to confirm that the offender is complying with all supervision and treatment conditions. This examination is given

approximately once every six months and covers a broad range of sexual behaviors and compliancy concerns. The SHE assists in identifying deviant activities as well as high-risk behaviors. In addition, the examination can be utilized to investigate potential unlawful sexual behavior while under supervision if it is warranted by the supervisory official Maintenance (United States Courts, 2018).

Specific Issue Denial Test (Instant Offense-IO)

A third type of PCSOT examination is the Instant Offense-IO. This examination is utilized to confirm an offender's truthfulness regarding a specific issue or crime. The Instant-Offense-IO can be used when an offender portrays denial regarding the crime of conviction or when an offender is accused of a new crime while under supervision or treatment. If an offender's previous examination is not successful and remains unresolved, the Instant Offense-IO is utilized to resolve the previous unsuccessful polygraph examinations (United States Courts, 2018).

Prior Allegation Examination (PAE)

A fourth type of PCSCOT examination is the PAE, which is used to investigate prior allegations of sexual offenses. The structure of the PAE is like the Instant Offense-IO, but it does not include information regarding offenses of which the offender has already been convicted. These examinations are solely used to gain information regarding accusations of criminal behavior, which occurred prior to the convicted offense. The PAE allows for previous, undetected sexual deviancy and offenses denied by the offender to be identified (Cook et al., 2014).

Effectiveness of Utilizing PCSOT

Although controversy exists regarding the validity of polygraph testing, there are several benefits to utilizing it amongst post-convicted sex offenders. Two main benefits regarding PCSOT is the ability to obtain disclosures from offenders and compliancy with supervision, which otherwise may not have been obtained without the PCSOT. Studies have been conducted to evaluate the efficiency of using PCSOT and the benefits gained from utilizing it. Research conducted has predicted that PCSOT will continue to be utilized (Spruin et al., 2018).

A study conducted by Spruin et al. (2018) examined the benefits of using the PCSOT as a mandated requirement in community-based supervision environment. The sample consisted of offenders who were required to complete PCSOT and offenders who were not required to complete PCSOT. One major finding from the study was that the polygraph testing influenced sexual offenders who were required to take the PCSOT to provide more information to their probation manager that was relevant to their risk assessment and treatment. The information would not have been obtained without the polygraph testing. Another major finding from the study was that offenders who were required to complete the PCSOT were more likely to abide by their supervision requirements over time (Spruin, et al., 2018).

Another study conducted by Cook et al. (2014) examined how polygraph testing can be used to reduce recidivism and screen high-risk behaviors. The sample consisted of sexual offenders who were enrolled in the community supervision program in Oregon. Researchers analyzed recidivism rate for individuals who participated in PCSOT testing and those who did not. The study found that out of 93 offenders who were required to participate in the PCSOT, only 11 recidivated over a five-year period. When compared to the 73 offenders who were not required to participate in PCSOT, 21 offenders recidivated over a five-year period. Overall, the

results yielded that offenders who did not participate in PCSOT recidivated significantly more than those who did participate in PCSOT (Cook et al., 2014).

Below, Table 2 summarizes the various types of PCSOT examinations and a description of each exam.

Table 2: Types of PCSOT Examinations

Types of PCSOT Examinations	Description
<i>Full Disclosure Sexual History Polygraph Examination (SHE)</i>	<ul style="list-style-type: none"> • Obtains useful information pertaining to lifetime history of unreported offenses and other sexual deviancy behaviors of the offender. • Utilized if the offender portrays denial regarding the offense committed and surrounding circumstances of the offense.
<i>Maintenance Polygraph Examinations (MPA)</i>	<ul style="list-style-type: none"> • Confirms that the offender is complying with all supervision and treatment conditions. • Given approximately once every six months and covers a broad range of sexual behaviors and compliancy concerns. • Identifies deviant activities as well as high-risk behaviors.
<i>Specific Issue Denial Test (Instant Offense-IO)</i>	<ul style="list-style-type: none"> • Confirms an offender's truthfulness regarding a specific issue or crime. • Used when an offender is accused of a new crime while under supervision or treatment. • Utilized If an offender's previous examination is not successful and remains unresolved to resolve the previous unsuccessful polygraph examinations (US Courts, 2018).
<i>Prior Allegation Examination (PAE)</i>	<ul style="list-style-type: none"> • Solely used to gain information regarding accusations of criminal behavior, which occurred prior to the convicted offense. • Allows for previous, undetected sexual deviancy and offenses denied by the offender to be identified.

References: (Cook et al., 2014; US Courts, 2018)

Barriers and Limitations of Utilizing PCSOT and Actuarial Assessments

Despite the effectiveness of utilizing PCSOT and actuarial assessments on sex offenders, it is important to recognize that some barriers and limitations exist. As discussed in Section 1, the primary limitation regarding these tools is the need for further research regarding utilizing these tools concurrently. Much of the existing research examines the effectiveness of PCSOT and actuarial assessments independently, rather than in tandem. Although this primary limitation exists, it is useful to examine the individual barriers posed for both the PCSOT and actuarial assessments. Acknowledging these barriers and being aware of their existence is essential when properly implementing these tools simultaneously.

There are a few notable barriers and limitations regarding PCSOT. To begin, the use of polygraph testing has been a topic of extreme controversy since its creation in the 1900s (Balmer & Sandland, 2012). Many individuals, such as scientists, lawyers, judges, and the general public, question the reliability and validity of the results of polygraph testing from a scientific perspective. Despite the polygraph being comprised of scientific devices to monitor and record an individual's physiological changes throughout testing, opponents find it difficult to accept the polygraph as scientifically valid. One of these opponents is the U.S. court system regarding accepting the polygraph as expert evidence (Balmer & Sandland, 2012).

Although the use of polygraph is controversial and contains scientific oppositions, there are several supporters that defend its use as a scientific technique in general, as well as for usage in U.S. courts. Since its development, the polygraph has been used for over 100 years (Balmer & Sandland, 2012). Its popularity grew in past decades during The Cold War and during the McCarthyite period. Currently, polygraph testing is frequently used in several settings in the United States. These include law enforcement settings, employee screening, and national

security (Balmer & Sandland, 2012). Several U.S federal agencies such as the United States Secret Service, Customs and Border Patrol, intelligence agencies, and the Federal Bureau of Investigation require employees and candidates for employment to undergo polygraph testing as a condition of employment. Despite the barriers surrounding scientific opponents, the use of polygraph is expected to continue, as approximately two million polygraph exams are conducted per year (Balmer & Sandland, 2012). The U.S. military accounts for 30,000 of these exams per year to obtain information regarding criminal cases (Wilcox, 2013). In addition, New Mexico has approved polygraph testing to become admissible in court as expert evidence (Wilcox, 2013).

Another barrier to PCSOT testing relates to its ability to elicit historical information regarding past criminal behavior. PCSOT has revealed significant numbers of prior offenses that were not previously reported (Wilcox, 2013). If an offender discloses incriminating information, it could result in further prosecution. As a result, treatment will end which negates the intended purpose of utilizing PCSOT as a clinical tool for more effective treatment of sex offenders (Balmer & Sandland, 2012). Ethically, there is a need to continue treatment of sex offenders but also an obligation to protect current victims who are at risk. To navigate this process, many states have implemented limited immunity and consider further prosecution on a case-by-case basis. Without limited immunity, offenders are not trusting of disclosing all prior sexual deviancy in fear that they will be further prosecuted, which also negates the purpose of the PCSOT as a clinical tool to enhance treatment. Limited immunity allows the offender to disclose previous victims and sexual deviancy, without the fear of further prosecution (Balmer & Sandland, 2012). Some jurisdictions allow the offender to identify previous victims by their ages and labeling them as victim one, victim two, and so forth. Limited immunity allows the offender

to freely disclose previous deviant behaviors and victims to provide information which enhances their treatment. Although limited immunity is provided, if there is a current victim at risk, the proper legal actions will be ensued to protect the victim (Balmer & Sandland, 2012).

In addition to PCSOT, there are some barriers and limitations to actuarial risk assessments. These relate to the base rates utilized when assessing risk in sex offenders. Base rates consist of the rate of sexual offending among the sex offender population. These base rates rely on data reported from official records which reflect re-arrest statistics and recidivism rates within the sex offender population. The accurate reporting of this data is essential to the base rate when performing risk assessments (Craig & Beech, 2009).

When comparing the base rates between official records from law enforcement agencies and unofficial records from sex offender community programs, there is a significant difference. Evidence revealed that the rate of recidivism and re-arrest is significantly underreported when comparing records. For example, unofficial records reveal a 16% increase in sexual recidivism when compared to official records (Craig & Beech, 2009). When utilizing actuarial risk assessments as tools for assessing the risk of sexual offenders, clinicians should be mindful of the existence of underreporting and adjust their estimates accordingly. Although this limitation exists, if clinicians are aware and are proactive, they can adjust their risk assessment to account for the underreporting (Craig & Beach, 2009).

Another barrier to consider regarding actuarial risk assessments relates to the use of group data when performing assessments. When performing actuarial risk assessments, the characteristics of the individual is compared to the characteristics established from a group of sexual offenders studied through empirical research. Data from groups of sexual offenders includes knowledge of past sexual deviancy and crimes. When comparing individual

characteristics to group characteristics, it is possible that the predictive accuracy may be lessened. This is because the group data may not be unique to the individual being assessed (Craig & Beech, 2009). Although this can occur, many risk assessments tools such as the Static 99, have incorporated new characteristics that have been discovered through assessing sex offenders. It is imperative that clinicians are aware of this and adjust their risk assessments accordingly to accommodate the individual in which they are evaluating. Although these limitations and barriers exist regarding actuarial assessments, they remain to be the most accurate risk assessment tool when evaluating sex offenders (Craig & Beech, 2009).

Approach for The Treatment and Management of Sex Offenders

The treatment and management of sexual offenders employs the Containment Approach, which was developed by Kim English. The Containment Approach was developed from empirical data and theoretical notions produced from community corrections settings (Balmer & Sandland, 2012). It is a system of case management, which underlines public safety, victim protection, and multi-disciplinary partnerships to ensure sex offenders are held accountable for their actions (Balmer & Sandland, 2012). The effectiveness of this approach relies on the ability for interdisciplinary specialists to communicate with each other efficiently. These specialists include probation officers, clinicians, and polygraph examiners.

The Containment Approach is built upon underlying principles regarding sexual offending. To begin, this approach views each sexual offense as having a considerable potential to cause immediate and prolonged harm to victims, their families, and the community directly. Secondly, a vast majority of sexual crimes are pre-meditated and can be identified through essential patterns in an offender's life. Utilizing an inter-disciplinary approach is an effective

way to identify, interrupt, monitor, and/or modify an offender's pattern of offending (Balmer & Sandland, 2012). To be successful this inter-disciplinary approach relies on continuous communication between all participating agencies (Pimental & Muller, n.d.). This sharing of information assists in filling the gaps which can be created when multiple entities are involved regarding treatment of the offender.

Conclusion

A major concern regarding the sex offender population in the U.S. is recidivism. Because a substantial number of offenders are released back into the community after conviction, it is essential to focus on ways to reduce the likelihood of these offenders committing additional sex offenses. More importantly, focusing on decreasing recidivism will promote the safety of the community and minimize the possibility of future victims. Risk assessments are a critical component when assessing the risk of recidivism for sex offenders, especially actuarial assessments. Another essential component to the risk assessment process is PCSOT polygraph testing. PCSOT polygraph testing allows information to be gathered that is useful towards the risk assessment that would not otherwise have been obtained. Combining both actuarial risk assessments and PCSOT polygraph testing can be helpful towards combating the issue of recidivism among the sex offender population.

Chapter III: Recommendation and Summary for Implementing PCSOT and Actuarial Assessments

The following section will provide recommendations and a summary for the implementation of PCSOT and actuarial risk assessments concurrently to combat the rate of recidivism among sex offenders. This recommendation for implementation will be followed by recommendations for future research regarding the use of these risk assessments concurrently. Finally, a summary of the findings will be provided as well as conclusions.

Recommendations for Implementing PCSOT and Actuarial Assessments

Currently, empirical research conducted regarding sex offenders has not yet identified a particular risk assessment that is considered best practice. This lack of information as well as limitations imposed by using one risk assessment have caused clinicians to explore the benefits of using more than one risk assessment tool. Approximately 79.5 percent of clinicians use more than one risk assessment tool when evaluating sex offenders (Baldwin, 2016). Clinicians have provided two primary rationales to support utilizing more than one risk assessment tool. The first rationale relates to improving reliability and coverage by implementing more than one risk assessment technique. The second rationale relates to the considerable amount of underlying principles that increase sexual offending. Risk assessment instruments identify and address these principles, so utilizing more than one risk assessment instrument will be more efficient when identifying the magnitude of behaviors (Baldwin, 2016).

It is essential to utilize more than one risk assessment concurrently. This would involve a multi-disciplinary approach, which is consistent with the Containment Approach, which

incorporates the foundation of the underlying principles utilized when treating and assessing sexual offenders. Utilizing more than one risk assessments tool concurrently will generate needed collaboration between probation officers, clinicians, and polygraph examiners. This collaborative approach is a key component of sex offender management (Pimental & Muller, n.d.). This multidisciplinary approach will unify a previously disjointed process to ensure the proper treatment of the offender and protection of the community. The sharing of information and resources can also significantly reduce the cost of treating offenders (Pimental & Muller, n.d.)

The primary goal of treating sex offenders is to assist offenders in developing internal controls over persistent urges, which enable deviant behavior. Assisting sex offenders in controlling these urges through treatment will assist in reducing the likelihood of reoffending and will promote public safety (Pimental & Muller, n.d.) It is essential that all parties involved in the treatment of these offenders are in regular communication and informed. Clinicians should be in communication with probation officers to advise them of the treatment plan developed for the offender, as well as provide updates regarding the status of treatment. Offenders must also be aware that their clinicians and probation officers are in frequent communication regarding their treatment and their progress.

A recommendation for a new approach when evaluating and treating sex offenders is to utilize both PCSOT and actuarial assessments concurrently. Actuarial assessments are more widely used and empirically validated than any other risk assessment method (Neller & Frederick, 2013). In addition, they are more reliable than many of the other risk assessments available to clinicians and offenders. Among the available risk assessments, actuarial assessments are the only method of evaluation that can be attained using a computerized

algorithm. In addition, it is the only method that can be used by non-clinicians, as well as clinicians, and does not allow subjective interpretation to be integrated (Baldwin, 2016).

To supplement the implementation of actuarial assessments, PCSOT should be conducted every six months as part of the intervention and treatment plan of offenders. The first polygraph that should occur is the SHE polygraph exam, which is utilized to obtain useful information pertaining to lifetime history of unreported offenses and other sexual deviancy behaviors of the offender (U.S Court, 2018). This would help to establish the foundation unique to each sex offender to establish a proper treatment plan and risk evaluation. The preceding polygraphs conducted after the SHE is the MPA polygraph examinations, which are utilized to confirm that the offender is complying with all supervision and treatment conditions (U.S. Courts, 2018). Utilizing these PCSOT polygraphs will assist in obtaining information that would not have been obtained through actuarial assessments alone. This additional information is imperative when developing an effective plan for the offender to reduce recidivism and promote safety of the community in which these offenders are released to. In addition, incorporating these polygraphs will assist in ensuring offenders are being compliant with their treatment and probation conditions.

Utilizing both PCSOT and actuarial assessments will assist in providing a multidisciplinary approach, which is ideal when treating and assessing sex offenders. The actuarial assessment will provide a foundation for treatment that is supported by empirical research and evidence. The PCSOT will assist in developing new information that would not otherwise be obtained. In addition, it will assist the clinician in determining how well the offender is complying with treatment. The results and information produced from PCSOTs will assist the clinician in adjusting and modifying the treatment plan and will assist probation

officers in assessing compliance with probation conditions. This multi-disciplinary approach with help to eliminate gaps in information between each process conducted when evaluating and assessing potential risk for sex offenders. Overall, this approach can assist in reducing recidivism among the sex offender population, as the rate of recidivism remains high despite current treatment efforts.

Suggestions for Future Research

A major limitation surrounding the parallel use of PCSOT and actuarial assessments relates to the current lack of empirical research regarding utilizing both the PCSOT and actuarial assessments on sex offenders concurrently. Much of the existing research supporting these risk assessment tools evaluate the effectiveness of them independently. Future empirical research will need to be conducted to determine the effectiveness of using both tools in tandem on sex offenders. Utilizing the evidence that supports the effectiveness of actuarial assessment and PCSOT independently as a foundation, a well-developed research program that incorporates both actuarial assessments and PCSOT concurrently is ideal. The research program could assist in highlighting the benefits of implementing these assessments to support a potential recommendation for best practice.

There are a variety of directions the research program could pursue when producing empirical evidence, as this topic has not yet been researched. To begin, future research should focus on the ability of these assessments to successfully estimate sex offender risk, reduce recidivism, and to improve compliance with probation when used concurrently. The research should also capture the offenders' experiences and opinions while undergoing these risk assessments. Also, the research could explore possible incentives for offenders who comply and

provide sufficient information which assists in the risk assessment process to provide suitable treatment. In addition, future research could entail a cost-benefit analysis to highlight potential cost effectiveness as it relates to the correctional realm.

It is predicted that a research program that focuses on producing empirical research regarding the concurrent use of PCSOT and actuarial assessments may produce favorable results. The research could potentially be widespread and could serve as a model for other empirical research regarding this topic. Moving forward, a comprehensive research program is the only way to discover the benefits and possibilities these risk assessments could provide in reducing recidivism among the sex offender population.

Summary and Conclusions

Reliable risk assessments that accurately determine risk is imperative, as risk assessments are the primary tool utilized to make sentencing and treatment decisions regarding sex offenders. Despite the multitude of risk assessments available, there is no current standard for best practice when evaluating sex offenders. This is a significant issue, as the primary goal of risk assessments is to reduce recidivism and provide proper treatment to sex offenders. As a result, recidivism remains the largest concern among the sex offender population.

The review of the literature discussed various risk assessment methods utilized when evaluating sex offenders. In addition, a comprehensive overview of PCSOT and a variety of PCSOT examination were discussed. When reviewing the evidence regarding methods of evaluating sex offender risk, actuarial assessments are the most suitable. Actuarial assessments are more widely used and empirically validated than any other risk assessment method (Neller & Frederick, 2013). They are the easiest tool to administer and do not solely rely on clinical

judgement like other methods. Other methods that rely solely on clinical judgement are significantly less effective than methods that do not (Wilcox, 2013). Despite their effectiveness, utilizing one risk assessment method alone consistently underestimates risk, which is evidenced by the substantially high rate of recidivism among the population of sex offenders. Much of these failures can be attributed to the offender not being completely forthcoming with clinicians administering the risk assessment (Wilcox, 2013).

A solution to combat this issue is to implement the use of PCSOT in tandem with actuarial risk assessments. PCSOT is not advocated blindly, as it is supported by the evidence reviewed. Two main benefits regarding PCSOT identified in the research is the ability to obtain disclosures from offenders and compliancy with supervision, which otherwise may not have been obtained without the PCSOT. Previous studies regarding PCSOT found that polygraph testing influences the offender to provide more information to their probation manager that was relevant to their risk assessment and treatment. In addition, offenders who were required to complete the PCSOT were more likely to abide by their supervision requirements over time (Spruin, et al.,2018).

Utilizing the evidence reviewed, it is suggested that actuarial assessments and PCSOT could be used concurrently as a recommendation for best practice. However, a limitation exists regarding the lack of empirical research regarding the concurrent use of these assessments. A well-developed research team is needed to perform adequate empirical research to fully validate this method as a recommendation for best practice. Based upon the evidence reviewed, future empirical research regarding the use of both actuarial assessments and PCSOT to reduce recidivism among sex offenders indicates promising results.

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