

***The Leader in Science-based Tests for
Sex Specific Evaluation & Treatment***

The Abel Assessment *for sexual interest-3*[™] (AASI-3)

For: ▶ Men
 ▶ Women

The Abel Assessment *for sexual interest-2*[™] (AASI-2)

For: ▶ Boys
 ▶ Girls

**The Abel-Blasingame Assessment System
for individuals with intellectual disabilities[™] (ABID)**

AbelScreening.com



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Science-Based Assessments for Evaluation & Treatment

The Abel Assessments collect comprehensive data specifically designed to objectively measure a client's sexual interest.

Because the different sections of each test work together, the Assessments allow the therapist to quickly receive a range of valuable information organized in one detailed report.



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Abel Assessments Are *Vital* to the Therapist

Therapists can:

Objectively measure sexual interest in children

- *Identify the likelihood of past child sexual abuse behavior in men and women who deny*
- *Get 25 immediate and detailed sex-specific behaviors summarized in a comprehensive report*

Write evidence-based reports

- *Determine client's dangerousness and supervision/surveillance requirements*
- *Develop a treatment plan and monitor progress*
- *Use the included report writing templates to merge summary and sexual interest graph results*

Get free clinical and technical support

- *Unlimited Clinical Consultations with our Doctors*
- *Unlimited Technical Support*

Abel Assessments are:

Computerized

- *Easy-to-administer*
- *Non-invasive & have no nude stimuli*

Standardized

- *Accepted - used more than 100,000 times & passed Daubert hearings for admissibility in Federal and State courts*
- *In use by over 5,000 therapists in the U.S., Australia, Canada, England and Ireland*

Empirically validated

- *Over 95 published scientific articles*
- *Supporting research and prevention by collecting de-identified data*



Computer Requirements

To make sure the Abel Assessment systems will meet the standardization criteria, they are to be administered on a Windows[®]-based laptop meeting these specifications:

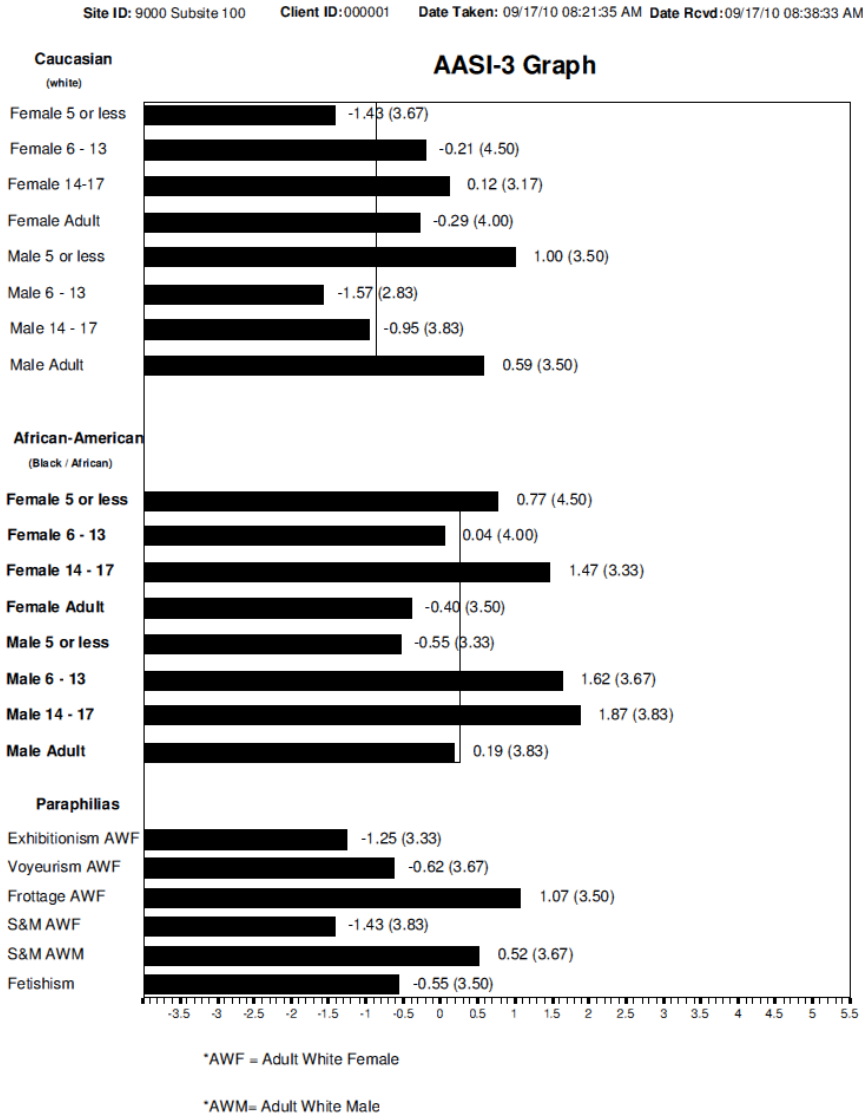
- **Laptop Computer Only:** CD-ROM, Internet Connection, and external corded mouse
- **Screen Size:** Standard Screen: 14" or 15"
Widescreen: 15" or 17"
- **Operating Systems:** Windows 7, Windows XP, Windows Vista
- **Memory:** 1 gb of RAM
- **Screen Resolution:** 1280 x 768
- **Speed:** 1 GHz



Comprehensive & Objective

Abel Assessments are administered on a Windows® laptop in two parts:

Part one measures the client's *objective sexual interest* while viewing 160 pictures of clothed adults, adolescents, and children.



Administrator Version 4.2 Report Version 4.2

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Part two is a *comprehensive sex-specific questionnaire* that elicits the client's objective measures behaviors, accusations, arrests, and convictions and includes questions regarding Internet child pornography and child contact. The client's own history of child sexual abuse victimization is also included. There are also questions that identify cognitive distortions and the client's degree of truthfulness.



Sample Report

The AASI-3 for Men Summary

Client ID 001007

Age 41

Race White/Caucasian

Sex Male

Site ID 9000 Subsite 150

Test Date 09/19/11 04:33:56 PM

23 Sexual Behaviors

		<u>Age Onset</u>	<u>Age End</u>	<u>N Victims</u>	<u>N Times</u>	<u>Control</u>
Child Molestation	N	-	-	-	-	-
Child Internet Contact	Y	40	40	N/A	63	Occasional
Child Pornography	N					
Adult Internet Pornography	N					
Adult Pornography	Y	18	32	N/A	18	Occasional
Rape	Y	18	18	2	2	Occasional
Bestiality	N					
Obscene Notes/Emails/Calls	N					
Telephone Sex	N					
Exhibitionism	Y	27	36	100	75	Nearly than half the time
Frottage	Y	22	26	38	38	Nearly complete
Public Masturbation	Y	17	30	80	50	Occasional
Voyeurism	Y	16	23	35	35	Nearly half the time
Prof. Sexual Misconduct	N					
Prostitutes	Y	18	41	4	4	Occasional
Sexual Affairs	N					
Sex With Strangers	Y	20	25	75	75	Occasional
Fetishism	N					
Transvestism	Y	30	39	N/A	N/A	Occasional
Coprophilia	N					
Necrophilia	Y	40	40	N/A	1	No control
Masochism	N					
Sadism	Y	20	36	N/A	79	No control
<u>Additional Sexual Health Concerns</u>						
Transsexualism	Y	21	36	N/A	N/A	N/A
Sexual Abuse Survivor	Y	6	14	N/A	120	N/A

The AASI-3™ results are not conclusive. The information provided in this report is based solely on data developed from The AASI-3™. This report should be interpreted in the context of other information about the individual and should be used as one of many criteria in making a decision.



About The Abel Assessment *for sexual interest-3™* for Adults

The **Abel Assessment *for sexual interest-3™* (AASI-3)** is a comprehensive tool for the evaluation of adult men and women. It is specifically designed to objectively measure a client's sexual interests and obtain information regarding involvement in a number of abusive or problematic sexual behaviors.

Because different sections of the assessment system work together, the AASI-3 is really a ***system of evaluation tools*** that allow the therapist to quickly receive a range of valuable information organized in one detailed report.

Each AASI-3 Report includes 5 objective measures and 10 self-report measures

5 Measures Taken Beyond Your Client's Awareness

- Objective Measurements of Sexual Interest in Children [Visual Reaction Time (VRT)]
- Cognitive Distortion Score
- Social Desirability Score [lie scale]
- Emerick Sexual Victimization Trauma Scales
- Client's Probability of Past CSA Acts

Self-Report Measures

- Internet Child Pornography and Internet Child Sexual Contact
- Danger to Children Registry
- Detailed Summary of Admitted Sexual Behaviors
- Detailed Summary of Sexual Health Concerns
- History as a Victim of Sexual Abuse
- Sexual Behaviors Ratings
- Sexual Fantasies Ratings
- Admissions, Accusations, and Convictions
- Arousal to Children and Adults
- Alcohol and Drug Module



AASI-3 Reports also contain:

- An Objective Measure of the Client's Probability of **PAST** Child Sexual Abuse Acts
 - *helps to **identify deniers***
 - *is **difficult to falsify** because it incorporates both the VRT and Questionnaire data into a complex logistical equation*
 - *provides **a powerful compliment** to the Sexual Interest Graph*
 - *aids in **classifying client behavior***
 - *now includes **a score for Women***
 - *can be **used in child custody cases***

Using the AASI-3

The AASI-3 is administered on a Windows®-based laptop. Once the client completes the assessment, the evaluator sends the data electronically to Abel Screening for processing. The detailed report is returned to the evaluator within 10 to 20 minutes.

Treatment Planning:

Following assessment, the AASI-3 can be used to plan and monitor treatment:

- If the clinician is looking for changes in the client's sexual interest in children, then a pre-treatment assessment using the AASI-3, followed by a post-treatment AASI-3, adds an evidence-based element to treatment progress. Clients often reveal additional behaviors during a second assessment.
- If treatment will be long in duration, the clinician may want to do a pre-treatment AASI-3, use the AASI-3 halfway through treatment, and then a post-treatment AASI-3.
- If a client has been moved to a maintenance program, Abel Screening recommends re-assessment with the AASI-3 every 3-6 months.



About The Abel Assessment *for sexual interest-2*[™] for Adolescents

The **Abel Assessment *for sexual interest-2*[™] (AASI-2)** is a comprehensive tool for the evaluation of boys and girls, ages 12-17, who sexually abuse younger children or who have other problematic sexual behavior. It is specifically designed to objectively measure a client's sexual interests and obtain information regarding involvement in a number of abusive or problematic sexual behaviors. The AASI-2 is available in English or Spanish.

Because different sections of the assessment system work together, the AASI-2 is really a ***system of evaluation tools*** that allow the therapist to quickly receive a range of valuable information organized in one detailed report.

Each AASI-2 Report includes:

- Objective Measurements of Sexual Interest in Children [Visual Reaction Time (VRT)]
- Danger to Children Registry
- Cognitive Distortion Score
- Social Desirability Score [lie scale]
- Sexual Behaviors Summary Table
- Therapist's Reasons for Evaluation
- Detailed Summary of Admitted Sexual Behaviors
- Detailed Summary of Sexual Health Concerns
- History as a Victim of Sexual Abuse
- Emerick Sexual Victimization Trauma Scales
- Sexual Behaviors Ratings
- Sexual Fantasies Ratings
- Accusations, Arrests, and Convictions
- Questionnaire Data
- Sexual Interest Vignette Scales
- Summary of Drug and Alcohol Use

Using the AASI-2

The AASI-2 is administered on a Windows®-based laptop. Once the client completes the test, the evaluator sends the data electronically to Abel Screening for processing. The detailed report is returned to the evaluator within 10 to 20 minutes.

Treatment Planning:

Following assessment, the AASI-2 can be used to plan and monitor treatment:

- If the clinician is looking for changes in the client's sexual interest in younger children, then a pre-treatment assessment using the AASI-2, followed by a post-treatment AASI-2, adds an evidence-based element to treatment progress.
- If treatment will be long in duration, the clinician may want to do a pre-treatment AASI-2, use the AASI-2 halfway through treatment, and then a post-treatment AASI-2.
- If a client has completed the treatment program and has been moved to a maintenance program, Abel Screening recommends re-assessment with the AASI-2 every 3-6 months.



About The Abel-Blasingame Assessment System *for individuals with intellectual disabilities*[™]

The Abel-Blasingame Assessment System *for individuals with intellectual disabilities*[™] (ABID) also contains an objective measure of sexual interest and questionnaire components, but is specifically designed for use with adults and adolescents with FSIQs of 60 and above. The ABID is a comprehensive assessment system that may also be used with individuals who have learning and/or developmental disabilities.

The ABID Questionnaire, written on a 2nd grade reading level, is read aloud by the evaluator and is administered as a semi-structured interview. Questions with **concrete visual aids** assist the therapist in determining the client's level of understanding of age, body parts, and sexuality.

Each ABID Assessment Report includes:

- Objective Measurements of Sexual Interest in Children [Visual Reaction Time (VRT)]
- Age Discrimination Review
- Sexual Attraction and Fantasy Survey
- Cognitive Distortion Scale
- Psychosexual and Sexual Abuse Victimization History
- Social Desirability Scale [Lie Scale]
- Substance Abuse History
- Accusations, Arrests, and Convictions Review
- Inappropriate Sexual Behaviors Summary and Narrative
- Items of Concern or Requiring Follow-up

Risk Assessment Tools:

- Client's Age
- Age and Gender of Victims
- Sexual and Non-sexual Accusations, Charges and Arrests
- Length of Live-in Relationships
- Maladaptive Sexual History
- Sexual Interest in Children



Setting the Standard: Use and Acceptance

Use and acceptance of the Abel Assessment systems has grown dramatically over the past decade. Today many federal and state agencies, as well as professional organizations have made these comprehensive assessments part of their standards for the evaluation and treatment of child sexual abusers.

California: In 2003, the Department of Corrections began requiring the use of the AASI by the therapists contracting to provide evaluation and treatment services to High Risk Sex Offenders.

Colorado: In 1992, the Colorado General Assembly passed legislation calling for the development of standards and guidelines for the assessment, evaluation, treatment, and behavioral monitoring of sex offenders. The first standards and guidelines were published in January 1996 and have been updated periodically. The standards developed by the Sex Offender Management Board for the evaluation and treatment of adult sex offenders require the use of the AASI.

Georgia: In 2000, the state adopted rules for the evaluation and treatment of sex offenders on probation and later extended them to sex offenders on parole. The use of the AASI for adults is required under these rules.

Illinois: Beginning first in Cook County in the late 1990s, standards were adopted calling for the use of the AASI for adults in the evaluation and treatment of sex offenders. In 2003, these rules were expanded to encompass the entire state.

Iowa: The state's Civil Commitment Unit uses the AASI for adults in the evaluation of sex offenders.

Montana: The AASI is used in the State Prison in Deer Lodge.

North Dakota: All eight of the State's Regional Human Service Centers use the AASI in court ordered pre-sentencing evaluations.

Ohio: The Cuyahoga County Adult Probation Department provides an AASI testing system to county therapists who conduct their evaluations. The Court Psychiatric Clinic in Cleveland also uses the AASI-2 in their evaluations.

South Carolina: The state's SVP Program uses the AASI in its evaluations.

South Dakota: The AASI is used at the South Dakota State Penitentiary.

Texas: In 1995, the Texas Council on Sex Offender Treatment adopted the Standard of Practice for Sex Offender Treatment Providers that delineated the appropriate evaluation and treatment procedures for sex offenders. The standards are updated every two years and call for the use of the AASI.

The U.S. Department of Defense: The AASI is used in the evaluation of sex offenders at the Lackland Air Force Base facility.



AASI in Court

FEDERAL CASES:

United States vs. Anthony Graves

2005 D.C. Super. LEXUS 14 (SUPER D.C. 2005)
Passed Daubert standard.

U.S. v. Joseph Stoterau

(No. 07-50124)

U.S. Court of Appeals, Ninth Circuit, Central District of California
Judge Andrew J. Guilford, April 29, 2008

Court determined that “the district court did not abuse its discretion in **imposing Abel testing.**”

U.S. v. Lamont Robinson

(No. 99-20063-01)

U.S. District Court, Western District of Louisiana, Lafayette-Opelousas Division, Judge Tucker Melancon, April 17, 2000. The Judge ruled the AASI met **the Federal Daubert Standard.**

United States v. Staff Sergeant James L. Parker, Jr. United States Air Force

David Walker, M.D., was allowed **to present the results of an AASI in the sentencing phase of an incest case in Federal Court on October 15, 2001.** (Unpublished)

US Air Force Court of Criminal Appeals – Denied (Unpublished ACM 35673),
October 18, 2005

STATE CASES:

U.S. District Court, Middle District of Florida

(No. 3:07-CR-80-J-25TEM)

Hon. Henry Lee Adams.

AASI results were **admissible** during sentencing.

State of California v. Jose Flores

San Francisco County Superior Court, October 20, 2003

AASI results submitted as evidence

Appeal denied (Unpublished 2046662), April 14, 2005

State of Louisiana v. Robert James Lege

(Docket Nos. 34746 and 34747)

15th Judicial District Court, Judge Durwood Conque, April 26, 2001.

State of New Mexico, Children, Youth and Families Department

(D-132-JQ-01-00009)

In the matter of M-S, Judge Barbara Vigil ruled that **the AASI met the Daubert Standard** for admission as evidence, August 9, 2001.

Commonwealth of Massachusetts v. Kruger

Superior Court, Middlesex County, May, 2002.

Commonwealth of Massachusetts v. Robert Anderson

(WOCV2001-01348)

Worcester Superior Court, May 14, 2002.

Commonwealth of Massachusetts v. Aron Lyons, a.k.a. Roy Swimm

Superior Court, Plymouth County, June, 2002.

Commonwealth of Massachusetts v. Leonard Hewson

Superior Court, Middlesex County, June, 2002.

Children Youth and Families Dept. (CYFD) IMO EM and AC, children, and concerning RM and Mike Crespín, Respondents, 4th District, Las Vegas, NM). Opposing counsel used the Birdsbill case, with objections such as “no control group,” “abysmal stats” and “lack of peer review.” Each complaint was addressed in light of R&D over the past several years. The judge ruled that the entire AASI test does meet Daubert criteria.

V. Daniel Gonzales, Second District, NM, CR-2007-05166. NM Supreme Court ruled on the VRT portion of the Abel, that the VRT portion in isolation does meet the Daubert standard of evidence.

Department of Energy Office of Hearings and Appeals: Personal Security Hearing

(TSO-0235)

Personal Security Hearing, April 25, 2005

Individual’s security access authorization was suspended due to several issues including multiple allegations of child sexual abuse. **AASI admitted as evidence.**

Illinois case involving heavy equipment operator convicted of touching his stepdaughter.

He was placed on probation with treatment.

Illinois case involved an inmate who had been released into an outpatient treatment program, but the group leader wanted to send him back to prison because he had been to mall with girlfriend who had a child. The **AASI was used to help document his current status,** and he was placed with another group leader for the duration of his treatment.

Juvenile Cases in St. Louis County and City, Missouri

Children were alleged to be perpetrators of sexual abuse. By using the AASI, it was determined that one charge was a mistake, one claim was valid, and the other was found not guilty by judicial decision. The **AASI assisted in the recommendations for treatment for the juvenile that was convicted.**

There are two more cases, one in Texas and another in Massachusetts, where the AASI was accepted in the guilt phase of trials.



Scientific Support for Visual Reaction Time

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About Abel Screening, Inc. – The Company Behind The AASI/ABID

Abel Screening, Inc. (ASI) is a psychological testing company founded in 1995. The company has produced a series of psychological assessment systems to prevent child sexual abuse that have been utilized by medical, psychological, and criminal justice professionals, as well as youth-serving organizations at over 1,000 locations in the U.S. The assessment systems include the Abel Assessment *for sexual interest-3™* (AASI-3) for adults, the Abel Assessment *for sexual interest-2™* (AASI-2) for adolescents, the Abel-Blasingame Assessment System *for individuals with intellectual disabilities™* (ABID), The Diana Screen® and The Diana Comprehensive™.

Gene G. Abel, M.D., founder and Director of Research at Abel Screening, is a physician, psychiatrist, and scientist. He is nationally and internationally recognized as a leading authority in the field of sexual violence. For more than 30 years, Dr. Abel has researched sexual behavior problems to find ways to stop sexual violence - particularly against children.

The National Institute of Mental Health (NIMH) has awarded Dr. Abel funding for six long-term studies and he has published over 104 medical articles in scientific journals. Dr. Abel has presented his research in the United States, Australia, Canada, China, Costa Rica, Denmark, England, Germany, Israel, Sweden, Turkey and Venezuela.

Dr. Abel has been recognized for his research and contributions to the field with numerous awards including: **MASTERS AND JOHNSON AWARD**, presented by The Society for Sex Therapy and Research in recognition of sex research, **SIGNIFICANT ACHIEVEMENT AWARD**, given by the Association for the Treatment of Sexual Abusers in recognition of dedication and leadership in the field of sex offender research, evaluation and treatment, and the **NATIONAL AWARD** given by the International Conference on the Treatment of Sex Offenders for perseverance in a new field of study and willingness to share new knowledge.

Dr. Abel is also the Medical Director of Behavioral Medicine Institute in Atlanta, Georgia and a co-founder of a national, science-based, nonprofit organization, the Child Molestation Research & Prevention Institute. He co-authored with Nora Harlow *The Stop Child Molestation Book*.

The Abel-Blasingame Assessment System *for individuals with intellectual disabilities™* was developed by Gene G. Abel, M.D. and **Gerry D. Blasingame, MA, LMFT**. Mr. Blasingame is a licensed marriage and family therapist practicing in California who has worked with child abuse victims and offenders since 1985. He is the Executive Director of New Directions to Hope, a nonprofit community based organization that specializes in treatment and professional mental health services in the field of family violence. Mr. Blasingame is also the Program Director of the Sexual Offender Rehabilitative Treatment (SORT) Program, serving those who have committed acts of sexual misconduct including individuals with intellectual disabilities.

Mr. Blasingame is the past president of The California Coalition on Sexual Offending and is on the Board of Directors of the Association for the Treatment of Sexual Abusers. He has provided numerous training and workshops on the treatment of mainstream and developmentally delayed clients and is the author of *Developmentally Disabled Persons with Sexual Behavior Problems, 2nd edition (2005)*.



Thank you for your work to protect children

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