The Abel Assessment *for sexual interest*-3™

For Adults

Administration and Clinical Guide

Abel Administrator Application 5.1

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Important Note for Abel Administrator
Version 5.1

If a VRT® Images session is interrupted or you need to exit the VRT® Images portion of an assessment, please follow these steps:

Do not close the application or power down the laptop.

Instead:

- Press **Ctrl + Alt + T** and release the keys.
- Enter the password to unlock the software and click OK.
    - Please note that canceling a VRT® Images session will terminate the current VRT® Images session.
    - All data from the current VRT® Images session will be canceled and cannot be recovered.
    - Any future VRT® Images session for that client must be restarted and administered from the beginning.
    - You can pause and resume a Questionnaire portion of an assessment, but cannot pause and resume a VRT® Images session.

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The Abel Assessment *for sexual interest*-3™

You will use this guide to learn how to administer and interpret The Abel Assessment *for sexual interest*-3™ and prepare for the AASI-3 certification exam.

This AASI-3 Administration and Clinical Guide:

A. Describes the procedures for administration of the assessment.
B. Provides psychometric information about the scales contained in the AASI-3.
C. Provides the information necessary to interpret the AASI-3's 16 measures.

The Abel Assessment *for sexual interest*-3™ (AASI-3) is an empirically validated, comprehensive evaluation and treatment assessment system for use with adults who have sexual behavior problems. It is specifically designed to objectively measure an adult client's sexual interests and gather information on a number of abusive or problematic sexual behaviors, providing clinicians with a deeper understanding of their clients.

The AASI-3 provides clinicians with baseline data, treatment planning guidance, and an evaluation of the adult's progress throughout the treatment process. Because different sections of the assessment system work together, the AASI-3 is essentially a system of evaluation tools that enable the clinician to quickly obtain a range of valuable information, all organized in one detailed report.

The AASI-3 is available in both English and Spanish for men and women.

The AASI-3 has gained widespread acceptance and use with over 4,000 clinicians in the U.S., Australia, Canada, England, and Ireland having utilized Abel Assessments over 240,000 times. For more than two decades its standardized assessment measures have been a reliable tool for clinicians tasked with making difficult decisions about the treatment and management of clients with a variety of sexual behavior problems.

The AASI-3's Visual Reaction Time™ (VRT®) measure and the multiple measures from the Abel Sex-Specific Questionnaire have been accepted in federal and state courts.

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An Evaluation Suite of 16 Measures

Each AASI-3 includes six objective and 10 self-report measures. The report gives you the following items:

- Visual Reaction Time™ (VRT®) Objective Measurements of Sexual Interest
  - Sexual Interest in Children
  - Paraphilias
  - S&M
- Summary Table of 23 Sexual Behaviors
- Therapist's Reasons for Evaluation
- Summary of Admitted Sexual Behaviors
- Summary of Sexual Health Concerns
- Accusations, Arrests, and Convictions
- Client's History as a Victim of Child Sexual Abuse
- Emerick Sexual Victimization Trauma Scales
- Sexual Behaviors Ratings
- Sexual Fantasies Ratings
- Cognitive Distortion Score
- Social Desirability Score
- Summary of Drug and Alcohol Use
- Danger To Children Registry
- Probability of PAST Child Sexual Abuse (CSA) Behavior: Objective Measure Methodology
- Recidivism by VRT for Men
- Abel Screening Questionnaire Data (optional, upon request)

The AASI-3 is administered in three parts:

1. A section for the therapist
2. An Abel Questionnaire that produces multiple self-report and objective measures
3. An Abel Images (VRT® Images) assessment that produces two objective measurements that are beyond the client's awareness

The assessment results on the AASI-3 fall into two categories:

1. **The Abel Questionnaire that collects:**
   - Details on 23 sexual behaviors and two sexual health concerns
   - Cognitive Distortions and Social Desirability
   - Ratings of Sexual Behaviors and Sexual Fantasies
   - Self-Reported Alcohol and Substance Use
   - Possible areas of dangerousness

2. **The Abel Images (VRT® Images)** objectively measures the client's sexual interest in 22 categories of images of preschool and grade school-age children, teens, and adults, Caucasian and African-American, plus depiction of various sexual behaviors. The VRT® assessment produces **two objective measures** taken beyond the client's awareness:
   i. The **VRT® assessment of sexual interest**. For comparison, the client also self-reports their ratings of sexual arousal to these same images.
   ii. Combined with the questionnaire, the **Probability of Past CSA Acts**.

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You transmit your client's AASI-3 responses electronically to Abel Screening, Inc. (ASI) where they are scored. The results are sent back to your Abel application in minutes. You can integrate the AASI-3 results into your overall clinical assessment results, written client reports, and recommendations.

Test and Retest Clients to Assess Progress

The AASI-3 will register the client's progress during treatment, including any reductions in sexual interest in children as measured by the VRT®. ASI recommends that the clinician assess the client's treatment progress at three different times.

- **Before treatment**: The AASI-3 results can help you refine or expand your diagnosis. The results also provide a baseline record as treatment progresses and concludes.

- **Mid-treatment**: The AASI-3 results can be useful in determining whether the client is benefiting from treatment. Results can pinpoint those areas where the client is not improving and may require a more intense treatment focus. For example, a given client may require greater focus on behavioral techniques designed to reduce or eliminate inappropriate sexual interests, cognitive distortions, and continued behaviors from the Danger Registry. Mid-treatment testing can also provide your client with an opportunity to admit to previously denied behaviors, as this may be easier when filling out a questionnaire than discussing it face-to-face or in a group. Furthermore, by showing the client their VRT® Graph during treatment, you can help the client to reduce their denial of their sexual interest or continued sexual interest in children. Mid-treatment can also help the client see their improvement.

- **Post-treatment**: The AASI-3 results are often helpful in determining whether the client should begin a maintenance phase of treatment or is ready to discontinue treatment. In addition, the results occurring at 6-month and 12-month intervals provide empirical support for recommendations you may be asked to make to the court or the probation office.

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You and Abel Screening, Inc.

At Abel Screening, Inc. (ASI), we recognize the challenging and often underappreciated work you do to protect children. Our goal is to make your professional life easier. Abel Screening designs our assessment suites to give you sex-specific information to increase the precision of your diagnoses and evaluate your clients' treatment progress.

Two Numbers That Protect Confidentiality

To maintain confidentiality for your client, data sent to and reports sent from Abel Screening are identified by:

- A Site ID Number, and
- A Client ID Number

Your Practice's Site ID Number

Abel Screening assigns a unique four-digit **Site ID Number** to your practice. The Abel Administrator application automatically enters your Site ID Number after you enter the Product Key to activate your assessment(s).

When Do You Need Your Site ID Number?

Your Site ID Number is needed in the following situations:

- When you call ASI Technical Support, you will provide your Site ID Number.
- When you schedule a free video or phone case consultation with an Abel Screening clinician to discuss case-specific Abel Assessment results, you will provide the scheduler with your Site ID Number.
- When you access the AASI Online exams you will need to enter your Site ID Number.

Your Client's ID Number

When you start an assessment, the Abel Administrator application automatically assigns each new client a **Client ID Number** in sequential order from the previous number assigned. If you have your own numbering system, you can override the automatically assigned number. As part of setting up the assessment, you will record your client's name, date of birth, race, and gender in the assessment application. Abel Screening only receives the Client ID Number and does not receive your client's name, or other therapist-entered information. Only you have your client's name and date of birth.

Your client's results come back identified only by your **Site ID Number** and **Client ID Number**.

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The Abel Assessment

for sexual interest-3 ™

For Men

An Abel Screening Assessment System

Client ID: 001007

Gender: Male

Language: US English

Date Assessed: 09/14/25

Assessment by: Site 9000

The AASI-3™ was developed by Gene G. Abel, M.D.

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 interrupted in the context of other information about the individual and should be used as one of many criteria in making a decision.

Administrator Version 5.1 Report Version 4.2y ©2025 Abel Screening, Inc. Serial 452970 Page 1

Benefits At No Additional Cost

As part of your AASI clinician benefits you receive access to an additional client questionnaire, unlimited technical assistance, a private customer-only resource portal with training materials and research data, and expert case consultations—all at no additional cost.

The Abel Psychological and Sexual History Questionnaire (APSHQ)

The APSHQ is optional and asks your client demographic, medical, legal, and sexual history questions. The APSHQ report lists your client's response to each question and can be printed for your own use. None of the client's answers are transmitted to Abel Screening.

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Unlimited Access to Abel Screening Technical Support

For technical support, call (404) 874-4772, Ext. 2, Monday - Friday, 9 AM - 7 PM Eastern Time.

- You will need to provide your Site ID Number
- It is helpful if you are near your computer

You can also send an email to ASI Technical Support at asisupport@abelscreening.com.

Access to Abel Screening's Private "Customers Only" Website

The Customers Only website provides numerous materials such as Quick Case Reviews recorded by Gene G. Abel, M.D, Abel Assessment Orientation Trainings, and audio-visual PowerPoints of Interest that go beyond this guide. To access, go to abelscreening.com and click on "Customers Login Here." You will be prompted for a Username and Password. Your Username is your email address. If you don't know your password, please call or email ASI Technical Support to have the password reset.

Abel Assessment Clinician Referral List

The Abel Screening website at www.abelscreening.com maintains a list of licensed AASI Clinicians who offer the AASI-3, AASI-2, and the ABID. You can add or update your listing by filling out the online form at https://www.abelscreening.com/add-or-update-information.

Unlimited Access to Our Experts for Clinical Case Reviews and Court Preparation

Case-specific video or phone consultations are available to assist you with the clinical interpretation of your AASI-3 results. You will be guided by one of our experts who will consult with you on the AASI-3's measures found in the results report. Our expert will teach you how to understand the interrelationship of the measures as they apply to your client, instilling confidence in your interpretation.

After you have completed your first client assessment and received your report, call Abel Screening at 404-874-4772, Ext. 4, to schedule a video or phone consultation with one of our experts to review your client's report and VRT® graph. **Please provide the scheduler with your Site ID Number and your Client's ID Number.** You may continue to schedule consultations until you are comfortable interpreting the results independently. You may also schedule a consultation any time you have a complex case and would like a second opinion on the interpretation of the client's results. There are limited half-hour time slots available, scheduled on a first-come, first-served basis. Please call to schedule case consultations as early as possible to secure the time slot that works best for you.

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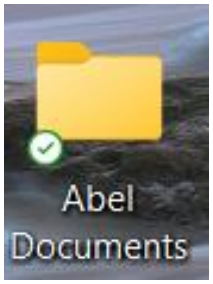
To Get Started:

1. **Install the Abel Administrator Application 5.1**
   Click on the application download link provided in your welcome email. Once you have downloaded the file, open it and follow the setup instructions.

2. **Access Your Abel Administrator Desktop Icons**
   After installing the Abel Administrator application, two icons will appear on your desktop.



Abel Documents: Double click this desktop folder to open these Abel Documents:

- AASI-3 Clinical Guide - Study the Clinical Guide to pass the Therapist's Brief Exam
- Therapist's Questions
- Client's Informed Consent
- Standardized Report Templates of the Measures on the AASI for Easy Inclusion in Your Reports Concerning Your Clients.

Abel Administrator: After you pass the appropriate certification exam, ASI will email you your Product Key. You can then double-click this icon to open your Abel Administrator application. Do not delete any prior versions of the Abel Administrator on your laptop as it's possible you may want to access reports stored there in the future.

3. **Study for the Required AASI-3 Certification Exam**

   In the interest of maintaining quality and consistency in the field, we require new users to pass our AASI-3 certification exam. You will use this guide to prepare for the AASI-3 exam. The instructions for accessing the online certification exams are at the very end of this guide.

   A. Requirement Before Taking the Exam
   Before taking the exam, determine how you will be utilizing the assessment and which certification exam you need to take:

   - **AASI Authorized:** This user administers and interprets the AASI-3.
     - ***Requirement:*** A professional clinical license must be on file with Abel Screening. Please email a copy to contact@abelscreening.com.

   - **AASI Under-Supervision of a Site Clinician:** This user administers and interprets the AASI-3 under the supervision of an AASI Authorized user.
     - ***Requirement:*** Written approval by an AASI Authorized supervisor is required stating you are authorized to administer and interpret the AASI reports under their supervision. Please email this authorization to contact@abelscreening.com.

   - **Administrator:** This user administers the AASI-3 only and does not interpret the results. This user must pass the Administrator Exam only.

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B. After You Take the Required Exam(s)

You will need to take an exam for each Abel Assessment you have purchased or will be administering or interpreting. After successfully passing an AASI exam, within one-to-two business days Abel Screening will email a certificate of completion and the Product Key to the primary contact on the account. You or the primary contact will use this Product Key to activate your Abel Assessments in the Abel Administrator application.

Study Questions to Prepare for the AASI-3 Exam

Where do you find the instructions on how to administer the AASI-3?

a) in an email from ASI
b) in the Clinical Guide
c) call ASI Support
d) the Internet

The Abel Visual Reaction Time™ (VRT®) measure has been accepted in state and federal courts:

a) true
b) false

Abel Screening, Inc. (ASI) identifies your practice using:

a) a four-digit number
b) the name of your practice
c) a software product key

Abel Screening, Inc. (ASI) requires your client to have a unique ID number:

a) true
b) false

How often should you test a client with the AASI-3 to demonstrate treatment progress?

a) every 3 months
b) every 6 months
c) before treatment, halfway through and at the end of treatment
d) all of the above
e) none of the above

During the treatment phase, it is sometimes a good idea to show the client their graph, explaining the results.

a) true
b) false

The Visual Reaction Time™ (VRT®) component of the AASI-3 measures:

a) sexual arousal
b) pupil diameter
c) sexual interest
d) pedophilia

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ASI offers free case consultations to improve your use of the AASI-3:

a) true
b) false

ASI offers unlimited phone technical support Monday – Friday, 9am – 7pm ET:

a) true
b) false

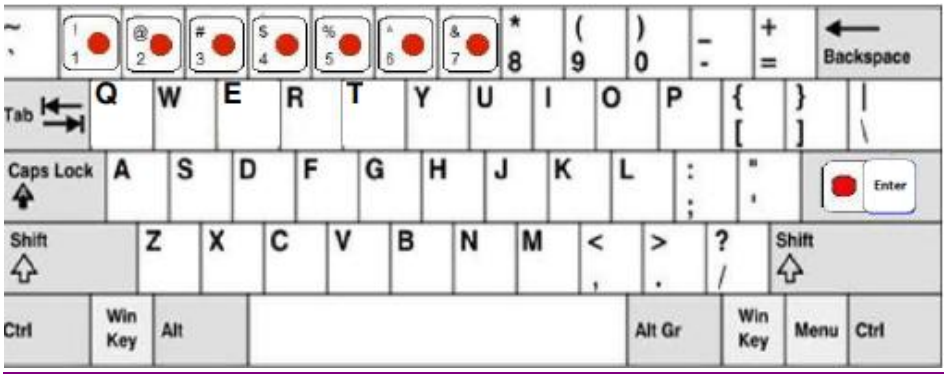
Preparing to Use the AASI-3

Prepare Your Assessment Laptop — Screen Resolution and Keyboard

Your Assessment Keyboard: In your Abel Screening mailed welcome packet, you will find a laminated VRT® Checklist and set of red stickers used to mark the keys on the keyboard your clients will use when rating the images in the VRT® assessment.

For the AASI-3, place a red dot numbered sticker on each of the number keys 1 through 7 and place the red dot Enter sticker on the left side of the Enter key. These stickers are required for VRT® standardization.

Are the red dots stickers clearly visible on the number keys 1 - 7 and the Enter key?



Prepare the Assessment Room

Administer the AASI-3 in a room with minimal distractions. The room must be quiet, dimly lit, and private. The room should have a closed door and be located away from areas with heavy traffic and loud conversations. You should remove any distractions. This includes closing windows, closing blinds, and removing phones, cell phones, and clocks from the room.

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A Word on Subsites

If you use only one computer to administer Abel Assessments, there is no need to create a subsite.

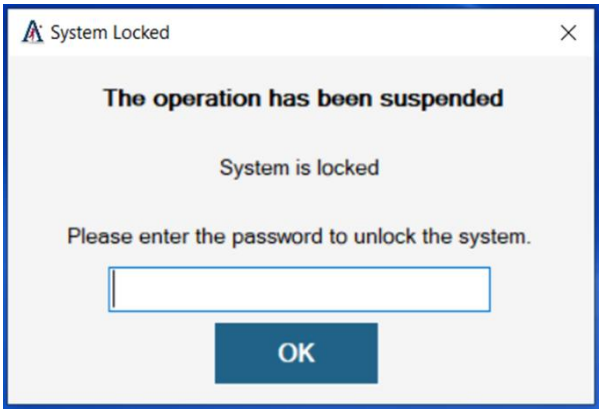
If you install the Abel Administrator application on multiple laptops for use by various individuals, you should set up each computer as a subsite at no additional charge. The principal advantage of using subsites is that each computer will then track your clients using a combination of the Client ID Number and the Subsite ID Number. Creating subsites will prevent the intermingling of client assessment data and duplicate Client ID numbers from being used more than once. Creating subsites also allows reports associated with different computers to be sent to and retrieved on different computers.

Each subsite requires a separate Product Key, which you can request directly from Abel Screening. Please email your subsite request to Abel Screening Technical Support at asisupport@abelscreening.com. When you enter your new Product Key, the application automatically updates your Site ID Number and Subsite ID Number into the correct fields in the settings page.

Open the Application

Double-click the **“Abel Administrator"** icon on your laptop.

Every time you start or stop the Abel Administrator application, and whenever you complete an assessment, the application locks. The application will prompt you for the password to unlock the system. The default password to unlock the system is “admin.”



Enter “admin” as the password

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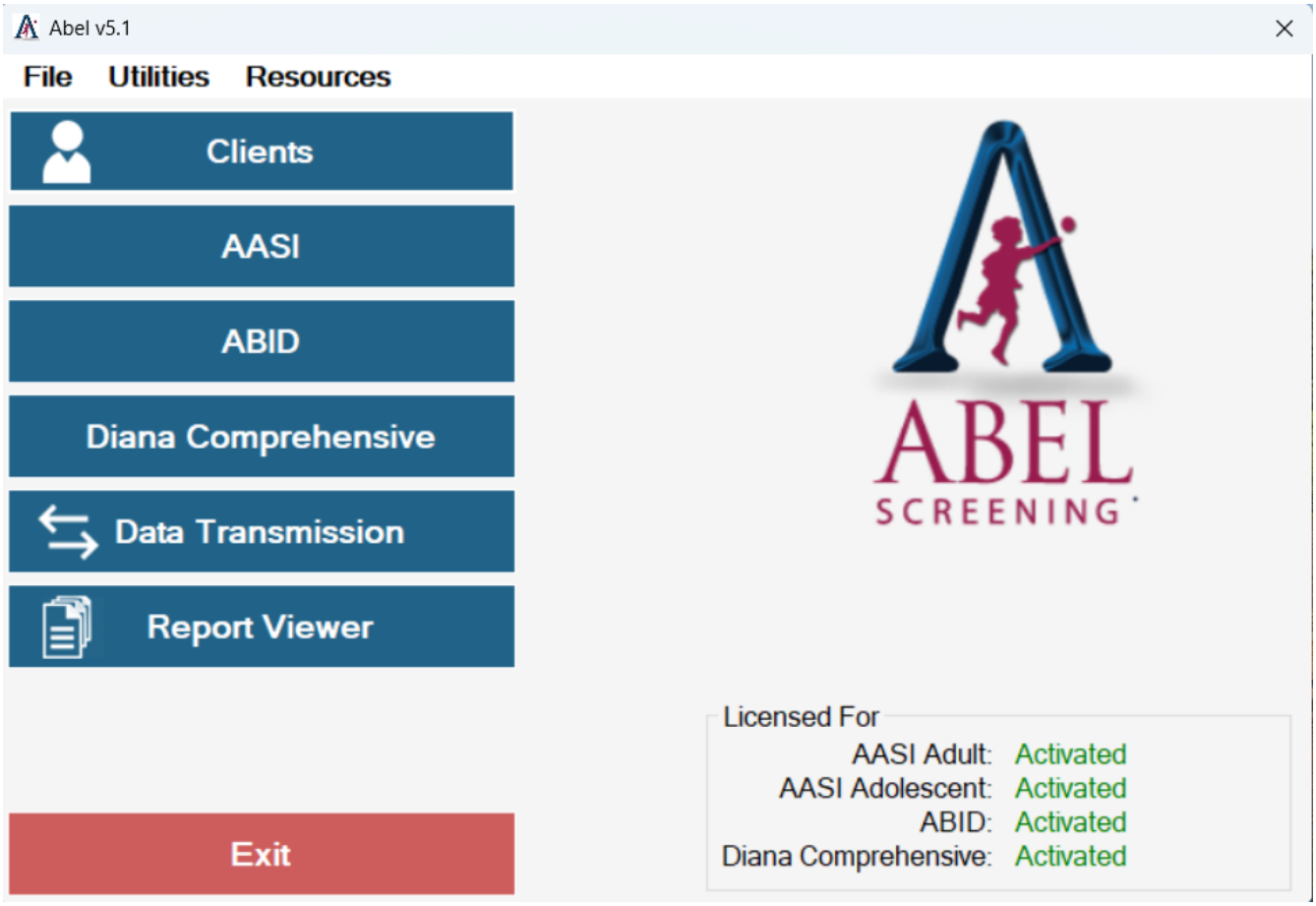
Abel Application Main Menu



You will use this Main Menu:

- To change the Product Key (File/Settings)
- To backup/restore the database (Utilities)
- To add, edit, or delete a client
- To view your client list
- To choose which assessment you will give
- To transmit your client's assessment and results
- To review the assessment reports
- To exit the application

Add a New Client

You must first create a record for your client in the application. You should enter your client's information before the client arrives for the assessment.

To ADD a New Client:

1. **From the Main Menu, click "Clients."**
   The Client Maintenance dialog screen will open. There you will see all of the client records that you have previously entered.

2. Click the "Add" button.

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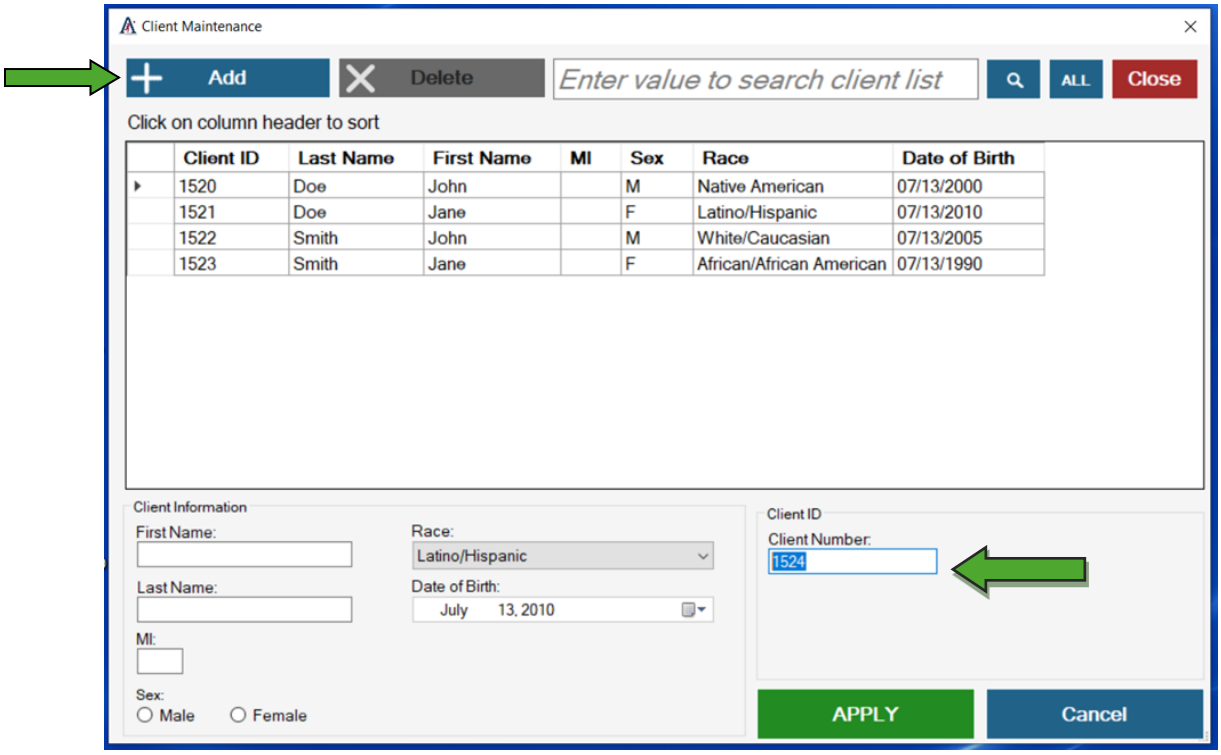

The application will automatically display the following number in the "Client Number" field.

You can use this number or type in a different Client ID Number. We recommend using the application's automatic numbering. If you accidentally assign the same Client ID number to two clients, the results for both clients will be inaccurate. This problem typically occurs when you use more than one laptop to administer the assessment and don't request a subsite for each laptop.

> Each Client ID Number must refer to one and only one client.
> Do not use the same Client ID number for two clients.

3. Complete the fields for “First Name,” “Last Name,” “MI” (middle initial), “Sex,” “Race,” and your client’s “Date of Birth.” You can click on the birthdate digits and edit them directly, or you can click on the arrow and use the calendar interface. This information stays in the application on your laptop. Abel Screening receives only the Client ID Number.

   To administer an assessment to the same client for a second or third time, be sure to use the client's original Client ID Number. Do not create a new Client ID Number for clients taking the same assessment mid-treatment or post-treatment. To assess a client's progress at mid-treatment or post-treatment, highlight the client in the list of existing clients. Click on the client's name so you will be selecting the same client with the same Client ID number.

4. Click “APPLY.”

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To CHANGE a Client Record

Return to the Client Maintenance screen, select the client, and then click the “Edit" button.

The only part of the information you cannot edit is the "Client ID Number." If you have typed in the wrong Client ID Number, you must delete that client and create a new client with the correct Client ID Number.

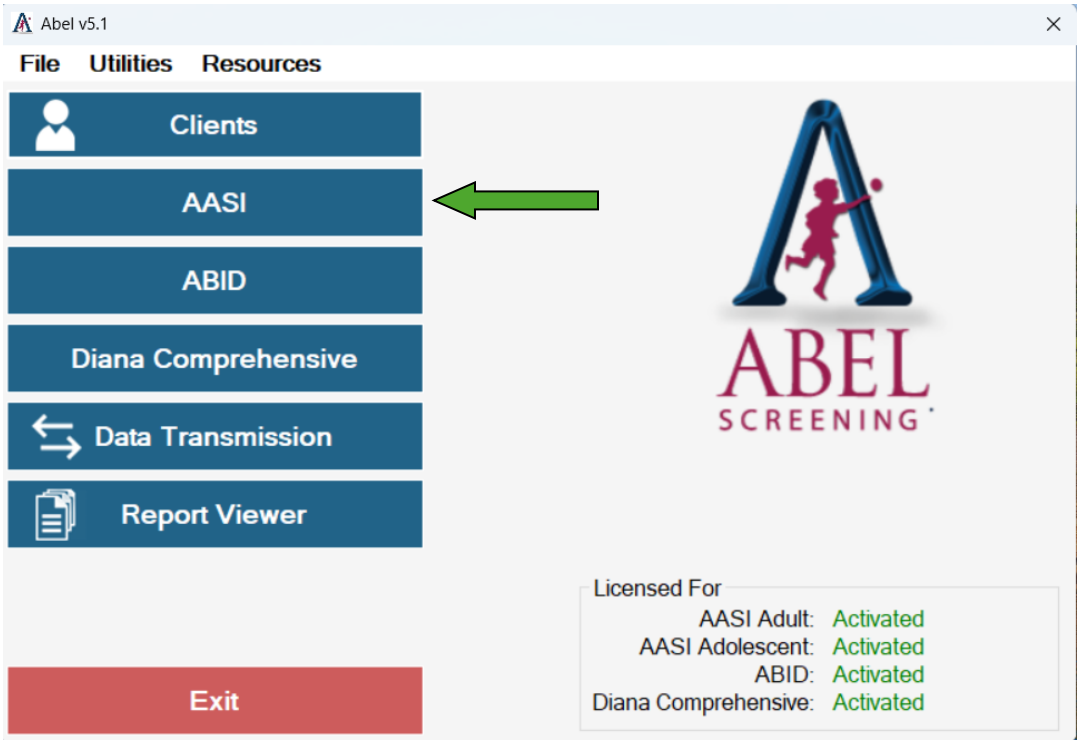
To DELETE a Client Record

Return to the Client Maintenance screen, select the client, and then click the "Delete" button.

Begin an AASI-3

Once you have created a record for your client, you can proceed with the Abel Questionnaire or Abel Images (VRT® Images)**.**

- To start the Questionnaire or VRT® Images, in the Main Menu window, click the "AASI” button.



- On the AASI Assessment Screen, click the "Abel Questionnaire" button. After the client takes the questionnaire, click the Practice Images. A system timer test will determine if your computer meets the minimum requirements for proper VRT® testing. If your computer passes, the “Select Clients” dialog screen will display.

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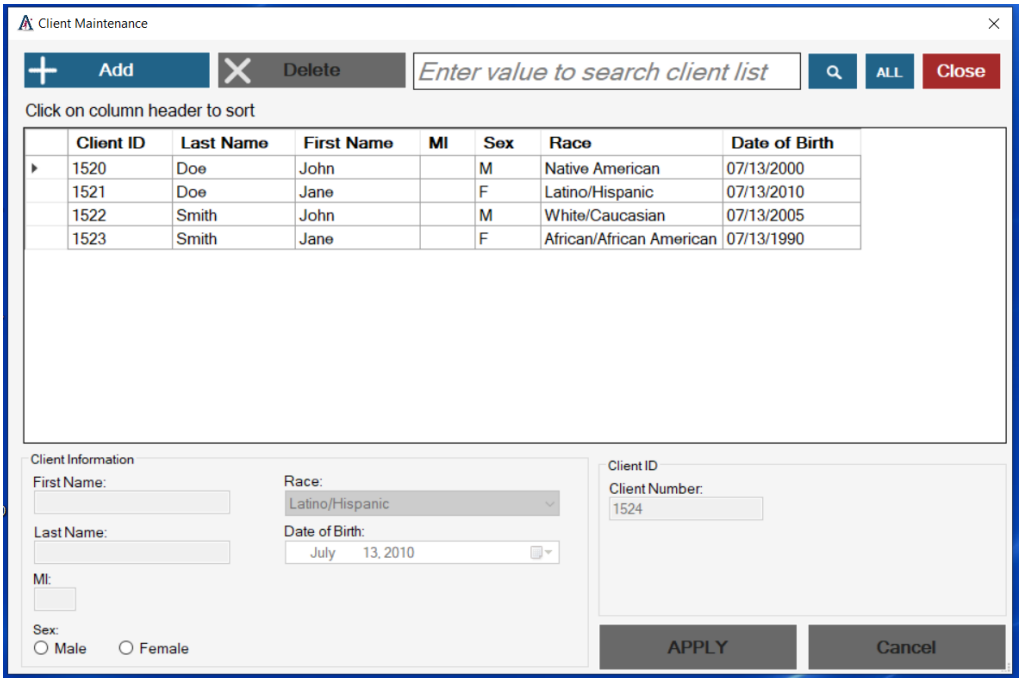
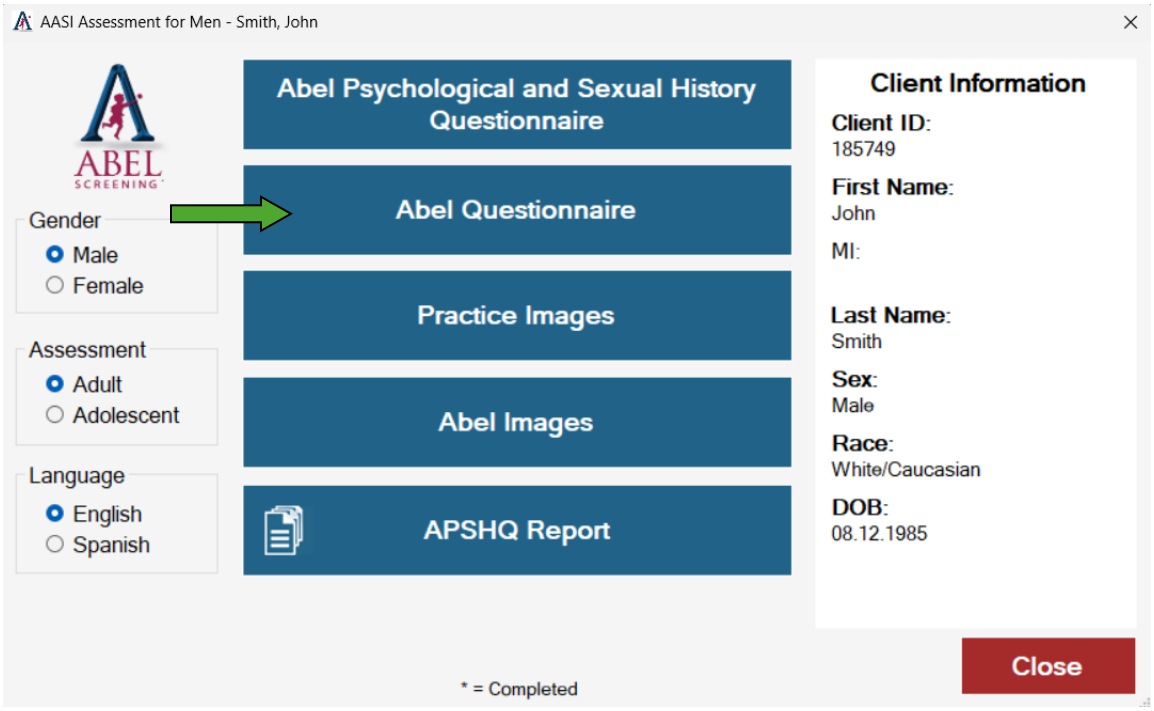


Next, click on the client's name to highlight it. Client information will display on the right of the dialog screen. Verify that you have selected the correct client and click the "OK" button. The "Select Questionnaire" or "Select Images" dialog screen will display showing the assessments appropriate for the selected client's age and gender. The selected client's name will also appear in the title bar of the dialog screen.



Client information will be displayed on the right of the dialog screen. Click the button for the appropriate assessment module.

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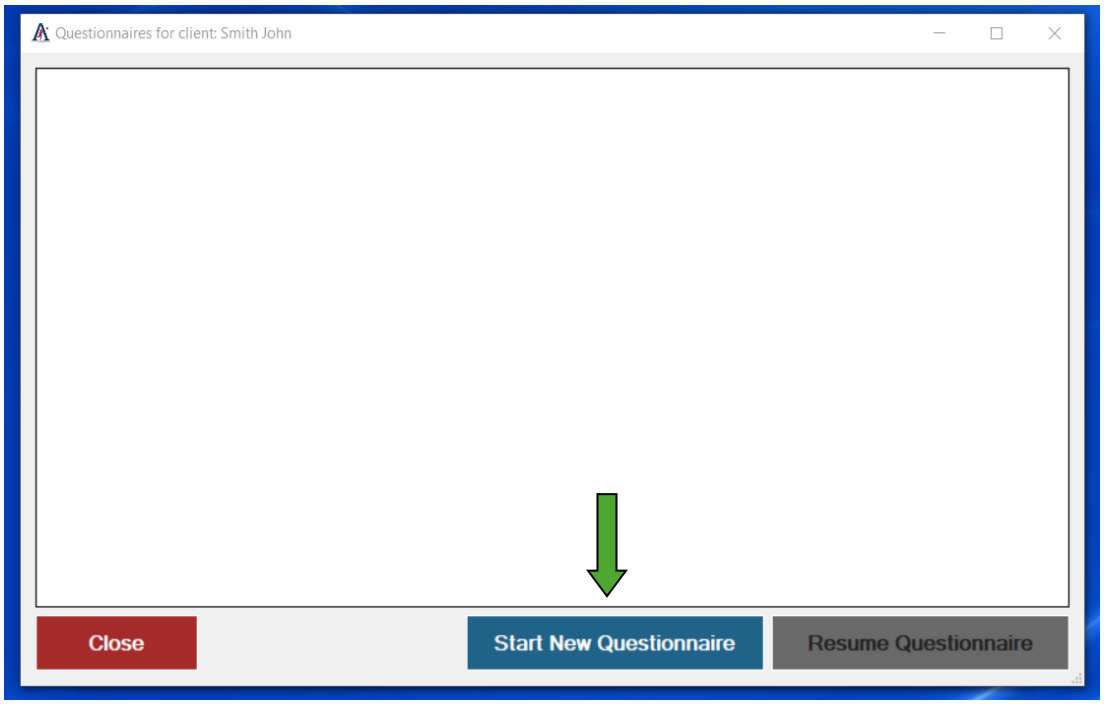
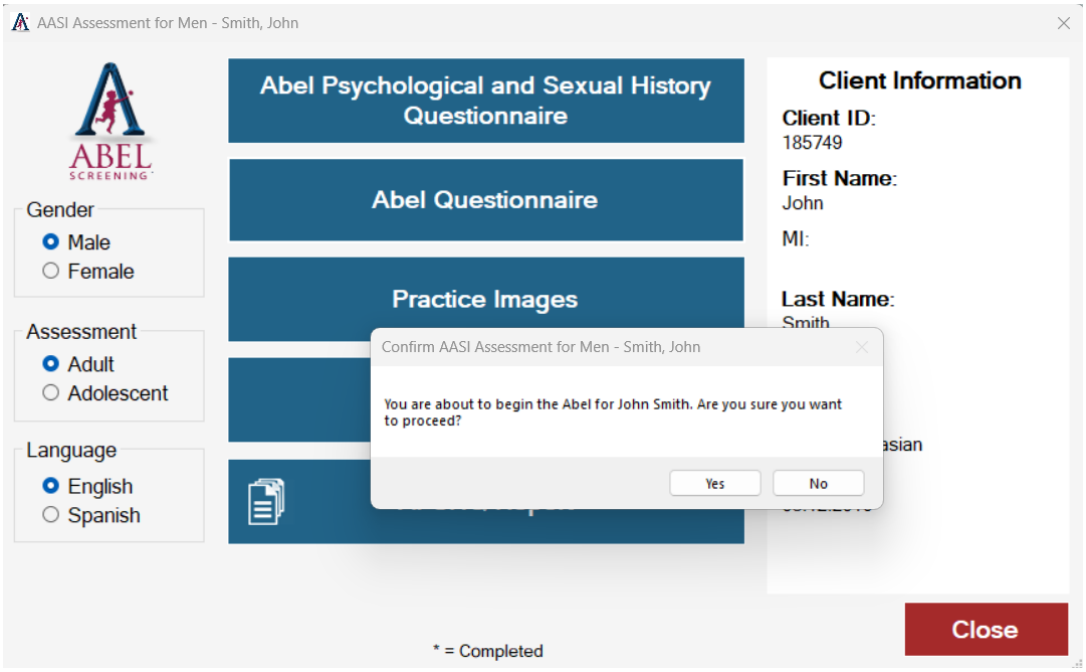
You will see a confirmation screen showing your selected client and module. The Abel Psychological and Sexual History Questionnaire (APSHQ) is for your internal use and is *optional*. The APSHQ collects contact information, education, criminal, and legal history.

Choose “Start New Questionnaire”



Verify that this is the client and the assessment that is correct for this client.



Click the “Yes” button. The assessment module will now begin.

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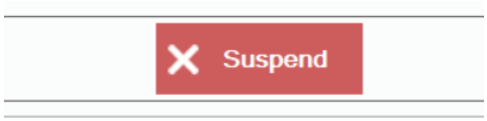
Suspend, Resume, and Review Questionnaires

SUSPEND the AASI Questionnaire

At any point during the administration of the questionnaire, if the client needs to leave for an extended period, you may suspend the questionnaire. To do this, click on the "Suspend" button at the top of the screen.

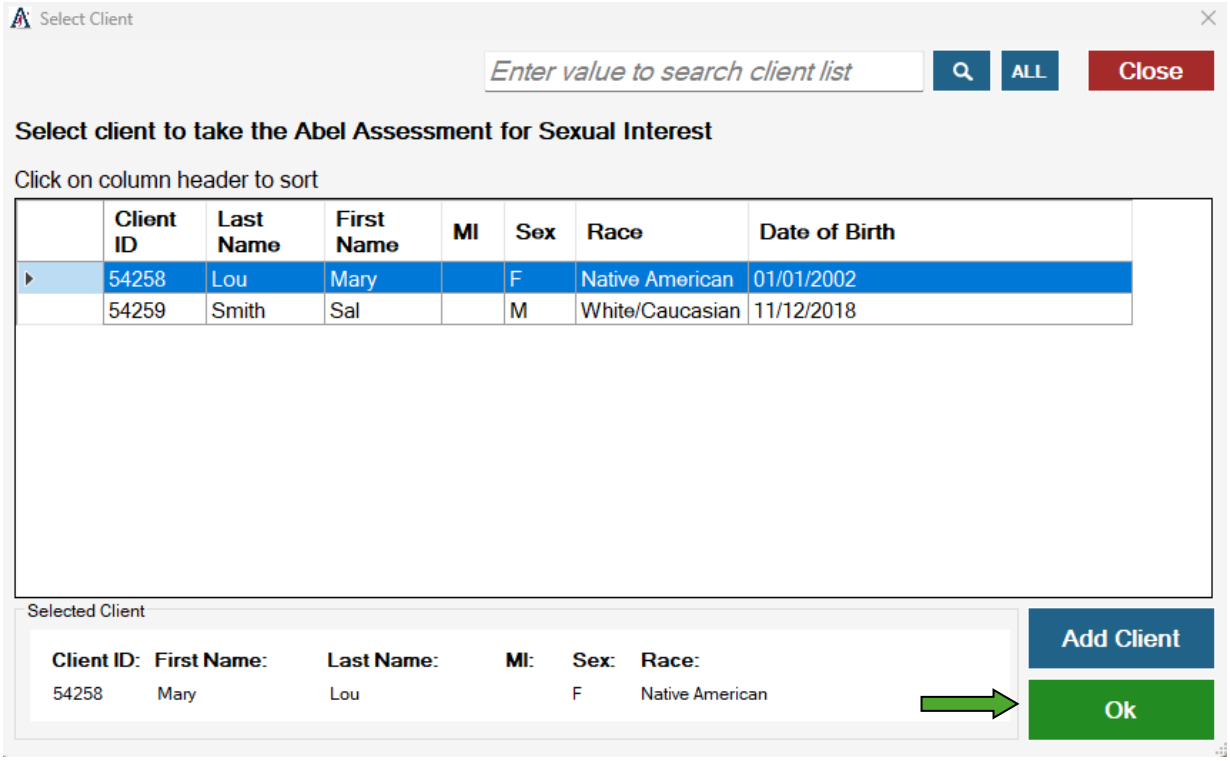


The application will prompt you for the “admin” password to exit the assessment. Be aware that you will not be able to process partial assessment results, so the client must complete the entire questionnaire eventually.

You may suspend, resume, or review the Abel Questionnaire at any time. However, you may NOT suspend or pause the Abel Images (VRT® Images) portion of the assessment.

RESUME the Abel Questionnaire

To resume any questionnaire that you previously suspended, select AASI. This action will open a dialog screen, which displays the clients who have been created for the AASI Assessment. Next, choose the client you wish to resume and click “OK”



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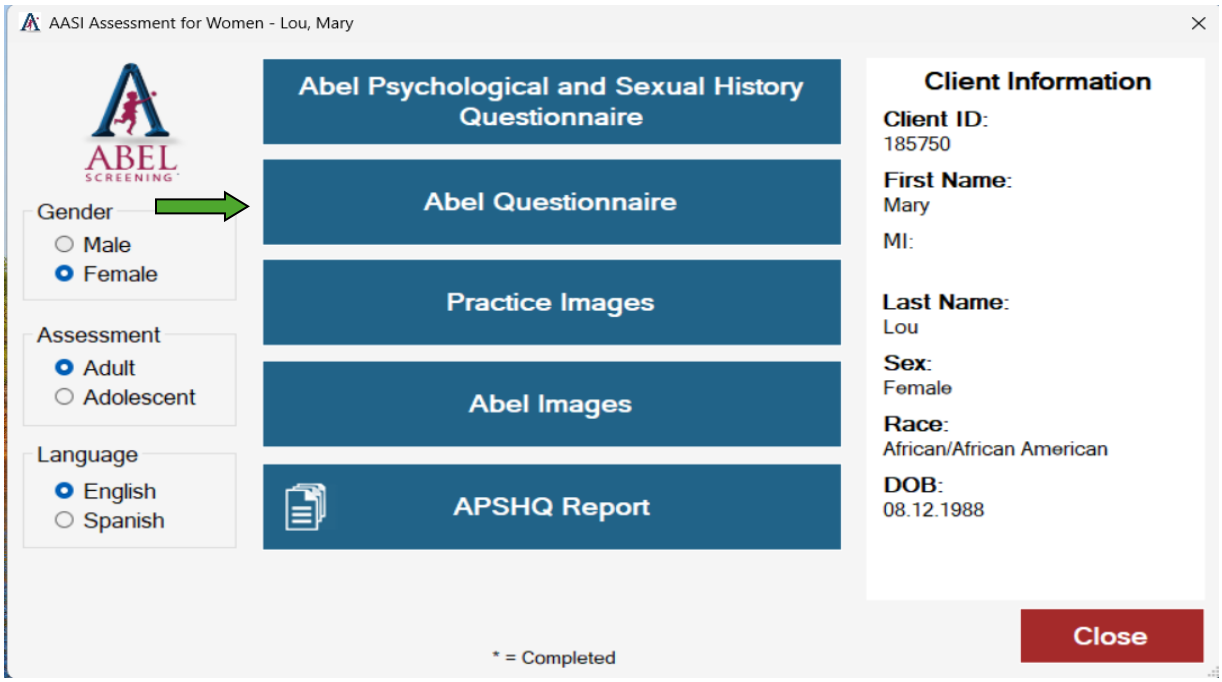
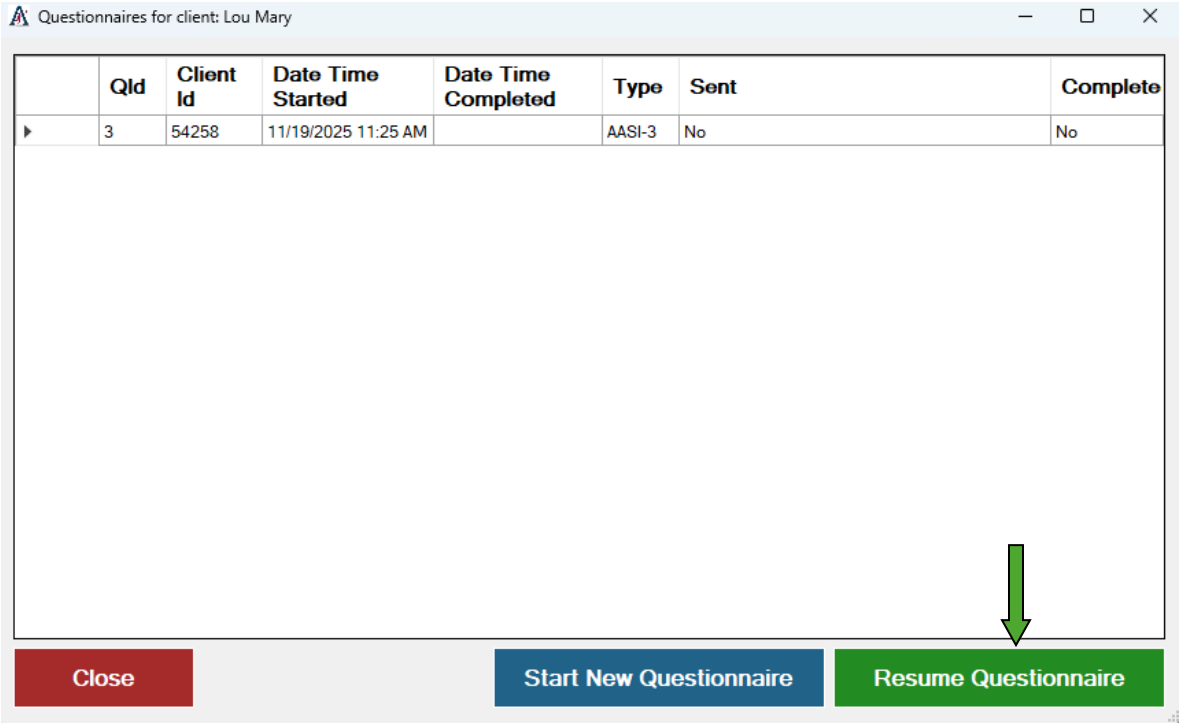
Next, choose Abel Questionnaire



The next screen will allow you to select the questionnaire you wish to resume. To select, hightlight the assessment. Then Choose “Resume Questionnaire”



REVIEW the AASI-3 Questionnaire

To review any questionnaire that you previously completed, select AASI. This action will open a dialog screen, which displays the clients who have been created for the AASI Assessment. Next, choose the client you wish to review and click “OK”

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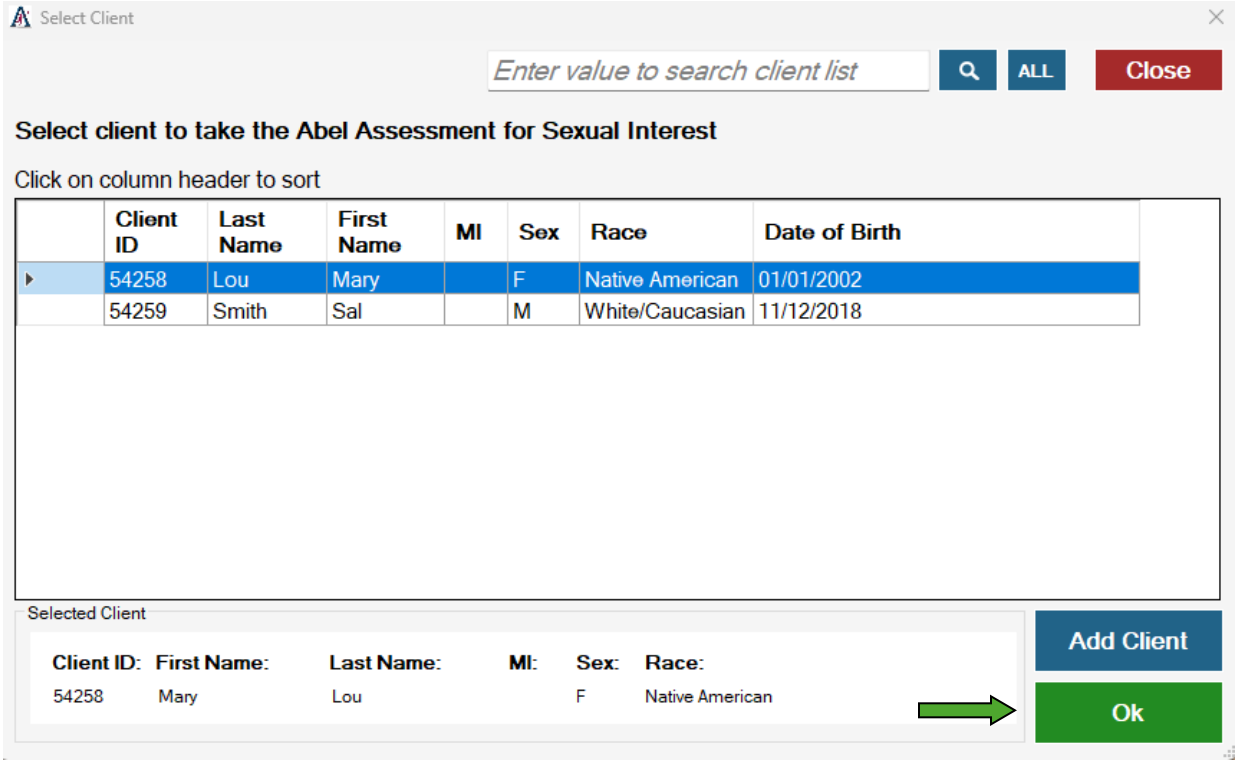
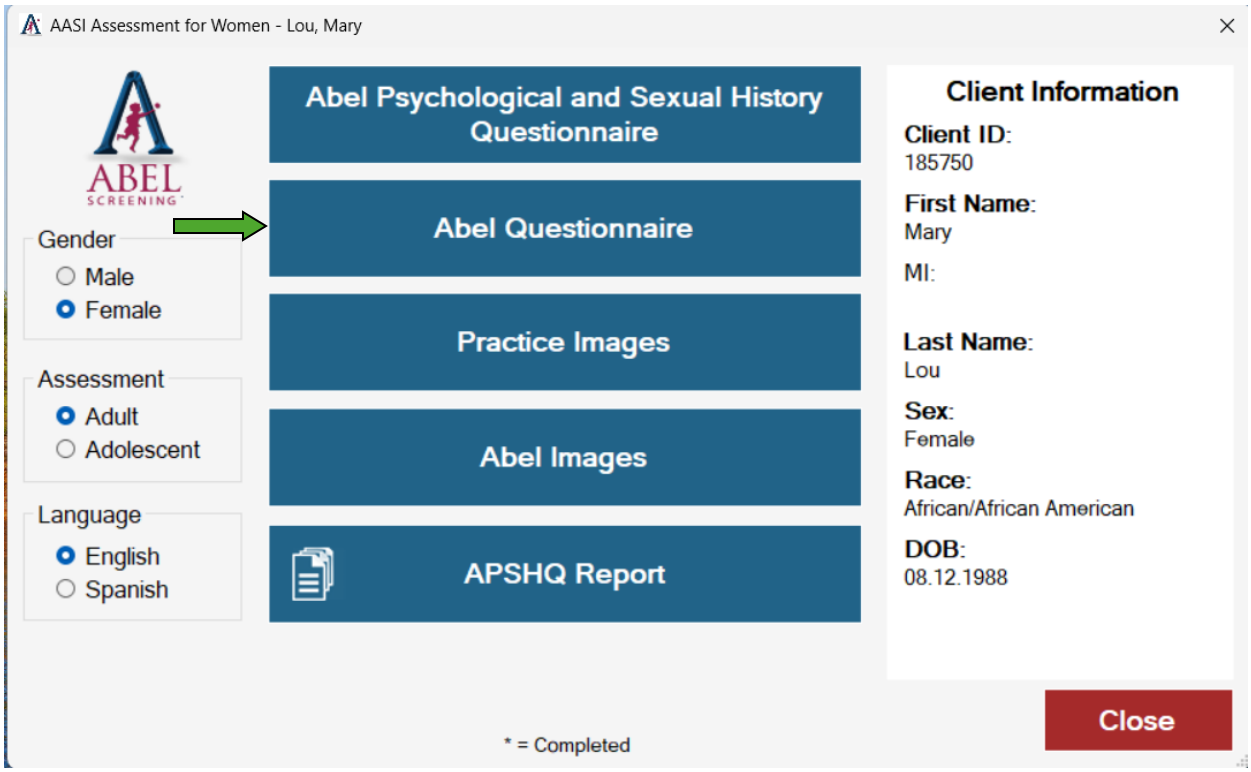


Next, choose Abel Questionnaire



The next screen will allow you to select the questionnaire you wish to review. Choose “Review”

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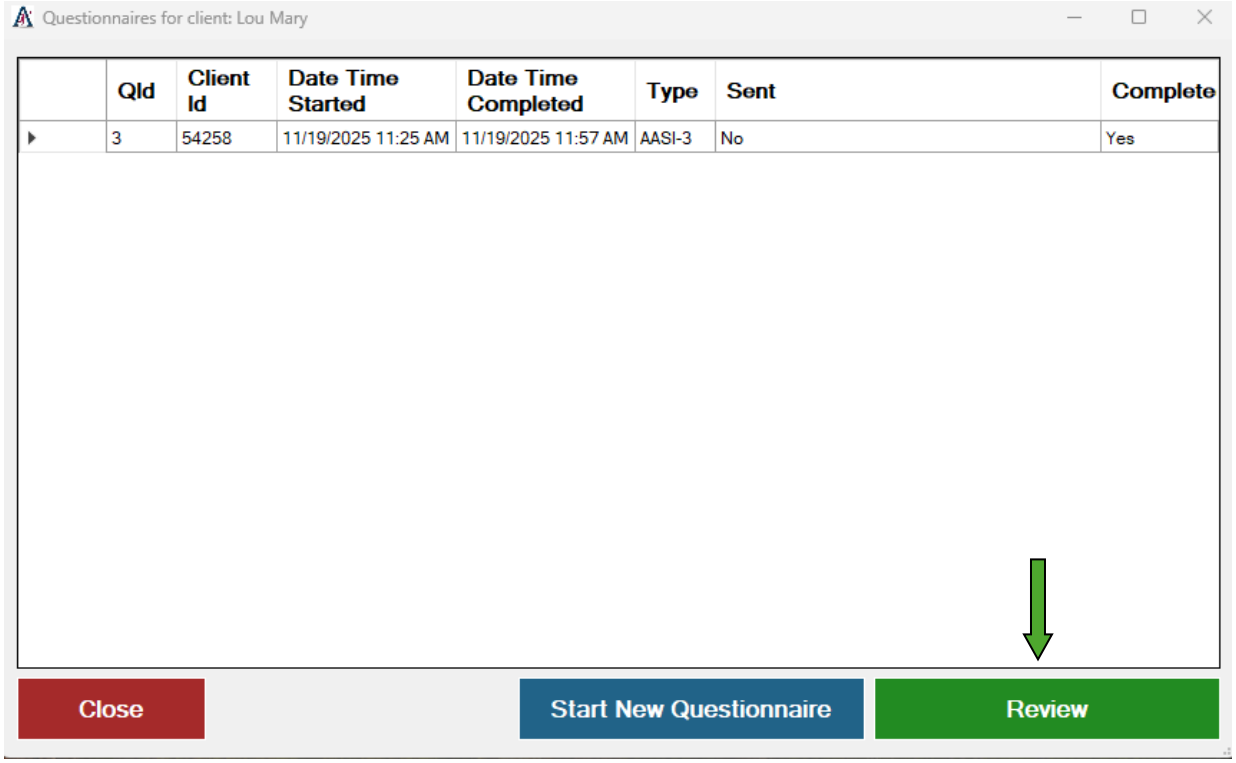

Note: You can only "Review" completed questionnaires. Questionnaires that have been "Suspended" can only be "Resumed."

Send Client Data and Receive Assessment Reports

Internet Direct Connect:

- Your Abel Administrator application automatically connects you to this method of sending data and receiving assessment results.
- This method provides the fastest and most reliable way to transmit data and results.
- Your laptop must be connected to the internet.

If you have questions, please contact ASI Technical Support at 404-874-4772, Ext. 2.

Once the client has completed the Abel Questionnaire and/or Abel Images (VRT® Images), the application transmits the data to ASI for checking, processing, and report generation.

To Send the Abel Questionnaire and/or Abel Images responses, there are two methods:

Method 1:

1) In the Abel Administrator Main Menu, select “Data Transmission.”

   A screen will display all unsent assessments. You can view both sent and unsent assessments by toggling the buttons at the bottom of the screen.

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2) Next, click to select the client assessment data you want to transmit. You can choose assessment data for multiple clients by holding the "CTRL" key down while clicking on each set of client assessment data you want to transmit.
3) Click “Send.”

   A screen will appear containing your transmission information. You will receive a message on the screen that indicates a successful transmission.

   Once you have transmitted your data to ASI, it is automatically checked for errors and processed. Within 5 to 10 minutes after the electronic transfer, your report will be ready for retrieval.

Method 2:

1) In the Abel Administrator Main Menu, select “Data Transmission.” A screen will display all unsent assessments. You can view both sent and unsent assessments by toggling the buttons at the bottom of the screen.
2) Next, click to select the client assessment data you want to transmit.
3) Click “Save to File”
4) Choose where to save the .txt data file – Do no change the name of the file
5) Attach file to email and send to data@abelscreening.com

Receiving Reports

1) In the Abel Administrator Main Menu window, click "Data Transmission," then click "Receive Reports." The application will transfer all processed reports to the Abel Administrator application on your laptop.
2) Close the “Data Transmission” screen.
3) Click the “Report Viewer” button.
4) Once the Report Viewer is open, you will see your reports listed there. Scroll down the list until you find the report you wish to open and then double-click to open.
5) You may view different pages by clicking on the blue arrows at the top of the screen. Click on the printer icon at the top of the page to print the report.

Administering Practice Assessments

You and your staff should practice administering both the Abel Questionnaire and the Abel Images (VRT® Images) before administering to an actual client.

You can complete the entire assessment and data transmission process and receive the result of your practice assessment at no charge.

Contact Abel Screening Technical Support at 404-874-4772, Ext. 2, and inform us you are sending practice data. ASI will not charge a processing fee for any practice assessments.

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Preparing Your Client Reports to Include AASI-3 Results

The Abel Administrator includes a set of report templates within the application. The templates will help you include the AASI Assessment Measures in your Client Reports and Recommendations. These templates provide explanations of the various measures and psychological testing in general, helping people outside your practice understand the measures. The report templates must be modified before use to include your identity information and to reflect the unique needs of your practice.

Preparing for the Client

Intended Population

Adult clients aged 18 and older will take the AASI-3 Questionnaire and the AASI-3 Images (VRT® Images).

The integrity of the AASI-3 depends on the client's ability to follow instructions, comprehend the questions, be a reasonably accurate historian, have reasonable acuity to see the images, maintain attention, and not be influenced by auditory or visual hallucinations. Having been diagnosed as having a major psychosis is not a contraindication for undergoing evaluation with the AASI-3 unless psychotic symptoms are active and interfere with understanding the testing procedures and maintaining attention. Evaluators and assessment administrators must use their own judgment when determining whether a client is capable of providing accurate information.

The AASI-3 reading level: 7thth Grade

Informed Consent

As with any clinical assessment, especially those involving testing, it is essential to obtain informed consent Sample consent forms are in the Abel Documents folder within the application.

You should consult the principles, standards, and guidelines of your professional society as well as the prevailing state or federal laws to draft an adequate consent form for your organization or practice or to revise these provided sample consent forms to meet your needs.

During the process of explaining the evaluation and obtaining informed consent, you will be able to gauge your client's ability to comprehend information and maintain attention. This will help you determine whether the AASI-3 is appropriate.

<u>Study Questions to Prepare for the AASI-3 Exam:</u>

Some thought and planning must go into the physical location of the AASI-3 equipment in your office because:

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a) your clients must take the AASI-3 in a quiet environment with no distractions
b) you want at least one staff person watching your clients at all times
c) the room should be brightly lit

Regarding Client IDs (mark all that apply):

a) do not use the same Client ID for two clients
b) do not use the Client ID automatically generated on your AASI screen by ASI
c) do use the first three letters of the client's last name followed by three numbers
d) do call ASI with the Client ID and they will give you the client's name, should you have confusion

If you mix up your Clients' ID Numbers, you can always give ASI the clients' names and ASI will connect the names with the ID numbers.

a) true
b) false

A client`s information should be entered into the laptop:

a) while the clients sits there and watches you
b) before the client arrives for the assessment
c) by using either the drop down tabs or the buttons on the left side
d) both b & c

If a client takes the AASI-3 for a second time, you assign them a new Client ID Number.

a) true
b) false
c) only if it is in the same year
d) only if it is not in the same year

You may suspend and resume the AASI-3 during:

a) the VRT® Images
b) the sex-specific questionnaire
c) both of the above

To see your client's AASI-3 Report:

a) call ASI and ask for a fax
b) click Report Viewer on the main window

The reading level for the AASI-3 for Adults is:

a) 2nd grade
b) 5th grade
c) 7th grade

How would you find a template to use to add the 15 measures from the AASI-3 to your Client Reports in a standardized format?

a) by clicking on the "Abel Administrator" icon on your desktop
b) by clicking on the "Abel Documents" icon on your desktop
c) by calling ASI and having the staff send it to you
d) none of the above

What is the youngest age of a client to whom you may administer the Adult Questionnaire?

a) 17
b) 15
c) 18
d) 21 or older

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First: Abel Questionnaire

The standard protocol is to administer the AASI-3 Sex Specific Questionnaire first and the AASI Images (VRT® Images) second. Begin the questionnaire by going to the Abel Administrator Main Menu and clicking AASI. Select the client from the list of clients and click OK. The AASI assessment screen will appear. Press the “Abel Questionnaire” button. Choose “Adult.”

Answer the Therapist Questions

The Therapist Questions appear first. Use the mouse to select from the appropriate answer choice(s) about your client. **Answer these questions before calling the client into the room**.

The clinician must answer these questions and not an assistant helping to administer the assessment. Some therapists have a paper answer sheet that they answer and put in the chart. An assistant administering the assessment inputs the therapist’s answers. You can print a paper copy from the Abel Documents folder on your desktop. **When you have completed the Therapist Questions, call the client into the room.**

Administer the Abel Questionnaire

Read along with the client the instructions on the screen. Answer any questions the client may have and explain the use of the mouse and the buttons. Stay with the client as they enter the first few pages of demographic data to ensure they know how to use the computer. When you are satisfied with their progress, you may leave them alone, provided you are available to answer any questions.

The AASI Questionnaire is not timed, and the client may stop to ask as many questions as necessary. Clients may also change their answers before they complete the questionnaire.

You can suspend and resume the questionnaire at any time by clicking the buttons at the top of the screen.

When your client completes the questionnaire, a message will appear on the screen prompting your client to call you back into the room. You will then use the “admin” password to end the questionnaire and save the responses. Do not allow the client to watch as you type in this password.

Second: Abel Images (VRT® Images)

Visual Reaction Time™ (VRT®) objectively measures sexual interest. The evaluation of individuals with possible paraphilias must include assessment of their sexual interest patterns, especially the evaluation of any sexual interest in children. Some people who sexually abuse may be unaware of their sexual interest in children. Other people who sexually abuse are highly motivated to conceal their sexual interest and therefore, objective instruments that are difficult to fake are essential.

Objective sexual response patterns such as VRT® reflect a client's sexual interest. A client's sexual interest cannot be interpreted as an indicator of guilt or innocence.

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Abel Images

The client will look at a series of images. Each category is seven pictures deep and features seven images of people from a specific gender, age, and race. All photos show a frontal view of an adult, adolescent, or child in a bathing suit. None of the images show sexual content or sexually aroused individuals.

The AASI-3 VRT® Images contain four age categories: adults, adolescents, grade-school children, and preschool children. The adult category includes adults 21 years of age or older. The adolescent category encompasses teenagers aged 14 to 17 years. The grade school category encompasses children aged 6 to 13 years. The preschool category encompasses children aged 5 years and younger. All images were age-rated by two pediatricians and five community members of diverse ethnic backgrounds.

Select the Client and Assessment from the Application

If the Abel Application is not already open, open the Abel Administrator and on the Main Menu, click “AASI.” Select the client from the list of clients and click OK. The AASI Assessment screen will appear. Click the “Practice Images” button. At this point, **the mouse is disabled**, and you should position it to the left or right of the laptop, depending on the client's non-dominant hand. Next, call the client into the room.

Check the Room and the Client for Distractions

Setting for Best VRT® Testing

It is extremely important to administer the Visual Reaction Time™ (VRT®) portion of the AASI-3 in a quiet, secluded room with soft lighting. To obtain the most accurate VRT® assessment possible from the client, they need privacy and freedom from any distractions that might interfere with their attention to rating the pictures. The room should have a closed door and be located away from areas with heavy traffic and conversation. Any distractions should also be removed from the room. This includes closing windows, closing blinds, dimming lights, and removing phones, cell phones, earbuds, headphones, and clocks from the room. **You should remove your clients’ cell phones or other electronic devices.**

Important: If the client gets up during the image portion of the assessment, the administrator must restart the image portion from the beginning. No exceptions are allowed. Take the time to inform the client of this before they take the image portion of the assessment, and emphasize this point again if they interrupt the image part of the assessment.

The Visual Reaction Time™ (VRT®) portion of the AASI-3 utilizes two sets of 80 images. An additional 15 images are used to provide your client with a practice session before they begin the scored part of the assessment.

Breaks during the Abel Images (VRT® Images) session are not allowed.

Administer the Practice Images to the Client

To teach the client how to take the actual test, which consists of four cycles of 80 images, you provide the client with a 15-image practice session. **You should remain in the room and observe your client throughout the entire practice session.**

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Begin the practice session of sexual interest images by pressing the **“Practice Images”** button from the AASI-3 Assessment screen. You should repeat the 15-image practice session until the client understands the directions.

Tell the client to sit in front of the laptop and rest their non-dominant hand on the mouse. Tell the client to use the hand they write with to press Enter to advance the images. The instruction screen will appear, and you should go over the instructions with your client. **Instruct the client to “Imagine being sexual with the people in the pictures” they are about to see**. When the client is ready, instruct them to press the "Enter" key to start the practice session. The client should review each one and then press "Enter" to advance to the next image.

Ensure the client understands the importance of keeping their non-dominant hand on the mouse at all times while looking at and rating the pictures.

Before starting the 15 Practice Images, instruct the Client:

> "You are now going to view and then rate some Practice Pictures. I will be in the room with you to answer any questions you might have. The Practice Pictures do not count.”

Tell the Client:

> "You are about to take a practice test. The actual test measures sexual interest. During the first part of the test, you will look at pictures of men, women, boys, and girls of different ages and races. You are to imagine being sexual with each of the people in the pictures.
>
> You will see each picture twice.
>
> The *first* time you look at all the pictures, we want you to become familiar with them. Imagine being sexual with the person in the picture and then press the "Enter" key, which will advance the test to the next picture. After you have looked at all the pictures in the practice session, you will go through them a second time to practice rating each picture."
>
> The *second* time you look at the pictures, imagine being sexual with the person in the picture and then rate the thought of being sexual with that person on a scale from 1 to 7. The screen will prompt you to put in your rating number for each picture.
>
> The number "1" stands for "Highly Sexually Disgusting," and the number "7" stands for "Highly Sexually Arousing." The number "4" stands for "Neutral." Because, as humans, we all have sexual responses, we recommend that you try to stay away from the number "4" as much as possible. The rating scale will appear on the screen with each picture, so you do not have to memorize it.
>
> It is very important that during the test, you keep your non-dominant hand (the one you do NOT write with) on the mouse device at <u>all</u> times. If you get up or interrupt the test, you will have to retake it from the beginning. Do you have any questions?"

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[You are to repeat the VRT® instructions as many times as necessary, until the client understands these ideas.]

After the client views all 15 images, the next instruction screen, which explains how to rate the images, will appear. Review the rating instructions with the client and ensure they understand. Be sure to remind the client that the rating scale will remain on the screen. There is no need to memorize it. Instruct the client to press "ENTER" when they are ready to begin.

During the Practice Test, you should observe how the client rates each image. Offer helpful suggestions to them. For example, if the client is answering with all "4's" (neither sexually arousing nor sexually disgusting), ask the client, **"You don't find any of these people arousing at all? I find that hard to believe."** Challenge the client to answer honestly by rating using a range of answers.

If you feel the client needs to repeat the Practice Images, do so until the client can perform the entire test *independently*. You should stay in the room and watch your client complete the Practice Test. Repeat the Practice Test until you feel certain the client can follow the VRT® instructions correctly.

After your client has rated all the images, a dialog screen will pop up prompting you for the password to unlock the application. **Do not reveal the password to the client**. Turn the keyboard away from the client's view and then enter the "admin" password. The application will return you to the AASI-3 Assessment.

Whenever a portion of the assessment ends with the screen instructions to "call the person giving you the test into the room," you must press the Enter key to proceed to the next part of the assessment.

Use of the dominant hand

The proper administration of the AASI-3 VRT® component requires that the client use their dominant hand (usually the one with which they write) to press the ratings and "Enter" key. In contrast, the client must keep the non-dominant hand on the mouse at all times. This is a crucial aspect of test administration. Make sure the client understands this.

ASI conducted the original research with the client's non-dominant hand resting on a GSR device that resembled a mouse. We continue to use the same setup today, only instead of a GSR device, the clients rest their non-dominant hand on the external mouse connected to your laptop. The mouse is used as a distraction; however, many clients think that the mouse is measuring something. The application disables the computer mouse during the AASI Assessment, so the client's movement of the mouse or their pressing the buttons has no effect. If the client questions you about the mouse, simply state, "I don't know, it is part of the design of the test," and give no further information.

Administer the Abel Images (VRT® Images) to the Client

Once the Practice Images have been completed and you feel that the client can correctly follow the VRT® Images procedures on their own, you may start the real test. Have the client leave the room while you set up

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the Abel Images for the actual VRT® sexual interest assessment. From the AASI-3 Assessment screen, click on Abel Images and click the "OK" button. You will see a confirmation dialog screen displaying your client's name and the assessment you have selected for them. **Carefully check that the information is correct**, and click “OK.”

The test is now ready to begin.

The sequence for administering the sexual interest images for the actual VRT® assessment is:

Set 1: 80 images (just view)
Set 1: 80 images (give each a rating of 1 - 7)
Call the administrator into the room
Set 2: 80 images (just view)
Set 2: 80 images (give each a rating 1 - 7)

After looking at the first 80 images, the client then goes back through the same images and rates them 1 to 7 as to how sexually arousing the client finds them. The seven-point Likert rating scale:

1 = Highly sexually disgusting
2 = Moderately sexually disgusting
3 = Slightly sexually disgusting
4 = Neither sexually disgusting or sexually arousing
5 = Slightly sexually arousing
6 = Moderately sexually arousing
7 = Highly sexually arousing

For the actual Abel Images, instruct the client:

> **"OK, the test is now going to begin. I will leave the room. At different times, the test will instruct you to call me back into the room to advance the test to the next section. Do you have any questions?"**

If the client has no questions regarding taking the test, you should leave the room, and the testing should begin. After the client has reviewed and rated the first 80 images, the computer will instruct the client to call you back into the room. Take this opportunity to ensure the client has no problems and no questions regarding taking the test.

Press Enter.

Leave the room and allow the client to finish the test. When the client finishes, the application will prompt them to call you into the room. When the client finishes both sets of images, the system will call for a password to proceed. Enter the Lock password, and the assessment is now complete.

To Cancel the Abel Images

If you need to cancel the Abel Images at any time, press “**CTRL” + “ALT” + “T”** and then release the keys. Next enter the password to unlock the software and click **“OK.”** When you cancel the Abel Images portion of the assessment, you will lose the data for that client’s current VRT® session, and any future VRT® session will have to be re-administered from the beginning.

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Study Questions to Prepare for the AASI-3 Exam

Sometimes clients may be unaware of their sexual interest in children.

a) true
b) false

Who completes the Therapist Section on the AASI-3?

a) the person administering the AASI-3
b) the clinician evaluating the client
c) a member of the client's family

If your client comes to you with a question or problem while taking the VRT™ Images portion of the test:

a) you should respond quickly so he can continue with the test
b) have the client continue regardless of how much time passes
c) have the client start the sexual interest images over again

For the VRT™ Images the range for rating is 1=highly sexually arousing to 7=high sexually disgusting

a) true
b) false

To get the best results:

a) read the instructions to each client in the same manner
b) have the client take the practice images until you are positive he or she understands the procedure
c) use a standard procedure with each client
d) administer the questionnaire first
e) have each client sign a consent form
f) all of the above
g) just c & d

Regarding the practice images:

a) the practice images are optional
b) observe the client to see if he or she is processing each image differently
c) observe the client to be sure he or she has rated at least one picture at a 5 or greater
d) administer the practice images until you observe b & c and you are positive the client understands the procedure and is in a mindset to think sexually about the images

Which do you administer first?

a) sexual interest images
b) practice images

What do you tell the client if, during the VRT® Images portion of the test, they ask what the mouse does?

a) it measures vibration
b) explain you don't know, it is part of the design
c) none of the above

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When instructing your client on taking the VRT® Images portion of the test, how often should you say "imagine yourself being sexual with the person in the picture?"

a) once
b) twice
c) three times
d) until the client understands this idea

During the VRT® Images portion, how many times do you tell your client they don't have to memorize the rating scale?

a) once
b) twice
c) until the client understands this idea

A client can be present and in view of the laptop:

a) only when the client instructions screen shows up
b) while you enter the password
c) while the therapist questions are being entered
d) while you move from the practice images to the Visual Reaction Time™ images

Should you stay in the room during the entire VRT™ Images practice process?

a) yes
b) no

How do you quit in case of a problem with the AASI-3 VRT®?

a) unplug the computer
b) press quit
c) hold CTRL, ATL & T

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Clinical Judgment
Interpreting the AASI-3's Measures

Once you have administered the Abel Questionnaire and the Abel Images (VRT® Images) and transmitted the data to ASI, ASI typically returns the results to you within minutes.

Only a licensed AASI-3 certified clinician may interpret the results. These clinicians may be psychiatrists, licensed clinical psychologists, licensed clinical social workers, or licensed professional counselors.

The AASI-3 Summary Report

The client's responses on The Abel Assessment *for sexual interest-3*™ are summarized in a computer-generated report. The AASI-3 report includes:

- Visual Reaction Time™ (VRT®) Objective Measurements of Sexual Interest
  - Sexual Interest in Children
  - Paraphilias
  - S&M
- Summary Table of 23 Sexual Behaviors
- Therapist's Reasons for Evaluation
- Summary of Admitted Sexual Behaviors
- Summary of Sexual Health Concerns
- Accusations, Arrests, Convictions
- Client's History as a Victim of Child Sexual Abuse
- Emerick Sexual Victimization Trauma Scales
- Sexual Behaviors Ratings
- Sexual Fantasies Ratings
- Cognitive Distortion Score
- Social Desirability Score
- Summary of Drug and Alcohol Use
- Danger To Children Registry
- Probability of Past Child Sexual Abuse (CSA) Behavior: Objective Measure Methodology
- Recidivism by VRT for Men
- AASI Questionnaire Data (optional, upon request)

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The information from the AASI Questionnaire Summary Report is based on the client's self-report and may contradict or disagree with information from other sources.

Admitted Sexual Behaviors and Health Concerns Summary Table

An overview of the problematic behaviors, as admitted by the client, is presented in a summary table; the report for adults inventories 23 behaviors. The table contains columns indicating whether the client admitted to the particular problematic sexual behavior, the age at which the client admitted that they engaged in the behavior for the first time and the most recent time, the number of victims, the number of times involved in the behavior, and the client's rating of control over that behavior. The table also includes a summary of additional sexual health concerns.

The AASI-3 for Men Summary

Client ID 000003 **Age** 23 **Race** White/Caucasian **Sex** Male
Site ID 9000 Subsite 9 **Test Date** 10/30/25 11:52:56 AM

23 Sexual Behaviors		Age Onset	Age End	N Victims	N Times	Control
Child Molestation	Y	27	33	1	20	Absolute
Child Internet Contact	Y	27	33	N/A	5	Absolute
Child Pornography	Y	27	33	N/A	20	Absolute
Adult Internet Pornography	N					
Adult Pornography	Y	20	25	N/A	10	Absolute
Rape	N					
Bestiality	N					
Obscene Notes/Emails/Calls	Y	16	46	30	100	Nearly complete
Telephone Sex	N					
Exhibitionism	N					
Frottage	N					
Public Masturbation	N					
Voyeurism	N					
Prof. Sexual Misconduct	N					
Prostitutes	N					
Sexual Affairs	Y	23	31	4	6	Absolute
Sex With Strangers	N					
Fetishism	N					
Transvestism	N					
Coprophilia	N					
Necrophilia	N					
Masochism	N					
Sadism	N					
Additional Sexual Health Concerns						
Transsexualism	N					
Sexual Abuse Survivor	Y	16	16	N/A	1	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.

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Detailed Summary of Admitted Sexual Behaviors

This section begins with the “Reasons for Evaluation," which reflects information provided by the therapist before administering the questionnaire to the client.

Therapist's Reasons for Evaluation

Sexually touching a boy 5 years of age or younger

Sexual contact with pee or bowel movement

Following this, for each problematic sexual behavior the client admits, a more detailed list provides expanded information about the behavior. Typically, each of these behaviors should be a topic of discussion for the therapist and the client.

Detailed Summary of Sexual Health Concerns

Additional details regarding the client's history of sexual abuse when they were a child are reported here. Typically, each of these concerns should be a topic of discussion for the therapist with the client.

Summary of Admitted Sexual Behaviors

The therapist should question this person in detail regarding the inappropriate sexual behaviors in which this person indicates current or previous involvement. These items are listed below. This summary also indicates whether this person is currently involved in each of these behaviors and whether this person reports poor control. The behaviors are presented as reported by this person and may be inconsistent with responses to similar questions in other sections of the questionnaire.

Contacting Children and Teens 17 Years and Younger for Sexual Gratification Through the Internet:

*** This person reports LESS THAN COMPLETE CONTROL

*** This person reports that this behavior last occurred within the past year

*** This person engaged in this behavior 63 times in their lifetime

In the two months before this person's behavior was discovered this person engaged in this behavior 40 times This person communicated with:
Teenage girls 14-17 years of age
Teenage boys 14-17 years of age

This person communicated with children and teens 17 years and younger: By talking to them through the internet

This person arranged to meet in person: Teenage boys 14-17 years of age

Of all sexual fantasies, MORE THAN HALF are about communicating with or attempting to meet up with children or teenagers (17 years or younger) for sexual gratification.

Sadism:

*** This person reports LESS THAN COMPLETE CONTROL ***

This person reports that this behavior occurred within the last year

The behavior involved:
Started by this person's partner

Would want to hurt or degrade:
Adolescent females 14 – 17

Has hurt or degraded:
Adolescent females 14 – 17

Of all sexual fantasies, NEARLY HALF are about hurting or degrading a sex partner

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History of Sexual Abuse Victimization During Childhood

The history of a client's own sexual abuse during their childhood may give insight into the beginnings of their current sexual behavior problems.

The assessment collects information on the client's age at victimization, their relationship to the abuser, and the degree of force used.

Summary of Sexual Health Concerns

History of Sexual Abuse Victimization During Childhood

This person reports being abused as a child sexually

Sexually abused from age 6 until age 14

Sexually abused by 21 females

Sexually abused by 10 males

Sexually abused 120 times

Sexually abused by more than 3 people at the same time

This person reports degree of physical force involved:
Roughed this person up a little

As a child, this person reported the abuse to:
Police

The Emerick Sexual Victimization Scales

The AASI-3 Emerick Scales were derived from the Sexual Trauma Inventory (STI). The STI is a 300-item true-false questionnaire that is constructed to measure a sexual abuse survivor's: 1) knowledge about human sexuality, the paraphiliac, and victimology, 2) process of victimization, 3) trauma potentiators, 4) vulnerability to sensory stimulated intrusive memory, and 5) cognitive, social, and sexual symptomatology that are related to sexual abuse. Emerick found a significant relationship between an adult client's developmental history, including child sexual victimization, and the client's likelihood of successfully completing an intervention program and complying with probation terms.

High scorers on the Emerick Scales are clients whose clinical issues include significant trauma relating to their own victimization. However, while Emerick's three scales can be used to clarify issues that are challenging to a client's mental health, the scales are not designed to validate allegations of sexual abuse.

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The Emerick Sexual Victimization Scales

The Emerick Scales measure a person's degree of sexual victimization trauma.

In all scales, a score of 0 indicates no concern.

Trauma Intrusive Thoughts Scale - Measures the degree to which this person involuntarily remembers or thinks about the child molestation they suffered.

A score of 1 to 32% indicates a moderate concern. A score of 33 to 100% indicates a severe concern.

Trauma Intrusive Thoughts Scale **50%**

Trauma Symptomatology Scale - There are three critical ways that a sexual abuse victim may misinterpret the process of abuse: cognitive distortions about violence, justifications enabling violence, and faulty beliefs about the world in general. Collectively, these misinterpretations about one's own victimization are a measure of one's trauma relating to abuse and one's potential to hold enabling views about sexual abusing behavior.

A score of 1 to 54% indicates moderate concern. A score of 55 to 100% indicates severe concern.

Trauma Symptomatology Scale **44%**

Trauma Potentiators Scale - Measures the degree to which developmental and social issues are likely to aggravate trauma symptomatology. This scale comprises both static and dynamic issues.

Trauma Intrusive Thoughts Scale – Measures the degree to which the client involuntarily remembers or thinks about the child molestation they suffered.

Items:

9. Sometimes, when my girlfriend or boyfriend rubs my chest, I have flashbacks of when my abuser was doing sex things to me.
11. Sometimes, when I see somebody naked who is the same sex as my abuser, I get this feeling of terror.
12. Sometimes, when I hear a voice that sounds like my abuser, I get this feeling of terror.
17. Sometimes, when my girlfriend or boyfriend touches me between the legs with their hand, I have flashbacks of what my abuser did to me.
23. Sometimes, I'll smell something that brings on a flashback of what my abuser did to me.
25. Sometimes, I hear people using words or expressions that make me think of my abuser.

Trauma Symptomatology Scale – There are three critical ways that a victim of sexual abuse may misinterpret the process of abuse: cognitive distortions about violence, justifications enabling violence, and faulty beliefs about the world in general. Collectively, these misinterpretations about one's own victimization are a measure of one's trauma relating to abuse and one's potential to hold enabling views about sex offending behavior.

Items:

4. I wish thinking about what they did to me didn't bother me so much.
6. They couldn't have done those sex things to me if I hadn't trusted adults so much.
9. Sometimes when my girlfriend or boyfriend rubs my chest, I have flashbacks of when my abuser was doing sex things to me.
11. Sometimes, when I see somebody naked who is the same sex as my abuser, I get this feeling of terror.
12. Sometimes, when I hear a voice that sounds like my abuser, I get this feeling of terror.
16. I have tried to get rid of my memories about what happened to me by drinking or doing drugs.
17. Sometimes, when my girlfriend or boyfriend touches me between the legs with their hand, I have flashbacks of what my abuser did to me.

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30. I keep thinking about what the abuser did to me so it's hard to concentrate on my school work or my job.
31. Sometimes, when I used to think about what they did to me, I almost went crazy.

Trauma Potentiators Scale – Measures the degree to which developmental and social issues are likely to aggravate trauma symptomatology. This scale comprises both static and dynamic issues.

Items:

5. I was less than 9 years of age the first time someone touched me sexually when I didn't want them to.
7. I came while they were doing sex things to me.
10. I knew nothing about sex before I was abused.
18. Sometimes I got a strong sexual feeling between my legs when I was being sexually abused.
26. I reported the person who sexually abused me.

Scale	No Problem	Moderate	Severe
Trauma Intrusive Thoughts	0	1 - 32	33 - 100
Trauma Symptomatology	0	1 - 54	55 - 100
Trauma Potentiators	0	1 - 59	60 - 100

Summary of Drug and Alcohol Use

Because of its full coverage of drug and alcohol use, this table can help the therapist gain a complete picture of how stimulants affect the client.

Summary of Drug and Alcohol Use

The Summary of Drug and Alcohol Use allows people to report the extent of their experience with drugs and alcohol, the number of times they used each substance, the age of first use, and the last year they used. The summary notes if this person failed to answer any questions.

This person reports having used:

Marijuana, grass, pot or hashish more than 10 times a week beginning at age 15. The last year of use was 2025.

Tranquilizers, downers, sedative hypnotics or benzodiazepines some beginning at age 17. The last year of use was 2018.

Cocaine, crack or rock more than 10 times a week beginning at age 28. The last year of use was 2017.

Hallucinogens, LSD, ecstasy, mescaline, peyote, PCP, angel dust or mushrooms more than 10 times a week beginning at age 32. The last year of use was 2018.

Crystal meth, krank, tweak or ice some beginning at age 27. The last year of use was 2015.

Pain medication such as Lortab, Vicodin, hydrocodone, Percocet, OxyContin, etc. more than 10 times a week beginning at age 23. The last year of use was 2021.

Inhalants, nitrous oxide, amyl nitrate, gasoline, solvents, glue, whippet, poppers, etc. more than 10 times a week beginning at age 19. The last year of use was 2016.

This person reports that they have never used:

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Accusations, Arrests, and Convictions

This report of the client's admission of accusations, arrests, adjudications, convictions, and admissions of guilt offers another independent measure of admission of child sexual abuse. This information should be interpreted in the context of the client's overall situation and compared with other sources of information available to the therapist. If the client's responses are clearly at odds with the information from other sources, the therapist should follow up with more detailed questioning.

Admissions, Accusations and Admissions of Guilt

(for sexual acts against children)

This person ADMITS having been accused of sexually abusing a child.
This person ADMITS having been convicted for a sex act against a child.

Details of Accusations

These items indicate this person's admission of accusations and offer another independent measure of admission of child sexual abuse. This information should be interpreted in the context of this person's overall situation and compared with other sources of information available to the therapist. If this person's responses are clearly at odds with the information available from other sources, the therapist should follow-up with more detailed questioning.

This person ADMITS having been accused and having sexually molested the child to the extent reported.

Cognitive Distortion Score

The Cognitive Distortion Score is calculated from 13 five-point Likert type items, which describe potential justifications frequently used by clients who are sexually involved with children. The answer choices range from “Strongly Agree” to “Strongly Disagree” with “Neutral (neither agree nor disagree)” as the center point. Scores range from 0 to 100, with scores less than 25 considered low and scores above 40 considered high. A higher score suggests a greater use of such cognitive distortions.

Cognitive Distortion Scores for Adults (%)		
Low	Problematic	High
0 – 25	26 – 39	40 – 100

Approximately 66% of people who sexually abuse children fall within a score range of 0 - 25, 27% score between 26 and 39, and 7% score above 40. The Cronbach *alpha* (internal reliability) for all 13 items was α = 0.71, based on a sample of 35,359 adult males recruited from men referred for psychosexual evaluations for various sexual problematic behaviors, including sexually abusing children as well as non-child related sexually abusive behaviors (e.g., exhibitionism).

Cognitive Distortion Score

These items describe potential justifications frequently used by persons who are sexually involved with children.
A higher score suggests a greater use of such cognitive distortions.

Scores of 0 to 25% are considered non-problematic.
Scores of 26 to 39% are problematic.
Scores of 40 to 100% are highly problematic.

Cognitive Distortion Score: 44%

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Social Desirability Score

The AASI-3 contains 20 true-false items that assess the tendency for a client to respond in a socially desirable manner (i.e., a person's unwillingness to admit to any violation of common social mores). It is a measure of the degree that clients are reporting what is socially desirable rather than what might be the actual case. Scores on the social desirability scale range from 0 to 100, with scores less than 45 considered low and scores above 65 considered high for adults. The AASI-3 social desirability scale has an internal reliability of Cronbach's *Alpha* = 0.83 for adult males, based on a sample of 34,965. For adult females, the Cronbach's *Alpha* is 0.78, based on a sample of 1,143. In a sample of 1,148 adult males, the adult AASI-3 Social Desirability Scale correlated r = .60, $p < .001$ with the Lie Scale of the MMPI-2, which also measures social desirability.

Social Desirability Scores for Adults (%)		
Low	Problematic	High
0 – 45	46 – 64	65 – 100

Danger Registry

The Danger Registry represents information collected from various parts of the AASI-3 Questionnaire to present a unified picture of the danger this client may pose to others. The Danger Registry measures a client's attraction to, fantasies about, and sexual interest in young girls and boys sometime since the client turned 18 years old. Concerns are registered when the client answers any of the questions as "Completely True" or "Somewhat True." Moderate Concerns are registered when the client reports fantasies without action; Severe Concerns are registered when the client reports masturbation to fantasies of children or actual behavioral intent. These results may differ from fantasy admissions reported in other sections of the questionnaire.

Danger Registry

The Danger Registry measures a person's attraction to, fantasies about, and sexual interest in young girls and boys sometime since the person turned 18 years old.

Concerns are registered when the person answers any of the questions as "Completely True" or "Somewhat True."

Moderate Concerns are registered when the person reports fantasy without action.

Moderate Concerns:
Sometime since this person turned 18:

** This person reports sexual **attraction** to grade school girls 6-13 years of age.

** This person reports sexual **attraction** to preschool boys 5 years of age or younger.

** This person reports sexual **fantasies** of having sex with a preschool girl 5 years of age or younger.

Severe Concerns are registered when the person reports actual behavioral intent.

Severe Concerns:
** This person reports **masturbatory fantasies** of sex with a grade school girl 6-13 years of age.

** This person reports **masturbatory fantasies** of sex with a teenage girl 14-17 years of age.

** This person reports they **are likely to have sex** with a grade school girl 6-13 years of age.

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AASI-3 Questionnaire Data

This optional final section, sometimes referred to as the "Data Dump," is simply a detailed listing of every questionnaire response made by your client. The application does not deliver this section by default, but you may request that it be added to your reports.

Study Questions to Prepare for the AASI-3 Exam:

A score of 50 on the Cognitive Distortion Scale places the client into what range:

a) low
b) medium
c) high
d) no range

A Social Desirability Score of 75 for an adult male is:

a) non problematic
b) problematic
c) highly problematic

A high Social Desirability Score:

a) increases the likelihood of a client self-reporting paraphilias
b) decreases the likelihood of a client self-reporting paraphilias
c) has no effect on the client self-reporting paraphilias
d) is always associated with low cognitive distortions

Suppose that a client had been sexually abused; a score of 3 on any of the Emerick Sexual Victimization Scales would indicate:

a) no problem with trauma
b) a mild problem with trauma
c) a moderate problem with trauma
d) a severe problem with trauma

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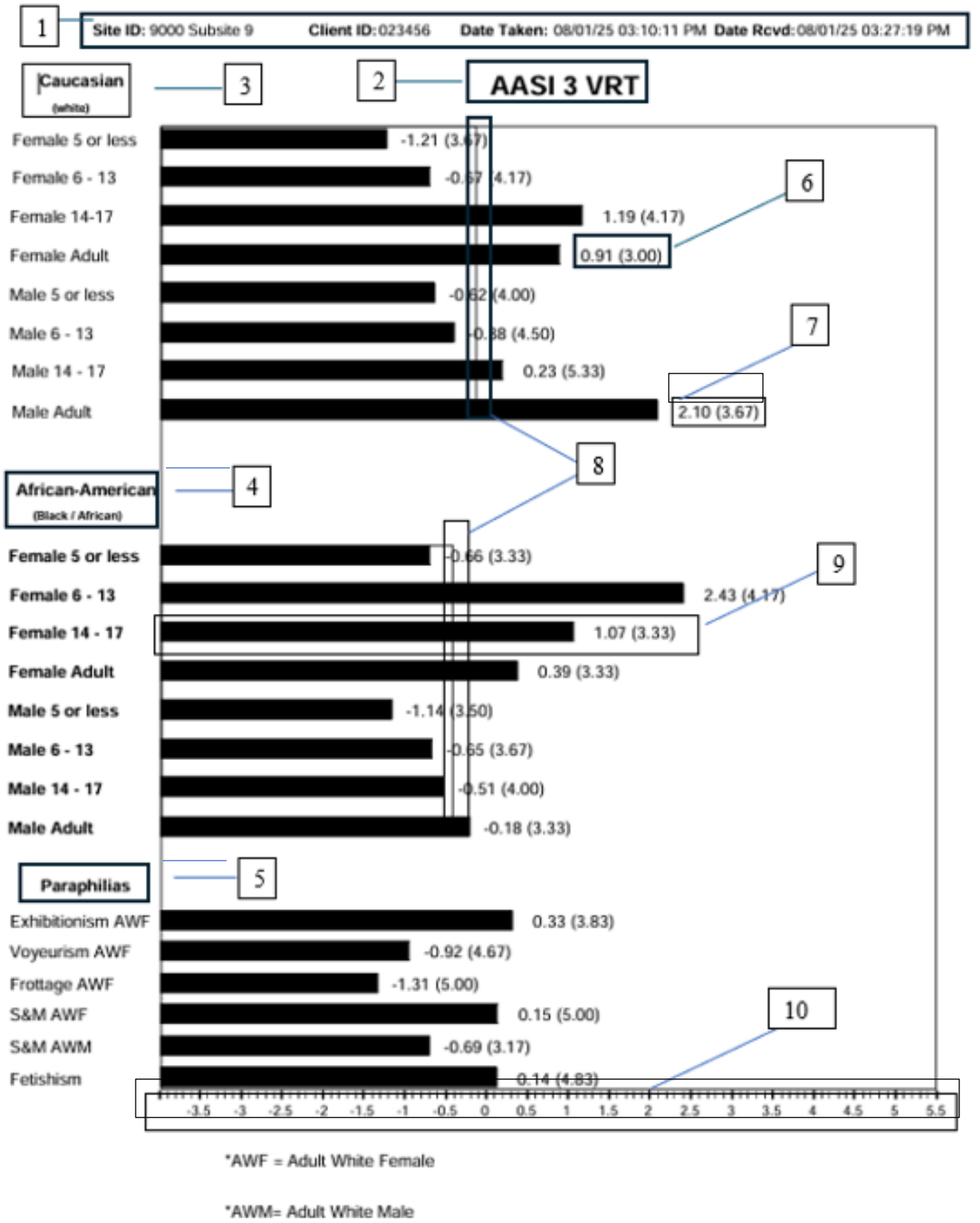
Interpreting the AASI-3 Abel Images (VRT® Images) Sexual Interest Graph

ASI returns the VRT® Images results to you as a sexual interest graph. Below is an example of a VRT® Images sexual interest graph and on the following page is a key to parts of the graph.



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1. **Header**: Contains the Site ID Number, the Client ID Number, and date the assessment was administered and received.
2. **Title**: The title indicates the type of assessment administered.
3. **Sexual Interest Graph for Images of Caucasians/Whites**
4. **Sexual Interest Graph for Images of African-Americans/Blacks/Africans**
5. **Sexual Interest Graph for Paraphilias**.
6. **Self-Reported Score**: The client's average self-reported sexual arousal for the category.
7. **VRT® Z-Score**: The VRT® sexual interest expressed as a Z-score to allow comparison of interest in one category relative to all other categories.
8. **Vertical Scoring Lines**: If a horizontal child sexual interest bar touches or exceeds the vertical line, strongly suspect high sexual interest in that category.
9. **Sexual Interest Bars**: The sexual interest bars indicate the client's relative VRT® for each category of images expressed as Z-scores. The assessment measures the client against themselves. Z-scores show the client's sexual interests in various categories of adults and children and paraphilias.
10. **Z-Score Scale**: Z-scores always have a mean of zero and are in units of standard deviations. For example, a Z-score of 1.5 is 1.5 standard deviations above the mean.

Visual Reaction Time™ Scoring Instructions

The VRT® results are presented in a bar graph with a sexual interest bar for each age, gender, and race category. The bars do not reflect the raw VRT® data, but rather the derived Z-scores for each category. The bars represent the amount of sexual interest in each category relative to all the other categories. For example, a sexual interest bar showing a Z-score of 3 indicates that the client's sexual interest in that specific category is three standard deviations above the mean (average) of all categories.

VRT® Z-scores enable comparisons of a client's sexual interest across different age and gender categories. Each Z-score presents the degree of a client's sexual interest as compared with the client's other sexual interests. Because the assessment measures each client against themself, you cannot compare VRT® graphs from several clients.

Our research shows that for Caucasians and Hispanics/Latinos, you should use the Caucasian sexual interest bars. For African-Americans, use the African-American bars. For all others, use the racial group with the highest <u>self-reported sexual arousal</u>, looking at the numbers in parentheses of Adult and Adolescent Males and Females, both Caucasians and African-Americans. The numbers in parentheses are average self-reported sexual arousal scores.

Only some people who sexually abuse children (about 6.6%) will have a sexual interest profile where the sexual interest bars for child images will be higher than those for adult or adolescent images.

However, a client evidencing a substantial sexual interest in children, even if it is less than their sexual interest in adults, is problematic and a cause for concern. To determine how much sexual interest in the child categories is considered "substantial," the AASI Sexual Interest Graph has vertical scoring lines on it. If a horizontal child sexual interest bar for females age five or less, males age five or less, females ages 6 to 13, or males ages 6 to 13 **touches or exceeds** the Vertical Scoring Line for an appropriate set of race-specific Sexual Interest Bars, strongly suspect high sexual interest in that category.

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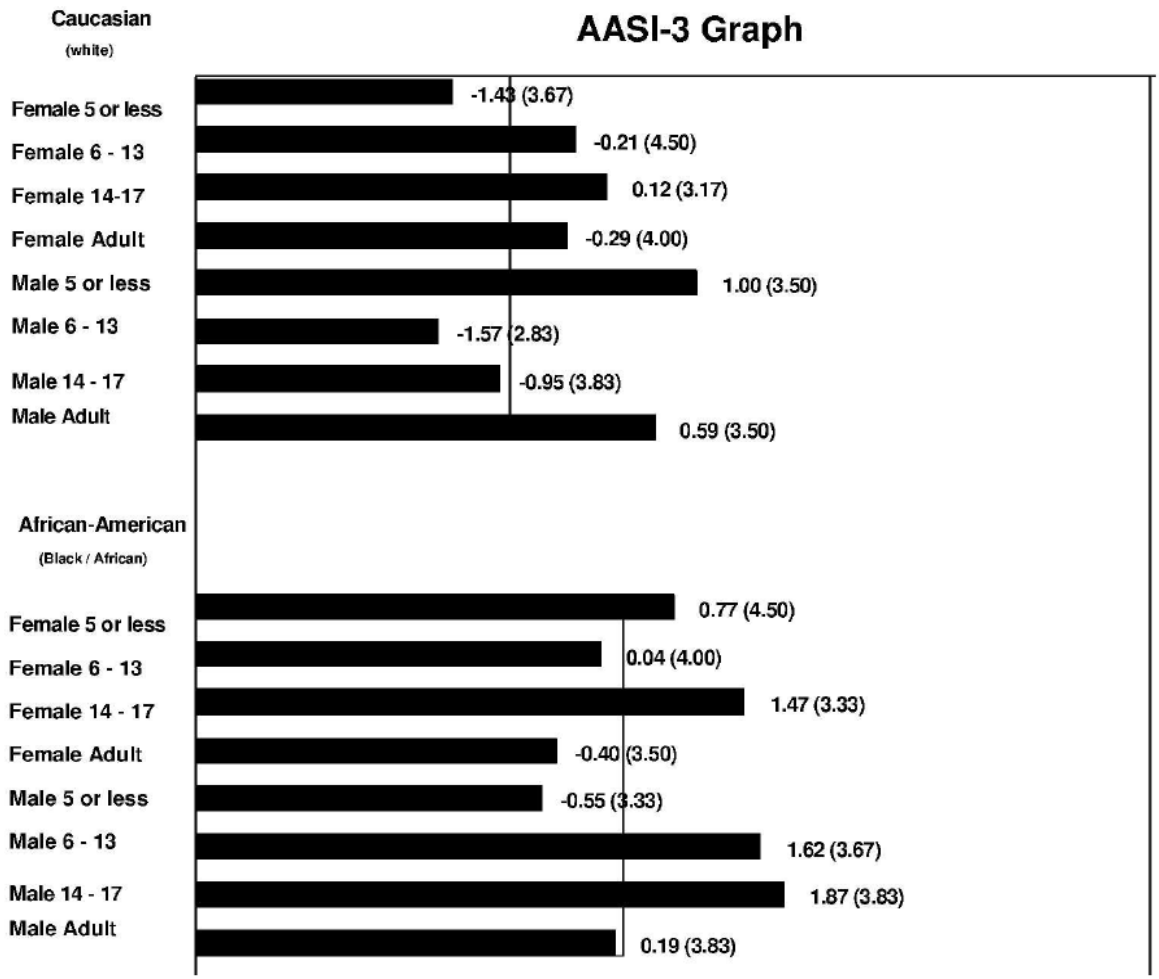
Because sexual interest in a specific age and gender category within the client's own race may generalize (bleed over) into other races, it is essential not to overinterpret the VRT® Graph. To avoid such overinterpretation of the results, as a general rule, you should **only interpret the set of sexual interest bars that correspond to your client's race**. If the victims are from another race or if the bars on the other race are very high, you would interpret the other race's sexual interest bars or interpret both sets of sexual interest bars.

You should use BOTH sets of bars ONLY IF:

- Any self-reported arousal in adults/adolescents is HIGHER in the other racial group
- Your client has victims who are of the other race
- The results from the first racial group are unexpected



For a Caucasian Male, these African-American bars self-reported arousal measures are highest.

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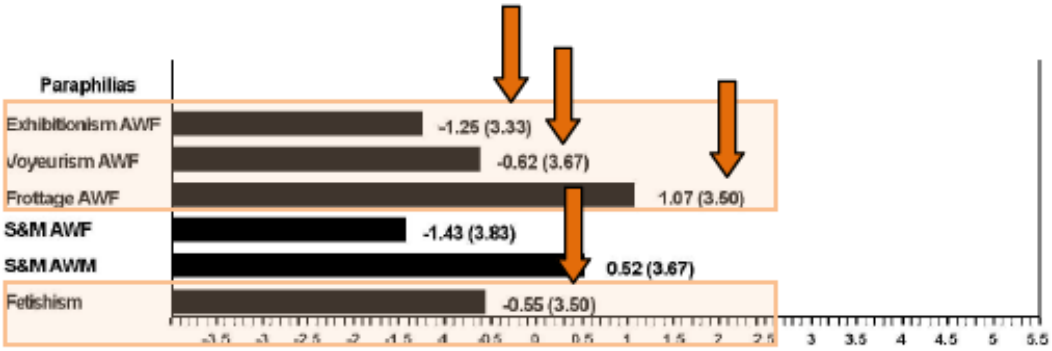
Interpreting the VRT® for Paraphilias

For the paraphilias (exhibitionism, voyeurism, frottage and fetishes) use only the client's average rating score for self-report on their arousal in parenthesis at the end of the bar. Do not interpret the VRT® sexual interest bars.



For the **S&M AWF** and **S&M AWM** bars, if they are at least one standard deviation (i.e., Z-score) higher than the respective adult or adolescent female and/or adult or adolescent male sexual interest bars, that suggests that the person may have an interest in sexual violence. Further assessment and follow-up may be needed.

For example:

Here, **S&M AWF** exceeds the **Adult Male** bar by more than one standard deviation, so the clinician should follow up with the client regarding their interest in sexual violence

Here, **S&M AWF** exceeds the **Adult Female** bar, but it does not exceed the **Adult Female** bar by one full standard deviation, so this would NOT qualify as evidence that the person needs further follow-up assessment for possible interest in sexual violence.

VRT® Reflexive Responders

Some clinicians use the term "Reflexive Responders" to describe clients who exhibit a rigid pattern of responses when evaluating images of children. They rate the pictures of children equally, and have nearly the same average viewing time for all categories of children. They are labeled Reflexive Responders because they do not appear to reveal any information about their sexual attraction toward children. It is as if they are just reflexively pushing the one or four keys.

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Reflexive Responder results may be avoided if the administrator takes the time to administer the Practice Images of the AASI-3 correctly. This is the point where the administrator, by providing complete instructions and staying with the client while they follow those instructions, ensures that the client understands how to take the test correctly. If the client appears not to be following proper instructions, i.e., not self-reporting sexual interest in any category, the administrator should reiterate the instruction and have the client retake the Practice Images

Administrators can give the Practice Images to the client as many times as necessary until the administrator is convinced that the client understands and follows the instructions.

An AASI VRT® Graph meets the Reflexive Responder criteria if:

- The self-reported average ratings on the child categories (ages five and less and ages 6-13) are all the same (e.g., all equal to 1 or all equal to 4), and
- The difference between the lowest and highest VRT® standard scores (i.e., the number at the end of the sexual interest bar) in the child categories is not greater than 0.65 in standard units (Z-scores).

(This set of criteria is a modification of an earlier set of criteria presented by Steven R. Gray, Ed.D., and Joseph J. Plaud, Ph.D.)

Originally, it was thought that all Reflexive Responders were attempting to conceal sexual interest in children. However, analysis has shown that reflexive responders were not more likely to be considered dissimulators by their therapists. In fact, they were less likely to be considered dissimulators. This indicates that individuals who show the reflexive responder VRT® profile are a mixed group of people who are denier-dissimulators, people who sexually abuse children, and/or those without sexual interest in children

.

Because a client with a reflexive responder VRT® Graph could either be someone with a sexual interest in children who is attempting to dissimulate or someone without a sexual interest in children who is answering honestly, the interpretation of the graph must be done in the context of all of the information gathered in the entire evaluation.

Interpreting the Probability of Past Child Sexual Abuse Acts

Probability of PAST Child Sexual Abuse (CSA) Behavior: Separate Methodologies for Men and For Women

To get this methodology, ASI combines the client's VRT® responses and their answer patterns on the Abel Questionnaire.

The Probability Score is most useful for clients who have been accused of child sexual abuse, but deny ever having sexually touched a child. It is based on a denier-dissimulator model.

The Probability of Past CSA Behavior score is derived by comparing a particular client's responses on the Abel Assessment *for sexual interest* - 3™ (AASI-3) to the responses of a large group of denier-dissimulator child sexual abusers and a group of individuals who have never sexually abused a child (non-abusers). The Probability of PAST CSA behavior score was developed using both non-incestuous and incestuous sexual abusers of children (17 years old or younger) and is therefore applicable to people who abuse children of

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multiple genders as well as people who abuse children within and outside of the family. **The model can be used in both child custody and child visitation cases.**

The Probability of Past CSA Behavior score is based on a linear regression model that includes a combination of information from the VRT® results and the Abel Questionnaire results. Therefore, this section will only be generated after both the Questionnaire and VRT® have been completed.

The Probability of Past CSA Behavior score and associated probability is most useful for evaluation purposes, and should only be used for the first assessment of the client.

The Probability of Past CSA Behavior only provides the likelihood that your client has ever sexually touched a child in the past. A higher associated probability means a greater likelihood that the person is correctly classified as a child sexual abuser. It means that your client's answer patterns match the answer patterns of denier-dissimulator child sexual abusers more closely.

The scores have been standardized on a sample of community volunteers, so that a score of zero indicates the average score of a community volunteer who has no record of sexual abuse. The scores generally range between -5 and 5, although scores may occasionally exceed 5. **Scores fall in one of three groupings of Past CSA Behavior: Lower, Medium, or Higher.**

Lower: A Male client scoring in the Lower group has an estimated 18% likelihood of ever having sexually abused a child in the past. For Females, the likelihood is estimated at 19%. Approximately one third of clients should fall into this group.

Medium: A Male or Female client scoring in the medium group has an estimated 50% likelihood of ever having sexually abused a child in the past. Approximately one third of clients should fall into this group.

Higher: A Male client scoring in the Higher group has an estimated 86% likelihood of ever having sexually abused a child in the past. For Females, the likelihood is estimated at 85%. Approximately one third of clients should fall into this group.

Probability of PAST Child Sexual Abuse Behavior Methodology for Men

Score: 1.619
Group: Higher Risk
Group probability: 86%
Cut Score Ranges for Risk Groups

Group	Cut Score Ranges	Associated Probability
Lower	<= 0.21	18%
Medium	> 0.21 and < 1.4	50%
Higher	>= 1.4	86%

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Probability of PAST Child Sexual Abuse Behavior Methodology for Women

Score: -2.572
Group: Lower Risk
Group probability: 19%
Cut Score Ranges for Risk Groups

Group	Cut Score Ranges	Associated Probability
Lower	<= 0.15	19%
Medium	> 0.15 and < 1.23	50%
Higher	>= 1.23	85%

There is no cut point that will determine that the client is a child sexual abuser. You can only obtain a probability that the client has sexually abused a child in the past. You should use the Probability of Past CSA Behavior score in conjunction with other information gathered from interviews, testing, and collateral reports to decide whether the client might be a child sexual abuser.

Please remember: NO test or test score can determine whether a client is guilty or innocent of a specific child sexual abuse act.

The Probability of Past CSA Behavior score and associated probability:

- Is not an index of dangerousness or severity of being a child sexual abuser. For example, a higher probability value does **not** mean that the client has abused a greater number of children.
- **Cannot** determine the likelihood that the client has sexually touched any one particular child (e.g., a child who is currently accusing them).
- Has **NO** predictive value, and should **not** be used to determine the degree of risk that your client will sexually abuse a child in the future.
- Is intended to be used with adult males and females before treatment begins.

For People Who Admit

The Probability of PAST (CSA) Behavior Score is designed to help the evaluator answer the question, “What is the likelihood that this person has sexually touched a child in the past?” For individuals who admit having sexually touched a child, the question has already been answered.

For individuals who admit to having sexually touched children of one gender, who are suspected of sexually touching the other gender, which they deny, use the sexual interest information from the AASI-3 VRT® Graph to draw conclusions and make recommendations.

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Sensitivity and Specificity

Sensitivity is the model's ability to correctly classify a child sexual abuser as a child sexual abuser. Specificity is the ability of the model to correctly classify a non-abuser as a non-abuser. Since there are three groupings of Probability of Past CSA Behavior, there are two sets of sensitivity and specificity.

	Male				Female		
Group	Cut Score	Sensitivity	Specificity		Cut Score	Sensitivity	Specificity
Lower vs. Medium and Higher	0.21	88%	57%		0.15	87%	56%
Lower and Medium vs. Higher	1.4	54%	91%		1.23	53%	90%

Sexual Recidivism Risk by VRT® for Men

Sexual Recidivism Risk by VRT® was developed to help clinicians estimate the client's likelihood of recidivism and help clinicians improve decision making among adult males with sexual behavior problems. The recidivism page is based on research as documented in the following article: Gray, S.R., Abel, G.G., Jordan, A., Garby, T., Wiegel, M. Harlow, N. (2016). Visual Reaction Time™ as a Predictor of Sexual Offense Recidivism. Sexual Abuse: A Journal of Research and Treatment, 27(2), pp 173-188.

The recidivism page helps clinicians examine the probability of re-offending sexually, not specifically to child sexual abuse, but to a multiple number of sexual inappropriate behaviors.

The recidivism page is not designed to replace other risk determination instruments but provides information the clinician should have prior to making recommendation and developing treatment planning. Individuals with a higher VRT® to children are more likely to commit other sexually inappropriate behaviors including but not limited to child molestation, exhibitionism, voyeurism, fetishism, frottage, or rape.

The more similar a client is to the research participants the greater confidence one may have in the findings. Participants in the study received the AASI before undergoing cognitive behavioral treatment.

Recidivism results divide risk into three categories: Lower risk clients have VRT® scores 1 standard deviation below the mean or a ratio of.47. Medium risk clients have VRT® scores between one standard deviation below and above the mean or a ration between .47 and .87. A higher risk client's VRT® score is one standard deviation above the mean or a ratio above .87.

Your Client is in the Lower Risk Group

	1 Year	5 Years	10 Years	15 Years
Average Client Risk	1 %	4 %	7 %	9 %
Your Client	1 %	2 %	3 %	5 %

Average Risk: The average client's estimated risk to sexually reoffend at one, five, ten and 15 years.

Your Client's Risk: The estimated risk to sexually reoffend at one, five, ten and 15 years.

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On the recidivism page the client ratios are compared to the three cut points to determine which risk category is reflective of the client. If your client's ratio is below .47, your client would fall into the lower risk group. If your client's ratio falls between .47 and .87, your client falls into the medium risk group. If your client's ratio is above .87, your client falls into the higher group.

Your client's ratio is then converted to percentages of sexually reoffending at intervals of one, five, ten and fifteen year follow-ups. If your client participated in a cognitive behavioral treatment, the graph displays your client's risk level percentage at the five interval follow-up periods, as compared to the average client.

Your Client's Percentile is: This statement shows where your client fits in with the total of the research subjects (i.e., 10% indicates that 90% of the research subjects were in a higher ranking than your client).

Your Client's Ratio is: 0.43 The ratio of VRT® to children vs. VRT® to adults + adolescents

Your Client's Percentile is: 12%

The estimated ranking of this client. The higher the percentile, the more likely the client is to reoffend.

Study Questions to Prepare for the AASI-3 Exam:

The VRT® uses z-scored data (standard score data) because:

a) discriminant analysis is easier with z-scores
b) z-scores allow you to compare sexual interest categories with one another
c) computers only analyze data that is z-scored
d) z-scored data can be divided in quartiles

A client will often show sexual interest in their own race, and also in the other race (bleeds into other race).

a) true
b) false

The last 6 bars at the bottom of the VRT® Graph are paraphilic behaviors. Which of these paraphilic behaviors can be interpreted by self-reported scores?

a) Exhibitionism AWF and Voyeurism AWF
b) Frottage AWF and Fetishism
c) S&M AWF and S&M AWM
d) All of the above can be interpreted with the self-reported scores.

A reflexive responder:

a) responds rapidly on the VRT® measure, as if they haven't thought about being sexual with the person in the images
b) is usually under 21 years of age
c) has a low Cognitive Score

When interpreting the VRT® Graph, you should strongly suspect high sexual interest in a category if the sexual interest bar for that category:

a) exceeds the vertical line by one standard deviation
b) comes close to the vertical line
c) is the longest bar in the child categories
d) touches or exceeds the vertical line

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Which rule is a justification for looking at the client's responses to both races?

a) the client has victims who are of the other race
b) the client self-reports greater sexual arousal to adult or adolescent images in the other racial group
c) the client has peculiar or unusual VRT® responding in their own race
d) all of the above

Which statements are correct regarding VRT® measurement?

a) an individual with high responses to the slide categories of his own race frequently will show high responses to those slide categories of the other race
b) it is normal for heterosexual males in North America to have sexual interest in adolescent and adult females
c) a and b

Objective sexual response patterns on the VRT® Graph should not be interpreted as indicators of guilt or innocence:

a) if the victim is the perpetrator's biological sibling
b) if the victim is not the perpetrator's sibling
c) when the perpetrator and victim are female
d) ever

A self-reported sexual arousal score of (4.0) means the client has rated his/her sexual arousal to the category as:

a) highly sexually arousing
b) highly sexually disgusting
c) somewhat sexually disgusting
d) neither sexually arousing nor disgusting

On the VRT® Graph, the numbers in the ( ) at the end of each bar are:

a) z-scores
b) sexual interest scores
c) self-reported sexual arousal

In child custody cases:

a) use the AASI-3 denier-dissimulator probability of past CSA Behavior Score
b) use the AASI-3 but do not use the denier-dissimulator probability of past CSA Behavior Score

A probability for the Denier-Dissimulator model of 81% means:

a) 81% of people in this category are liars
b) your client is definitely lying in this situation
c) there is an 81% chance that your client is lying-denying about having sexually abused a child in the past
d) all of the above

In order to receive the Probability of PAST CSA Behavior for men or women, you must have submitted:

a) the AASI-3 Questionnaire data
b) the VRT® data
c) a and b
d) neither a nor b

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The Probability of Past CSA Behavior may be used:

a) for the initial evaluation only
b) for the initial evaluation and the first retest
c) for the initial evaluation and the first retest if done within 12 months

The Probability of PAST CSA Behavior should NOT be used if the client admits to sexually abusing a child.

a) true
b) false

The Probability of PAST CSA Behavior score for a man is 100. This means:

a) this is absolute proof he sexually abused a child
b) there is evidence for conviction of the client
c) this is proof that the client`s risk for recidivism is almost certain
d) none of the above

When a client`s Probability of Past CSA Behavior score falls between 30 and 50:

a) you can conclude that the client has sexually abused a child
b) your conclusion is indeterminate
c) your interpretation depends on the prevalence of the condition
d) the results could impact on VRT® results

Note from Abel Screening: For the interpretation part of the certification exam, in addition to the above Questionnaire and VRT® interpretation questions, you will download an AASI sample client and report. You will use this sample client and report to answer interpretation questions not provided in this clinical guide.

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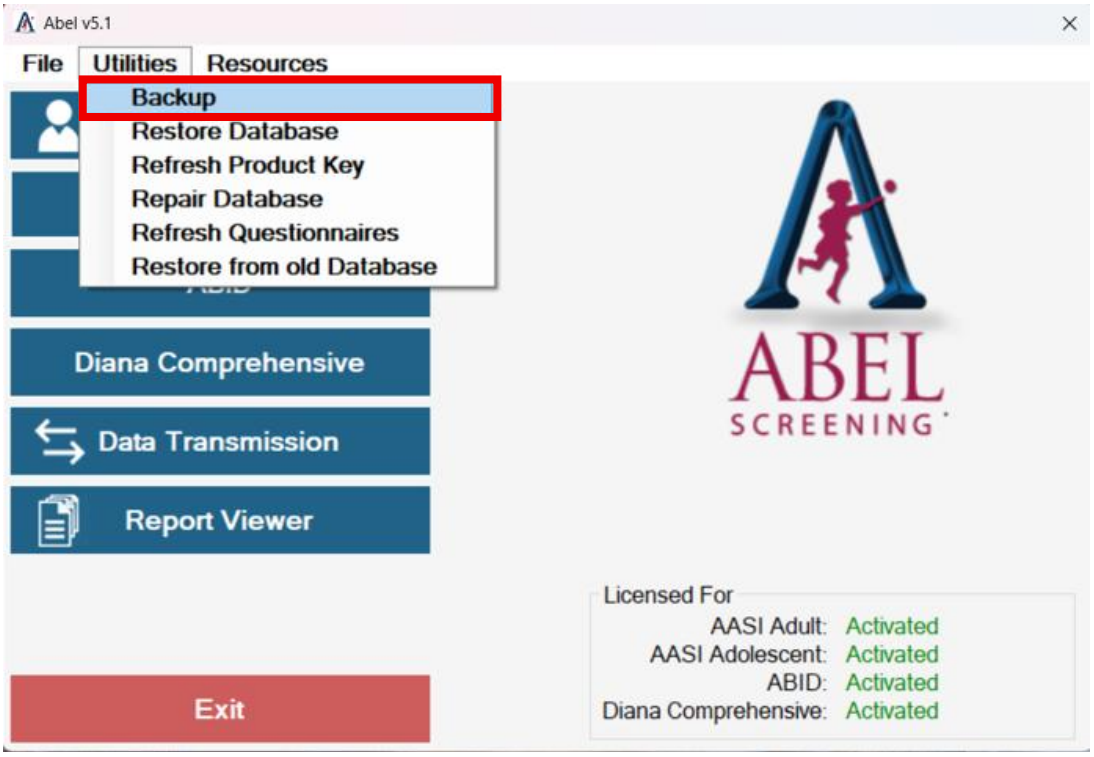
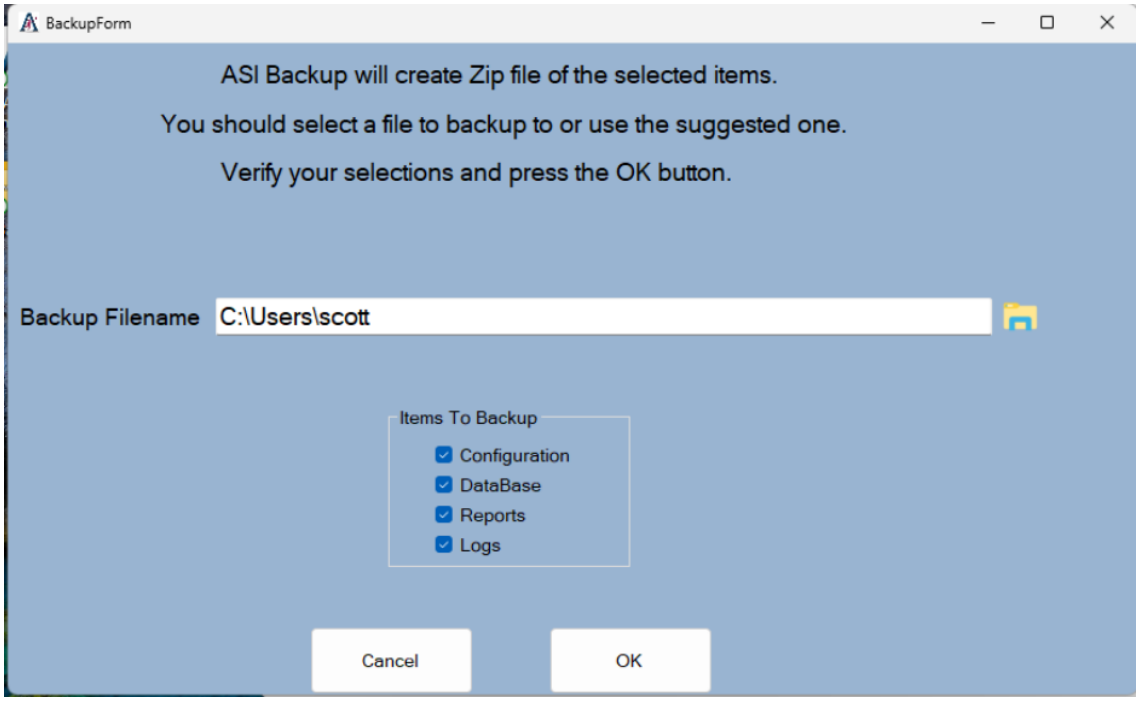
How to Back Up Your Data

Abel Screening recommends backing up your data at least every three months. This process will help ensure that you are able to consistently retain your client data.

1. Once the Abel Administrator is open, select Utilities>Backup



2. Next, select the items you want to back up. We recommend you select all Items.



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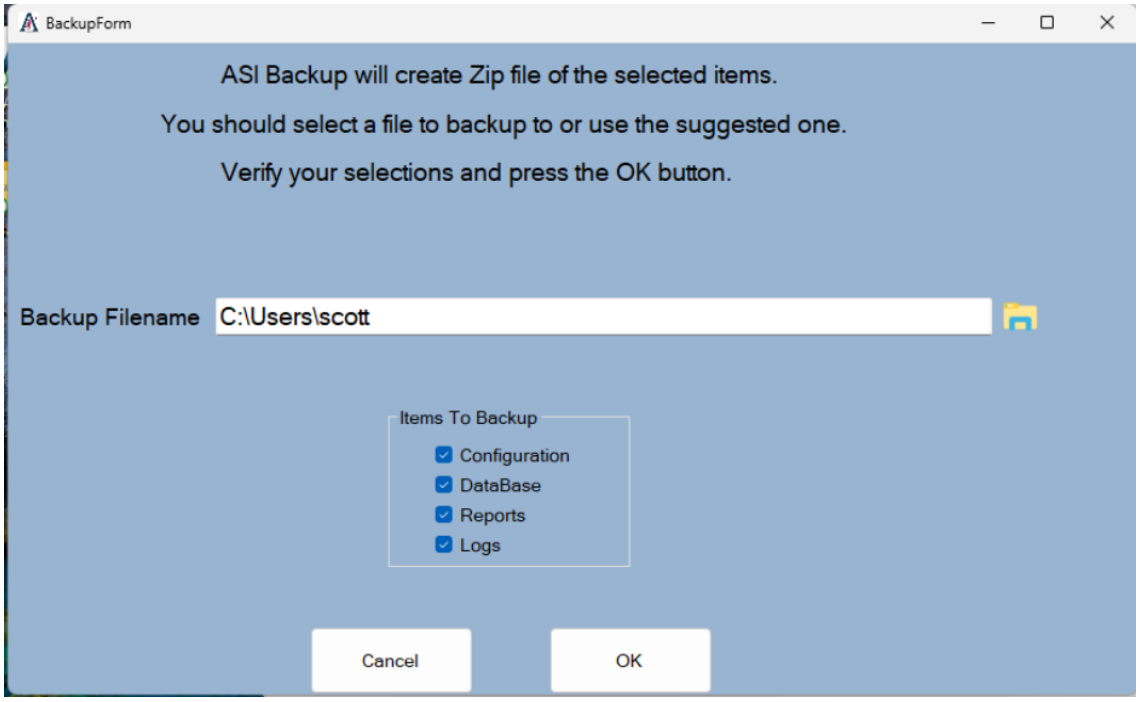
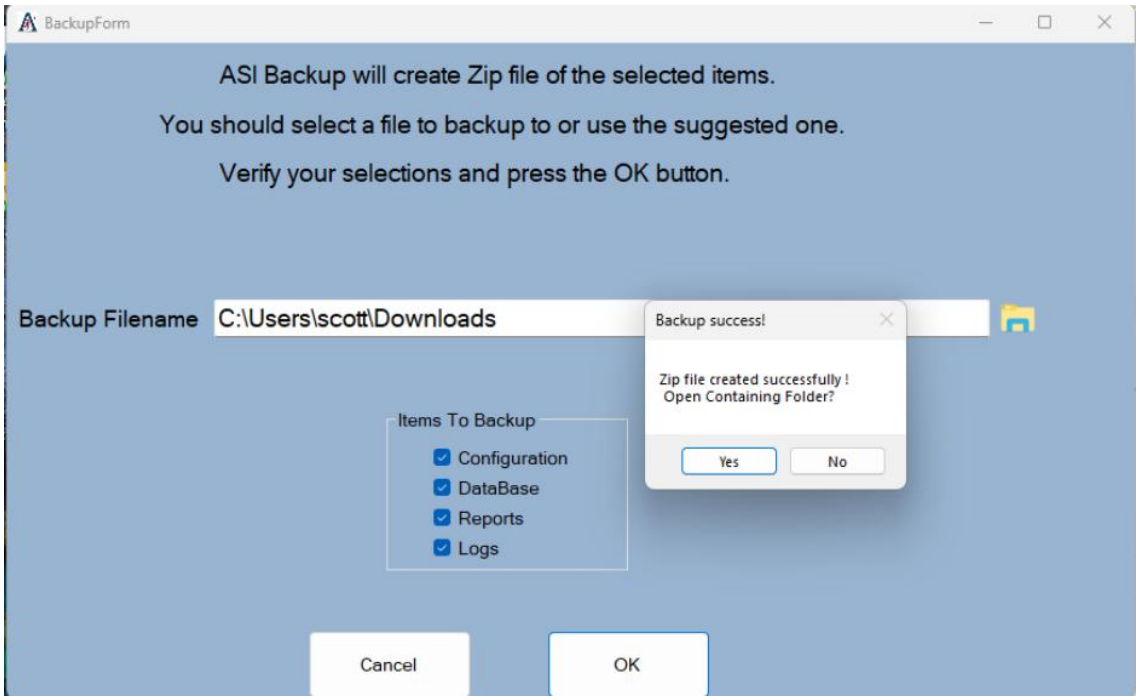
3. Click on the little folder next to the location of the backup and select a location for your backup



4. Next press OK, this will perform the backup.

5. Once the backing up process is complete, you will see another pop-up.



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How to Access the AASI Certification Exams:

Congratulations! You've completed your study of this Clinical Guide. Now it's time to take the appropriate certification exam(s).

All AASI Exams are available online to take at your convenience. After completing and submitting an exam, your result is available immediately.

To begin taking an AASI Exam(s):

- Go to abelscreening.com
- Click on "CUSTOMERS LOGIN HERE" on the upper right corner of the homepage.
- Enter your email address and customer-only password to access the Customers Only platform
  - If you do not recall your Customers Only password, call Abel Screening technical support at 404-874-4772, Ext. 2, for help resetting your password.
- Your Site ID Number is needed for the exam.
  - This is in your "Welcome to Abel Screening" email or you may ask the primary contact on the account for your practice's Site ID Number.
- To access the AASI Exams from the Customer Only home page:
  - Select the Training and Support menu option and then AASI Exams.
  - Alternatively, you can click the AASI Exams link located at the footer.
- You have Abel Administrator version 5.1
- Next, select the appropriate certification exam and the version of the exam appropriate for your use:
  - Administer and Interpret
  - Administer Only
- Fill out all fields and click Begin Exam

You will need to take an exam for each Abel Assessment you have purchased or will be administering or interpreting. After successfully passing an AASI exam, within one-to-two business days Abel Screening will email a certificate of completion and the Product Key to the primary contact on the account. You or the primary contact will use this Product Key to activate your Abel Assessments in the Abel Administrator application.

Next, you can administer practice assessments. We highly recommend this to familiarize yourself with the assessment(s) before giving them to your clients. Email or call Abel Screening to notify us of the Client ID Numbers on practice assessments so we do not bill you for those assessments.

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