Response to Inquiry about the use of the Multiphasic Sex Inventory II for Risk Assessment

The following information will address your inquiry regarding the use of the Multiphasic Sex Inventory II (MSI II) as a risk assessment instrument, especially for use in civil commitment cases involving Sexually Violent Predator (SVP) referrals. Since you are an SVP defense attorney, it is clear why this information would be important to you. The following in depth information may help in understanding the role of the MSI II in regard to the questions you raised.

You noted in your inquiry that often times the clinician (expert witness) who is called on to do an SVP evaluation uses the MSI II to determine whether the client suffers from a mental disorder defined as a paraphilia, personality disorder or conduct disorder. To answer this question we can start with some definitions. The APA Diagnostic and Statistical Manual IV-TR (DSM IV-TR) states: "The essential features of Paraphilia are recurrent, intense sexually arousing fantasies, sexual urges or behaviors. . ." (p 566). The DSM IV-TR specifically defines "recurrent" as a condition that is ongoing, ". . .over a period of at least 6 months." Thus, a Paraphilic Disorder may be diagnosed if a sex offender is found to have 1) recurrent sexually arousing fantasies, 2) recurrent sexual urges, or 3) recurrent (sexual) behavior lasting more than six months duration. To answer the question of how the MSI II can help diagnose a Paraphilic Disorder, each of Point #1, #2, and #3 will be addressed separately.

Theory supposes that sexual feelings involve both genital and brain organs and that the brain guides and directs each encounter. This is true of everyone. We know, in fact, from research in this field that sex offenders become sexually aroused when presented with deviant sexual stimuli. However, a single thought (deviant sexual fantasy) does not meet DSM criteria. It must be established that the deviant fantasies have been recurrent. The most direct evidence of this is to know whether the "discovered" sex offender has acted out deviant behavior over time, which also means his fantasies have been ongoing. The intensity of his fantasies motivate and drive him to act out what he desires.

The MSI II has been found to be very useful in helping to better understand a known sex offender's sexual fantasy world, (Point #1) and therefore, help diagnose Paraphilia. The test contains numerous deviant fantasy items (stimuli) that anyone must respond to as "True" or "False." The items are placed in the past tense and are direct and obvious, "I have fantasized about having sex play with a child." A known sex offender is expected to respond "True" to this item; it is universal to all child molesters. When a sex offender endorses a large number of items like this as "True," he is making a self-report statement acknowledging having had sexually arousing fantasies which factually confirm part of the criteria of a Paraphilic Mental Disorder.

If a known sex offender denies ever having had deviant fantasies by answering "all false" to the MSI II deviant fantasy subscale items, it is unexpected and it either means the offender is completely unaware of his recurrent fantasies or he is purposefully lying about it. If he doesn't acknowledge his fantasies, know when he has them, what the fantasies are about or which potential

victims may be arousing, then he would be unable to interrupt the fantasies and would potentially pose a much greater risk to society. A summarizing statement contained in an MSI II report would correctly note that the sex offender is either not aware of or cannot acknowledge ever having had deviant sexual fantasies.

While a sexually deviant fantasy may begin in the brain, the potential sexual assault will not take place without the intermediate behavioral steps which lead up to an assault. This is a pre-assault step that is driven by the sex offender's sexual urges (DSM IV-TR). The anatomy of a sexual assault can be described this way. The potential sex offender becomes pre-occupied or even obsessed with his private state of deviant sexual arousal. Once he fixes on a targeted person(s), his thoughts turn to how he can get the victim to come to him or how he can go to the victim. In pre-assault terms this is known as a "cruising" step. If his sexual urges persist and he has control of the environment (has the child's parents manipulated or is in a position of authority over the child, or in the case of a rapist, finds an open window) he must decide how to engage the victim. This is either a "grooming" or a "coercion" stage in pre-assault terms. This is a highly arousing state which usually terminates by sexually assaulting a targeted victim. Some sex offenders swear they did not cruise for or groom a child victim but rather that the child came looking for sex and solicited them for sex. Nonsense! The fact is that if a child is that disturbed and approaches a "normal" person in that manner, the response would be one of immediate concern and fear for the welfare of such a child. The person would interrupt the child's behavior and likely do something get help for them.

By design, the MSI II purposely reflects the criteria in the definition of Paraphilia (Point #2) "recurrent sexual urges." The test contains numerous pre-assault items (stimuli) which measure the steps between (Point #1) "fantasies" and (Point #3) "sexual assault." The test items have to be responded to by endorsing the items as "True" or "False." All of the items in the Pre-Assault subscales are in past tense form and are direct and obvious, i.e., "I have looked for ways or chances to be able to molest a child," (cruising item) or "I have manipulated a child to get sexual pleasure," (grooming item). By responding "True" to most or all of the pre-assault items, the known sex offender's self-report is an acknowledgment of having had pre-assault urges to seek out and groom a child for sex. All of his responses on the MSI II Pre-Assault subscale are summed and, if significant, it factually confirms the second part of the criteria of a Paraphilic Mental Disorder.

However, when a known sex offender answers "false" to most or all of the MSI II Pre-Assault items, he is factually declaring that he is either unaware of doing the behaviors or is lying. This is an extremely serious finding in terms of safety to be at large. At the very least a known sex offender needs to be keenly aware of how his sexual urges drive his search for a new victim or to return to the same victim. The offender must know exactly how he does his pre-assault behaviors so that he can learn the "triggers" and steps necessary to stop his actions before his sexual urges drive him on to sexually assault someone again. Sex offenders who respond like the case you referred to in your e-mail are a primary example of an offender who shows no understanding or is in total denial of how they sought out their victim(s) and how they manipulated them into engaging in sex activity. Our report to the referring clinician in your case accurately reported the following summarizing statement, "He [your client] either does not recognize or cannot acknowledge (ever) having attempted to physically interact with and "groom" a child (minor) for sexual purposes." For whatever reason your client is in complete denial of this critical intermediate step leading up to

molesting a child(ren). This does, indeed, put him at potential risk by his own factual denial which is based on his own self-report.

With respect to DSM IV-TR Paraphilia criteria, "recurrent (sexual) behavior (Point #3, the MSI II Sexual Assault and Aggravated Assault subscales measure the known sex offender's responses regarding his past sexual assault behavior. The range of item content which he is asked to respond to as "True" or "False" on the Child Molest Scale, for example, includes statements about victim's age, gender, familial relationship, number of victims, fondling, penetration, orgasmic response, kidnap, etc. In the same way a client's Deviant Arousal (Poinit #1) and Pre-Assault (Point #2) were summed, his Child Molest Sexual Assault subscale responses are totaled which then provides a factual account of his self-reported behaviors and also helps diagnose recurrent Paraphilia behaviors which then can be compared to his known record of child molest behaviors.

To arrive at a total score, the subject's sum scores from each of the MSI II Deviant Arousal (#1), Pre-Assault (#2) and Sexual and Aggravated Assault (#3) subscales are added together to obtain his total raw score from the 40 possible items of the Child Molest Scale or Rape Scale. Then, that score is recorded onto the MSI II Profile Form which contains standard T-Scale norms. The offender's scores are then compared to MSI II scores for nationally standardized samples using thousands of subjects which were drawn from states across the U.S. and Canada. The samples include different types of sex offenders, persons who deny committing an offense, end-of-treatment subjects and normal (non sex offender) males. To reduce extraneous demographic error, research subjects scores on the MSI II scales were distributed along the same baseline using the U.S. Census demographic data as a guideline. This means that the samples parallel each other so that no sample contains too many young or old persons, too many poorly educated or highly educated persons, etc., and were all matched to the U.S. Census on 5 variables: age, education, race, occupation and marital status. Furthermore, the needed comparisons between sex offenders and "normal" males yielded important differences and information in the way the two groups respond to the 560 test items. Taken together, the results from the MSI II subscales (#1, #2 and #3) provide factual confirmation of a Paraphilic Mental Disorder. In sum, the MSI II is, in fact, one of the few psychological tests specifically designed to diagnose a Paraphilic Mental Disorder (per (DSM IV-TR).

You also asked whether the MSI II can help define a "personality disorder or conduct disorder." The DSM IV-TR requires the diagnosis of personality disorder to meet the criteria of, ". . .the individual's long term patterns of functioning and the particular personality features must evident by early adulthood." Antisocial personality can be diagnosed using the MSI II Antisocial Personality Disorder Scale because the scale was developed based on the DSM III criteria. Avoidant Personality Disorder may also be diagnosed. In addition, MSI II assesses Conduct Disorder and several other conditions including Borderline Personality Traits, Social Anxiety Disorder, Body Dysmorphic Disorder, Gender Identity Disorder, Substance Abuse, Adult and Child Physical Abuse, Sexual Dysfunction and multiple other paraphilias (bondage/discipline, sexual sadism, sexual masochism, et.al, sex addiction and sexual acting out involving sex harassment, internet solicitation of minors and pornography.

Additionally, you asked whether the MSI II can be given to someone who does not admit committing a sex offense. The answer is "yes," it is designed to do that and to assess a wide range of other sexual problems. The original MSI cannot. Should you want that information we would need to go beyond this paper.

And finally you asked whether the MSI II could be used to assess future re-offense risk. The answer is a qualified "yes." The MSI II is basically a diagnostic instrument designed to be a "window" into the offender's private sexual world. While sex offenders all have one thing in common, i.e., their crime, they differ greatly in the degree of their pathology. The MSI II is highly suited to measure their differences. What we learn is that at one end of the continuum are some persons who have profiles very similar to "normal" males and generally these are offenders who may have attempted to fondle or manipulate girls in their teens and who do not meet the criteria for a Paraphilic Disorder. On the other end, are those who are habitual sex offenders who have repeatedly molested small children, or have numerous victims, or are repeat offenders, with every type falling in between. There are those who do not evidence other personality problems and there are those who are identified to have serious clinical and behavioral disorders beyond their sexual pathology. And then there are those who present themselves on MSI II testing as very open and disclosing and motivated for treatment while on the other end are those who are evasive, defensive, use justifications and those who prefer to "mask" their problem in denial and resistance. The task of an MSI II assessment is to help determine the extent of their pathology by examining the sex offender's MSI II Profile and comparing it to the profiles of <u>normal</u> males, <u>treated</u> sex offenders and <u>non-treated</u> sex offenders. The more pathology found, the more the sex offender is likely to be at risk to re-offend.

While the MSI II is highly objective and defining regarding the sex offender's level of sexual pathology, the findings can never stand alone and must always be incorporated onto the larger psychosexual evaluation process. [This is stated in every MSI II report.] No statement is ever made about the offender's level of re-offense risk. Rather the "picture" the offender presents on the MSI II and the level of pathology or denial found is reported to the referring clinician who has all of the offender's background information, various test results and interviews which can then used to decide safety at large issues.

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