Sex Offender Management Board (SOMB)

Literature Review of the Polygraph Exam for Sex Offenders

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Data current as of September 15th, 2015
Agenda

• Preparation and Methods
• Important Caveats
• Background Information
• National Practices
• Summary of Emerging Trends
• Research Syntheses:
  – Empirical Literature
  – Non-Empirical Literature
• Conclusions
Preparation and Methods

• Collected and reviewed available academic literature
• Adult and Juvenile
• Research syntheses, empirically-based studies, non-empirically-based studies
• Polygraph centric
Important Caveats

• Not specifically looking at the accuracy and reliability of polygraph in general
• Crossover research is woven in throughout these studies to some degree
Hierarchy of Evidence in Research

Strength of Evidence

1. Systematic Review / Meta-Analysis
   - "It is shown that..."

2. Randomized Control Trial (RCT)
   - "It is likely that..."

3. Cohort Study
   - "There are signs that..."

4. Control Study

5. Quasi-Experimental Survey

6. Cross-Sectional Survey

7. Case Study

8. Expert Opinion

EBP
Research-Based Practice
Polygraph Basics

• Diagnostic tool for detecting various physiological changes of the autonomic nervous system
• Physiological changes in respiration, cardiovascular, and electrodermal functions are conceptually associated with an arousal that may be the product of lying. Continuous changes are recorded and the results then used to diagnose probable truthfulness for an individual (USA Employee Polygraph Protection Act of 1988; Grubin, 2005; Madsen, Parsons, & Grubin, 2004).
• Four main techniques used for polygraph-assisted questioning:
  – the relevant/irrelevant technique
  – the control or comparisons question test (CQT)
  – the directed lie test
  – and the guilty knowledge test (BPS, 2004)
• Post-conviction polygraph testing with sexual offenders relies almost exclusively on the comparison question test (Abrams & Abrams, 1993) and so in the interests of space, we shall describe only this technique here.
# Polygraph Result Possibilities

<table>
<thead>
<tr>
<th>Disposition</th>
<th>True State of Nature or Behavior</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>No Violated Conditions</strong></td>
<td><strong>Violated Conditions</strong></td>
</tr>
<tr>
<td>Reject Null: Find Violation Made</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Incorrect decision <strong>Type I Error</strong> $(\alpha)$</td>
</tr>
<tr>
<td></td>
<td><strong>Violations Not Found</strong></td>
</tr>
<tr>
<td></td>
<td>An offender did not violate conditions, but was found to be in violation.</td>
</tr>
<tr>
<td>Fail to Reject Null: No Violation Found</td>
<td>Incorrect decision <strong>Type II Error</strong> $(\beta)$</td>
</tr>
<tr>
<td></td>
<td><strong>Violations Not Found</strong></td>
</tr>
<tr>
<td></td>
<td>An offender did not violate conditions and was not found to be in violation.</td>
</tr>
</tbody>
</table>

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Historical Context

The literal translation of the Greek term polygraph is “many writings”

• Clark & Tifft (1966) found self-reporting of delinquency is rather accurate when a wide range of behaviors is considered simultaneously, but that there is differential validity on specific questionnaire items.

• Mid-to-late 1970’s, Oregon and Washington began to use polygraph with sex offenders – soon thereafter its use spread throughout much of the Western States.

• Emergence of the “Containment Model” during the 1990’s
National Statistics

“Programs employ the polygraph post-conviction to verify treatment and supervision compliance. Polygraph use continues to increase in the United States, from 30 percent of adult programs in 1996, to 63 percent in 2000, 70 percent in 2002 and 79 percent in the current survey (Safer Society Survey, ix-x).”

### Polygraph use by programs, percentage

<table>
<thead>
<tr>
<th></th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Adults n=330</td>
<td>Adolescents n=275</td>
</tr>
<tr>
<td>Community Programs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Polygraph, disclosure tests</td>
<td>67.0</td>
<td>46.6</td>
</tr>
<tr>
<td>Polygraph, monitoring or maintenance tests</td>
<td>74.5</td>
<td>42.5</td>
</tr>
<tr>
<td>Polygraph, special issues tests</td>
<td>60.6</td>
<td>42.5</td>
</tr>
<tr>
<td>Use one or more of the above</td>
<td>79.4</td>
<td>50.5</td>
</tr>
<tr>
<td>Residential Programs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Polygraph, disclosure tests</td>
<td>52.9</td>
<td>38.8</td>
</tr>
<tr>
<td>Polygraph, monitoring or maintenance tests</td>
<td>38.8</td>
<td>27.6</td>
</tr>
<tr>
<td>Polygraph, special issues tests</td>
<td>41.2</td>
<td>35.7</td>
</tr>
<tr>
<td>Use one or more of the above</td>
<td>56.5</td>
<td>49.0</td>
</tr>
</tbody>
</table>

National Statistics (Cont.)

Disclosure polygraph test required to successfully complete treatment, percentage

<table>
<thead>
<tr>
<th></th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Adults n=328</td>
<td>Adolescents n=269</td>
</tr>
<tr>
<td>Community Programs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Required</td>
<td>50.0</td>
<td>26.8</td>
</tr>
<tr>
<td>Not required</td>
<td>28.0</td>
<td>34.2</td>
</tr>
<tr>
<td>Does not use polygraph</td>
<td>22.0</td>
<td>39.0</td>
</tr>
<tr>
<td>Residential Programs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Required</td>
<td>34.9</td>
<td>15.5</td>
</tr>
<tr>
<td>Not required</td>
<td>25.3</td>
<td>40.2</td>
</tr>
<tr>
<td>Does not use polygraph</td>
<td>39.8</td>
<td>44.3</td>
</tr>
</tbody>
</table>

Summary of Emerging Trends

Last 5 Years

• A growing body of evidence supports the utility of polygraph testing as an adjunct treatment tool to elicit information that sex offenders are otherwise unlikely to reveal, while exercising caution to the potential of its overuse.

• Continued debate surrounding its use in treatment and supervision

• The UK has moved to adopt the polygraph after nearly a decade of pilot testing

• Increasing focus on assessing and developing risk measures for internet offenders related to undetected hands-on offenses

• Descriptions of clinical issues associated with the polygraph

• The polygraph also appears to elicit a more comprehensive picture of offense crossovers

• More research is needed specifically examining how the therapeutic alliance or the broader context of responsivity is impacted by the various types of polygraph examinations.
Empirically-Based Literature
Polygraph Assisted Risk-Assessment

*Gannon, Beech & Ward (2008)*

<table>
<thead>
<tr>
<th>Static Risk Factors</th>
<th>Dynamic Risk Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Historical in nature</td>
<td>Dynamic risk factors (changeable)</td>
</tr>
<tr>
<td>• Victim Sex</td>
<td>• Stable-dynamic</td>
</tr>
<tr>
<td>• Victim Age</td>
<td>• Acute-dynamic</td>
</tr>
<tr>
<td>• Relationship to Victim</td>
<td></td>
</tr>
</tbody>
</table>

Without this information, the existence of male victims, an important risk factor for sexual recidivism (Hanson & Bussiere, 1998; Hanson & Morton-Bourgon, 2004) would remain unknown and untreated. Challenges without polygraph testing:

• Poor risk assessment
• Misguided treatment planning
• Inadequate sentences
• Insufficient supervision conditions
Disclosures


- Overall, Grubin (2006, 2010) reported that the odds of polygraph offenders making at least one disclosure relevant to their subsequent treatment, supervision, or risk assessment was 14 times greater than for comparison offenders. Interestingly, however, the seriousness assigned to these disclosures did not differ across the groups.
# Comparison of Polygraph versus Self-Reported Disclosures

<table>
<thead>
<tr>
<th>Disclosure</th>
<th>Self-Report (Pre-polygraph or no polygraph control group)</th>
<th>Observed Difference</th>
<th>Polygraph Examination</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Number of victims and offenses</strong></td>
<td>Averages vary and dependent upon measures used (average ~2 victims)</td>
<td></td>
<td>Both the number of victims and offense generally increases (average ~14 victims)</td>
</tr>
<tr>
<td>(Gannon et al., 2014; Bourke et al., 2014; Grubin, 2010; McGrath et al., 2007; Wilcox &amp; Sosnowski, 2005)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Extent of Victimization History</strong></td>
<td>Only a few studies have been conducted on this subject; however, a majority of offenders have reported sexual abuse histories</td>
<td></td>
<td>Reported victimization history decreases</td>
</tr>
<tr>
<td>(Hindman &amp; Peters, 2001; Almeyer et al., 2000)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Crossover Behaviors (General, Age, Gender, Relationship to Victim)</strong></td>
<td>Percentages vary based upon the domain and population type.</td>
<td></td>
<td>The variability of offenses also increases with polygraph examinations.</td>
</tr>
<tr>
<td>(Sim &amp; Proeve, 2010; Levenson et al., 2008; Cann et al., 2007; Marshall, 2007; Wilcox &amp; Sosnowski, 2005; Heil et al., 2003)</td>
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</table>
Undetected Hands-on Offenses with Internet Offenders

• Meta-analysis of 21 studies involving 4,464 offenders (Seto, Hanson & Babchishin, 2011) (note not all of the studies employed the polygraph):
  – 1 in 8 online offenders (12% have an officially known contact sexual offense history at the time of index offense
  – Approximately 1 in 2 (55%) online offenders admitted to a contact sexual offense in six studies that used self-report data. (follow-up to see if any polygraph studies looked at this).

• Bourke et al. (2014)
  – Examined 127 subjects of which 4.7% self-disclosed versus 52.8% post-polygraph.

• Grubin et al. (2014)
  – Of 31 men arrested for indecent images of children, low risk was only confirmed with 26%; risk level was raised for 11 other men; an additional 11 were found deceptive on polygraph; 1 case of countermeasures.
Key Studies

• Findings from Gannon et al. (2014). *An Evaluation of Mandatory Polygraph Testing for Sex Offenders in the United Kingdom*

  – Quasi-experimental pilot study in the U.K. of compulsory polygraph testing for sexual offenders released into the community (332 polygraph cohort vs. 303) over a 21-month period.

  – Polygraphed offenders made significantly more total CRDs (M = 2.60) and proportion of disclosures (76.5%) than comparison offenders under usual supervision procedures (M = 1.25) and (51.2%) respectively.

  – Percentage of tests classified as DI appear to decrease with polygraph experience.

  – Higher risk offenders appear to receive a higher percentage of DI test results on their first test compared with low-risk offenders.

  – High- and very high-risk offenders also appear to hold a relatively low number of NDI and higher number of INC relative to medium and low-risk offenders.

  – After gaining experience of the polygraph, however, the proportion of NDI, DI, and INC test results becomes more equal across offenders of different risk levels, $\chi^2 (6, N = 178) = 1.41, p = .97$ and $\chi^2 (6, N = 76) = 6.12, p = .41$, for second and third test respectively.
Key Studies (Cont.)

Emerging body of evidence that supports the early work of Heil, Ahlmeyer & Simons (2003) of the notion that sex offenders have complex and multi-faceted paraphilias and offense histories, also known as crossover behaviors.

- Sim & Proeve (2010) found in a sample of 128 that more than half of the sample (63.3%, N = 81) demonstrated crossover in victim type across at least one domain: age (48%, N = 59), gender (22%, N = 28), relationship to victim (25.8%, N = 33).

- Levenson et al. (2008) found in a sample of 362 sex offenders being considered for civil commitment that the proportion of offenders with victims of both genders significantly increased as the victims’ ages decreased, and sex offenders with a victim 6 years of age or younger had more than 3 times the odds of having perpetrated sex crimes against both genders than a sex offender with only older victims. Sex offenders with victims of both genders had more than 3 times the odds of having preschool victims.
Self-Reported Accuracy

• Accuracy of the polygraph was self-reported by offenders to be approximately 85% (Grubin & Madsen, 2006).
  – False-negatives and false-positives not associated with demographic characteristics, personality measures or IQ.
  – The 9% of offenders who claimed to have made false disclosures had higher scores of neuroticism and lower scores on ratings of conscientiousness.
  – Majority of offenders found the polygraph to be helpful in both treatment and supervision.

• These results are similar to Kokish et al. (2005):
  – A total of 95 participants who took a total of 333 polygraph examinations reported low rates of deception (6.6%, n = 22 tests) and truthfulness (3.3%, n = 11).
  – Roughly 5% of participants reported that they responded to allegedly inaccurate accusations of deception by admitting to things they had not done.
Implications for Treatment Efficacy

• Treatment plans may be more comprehensive (Grubin, 2010) given the identification of static and dynamic factors.

• Deterrent effect for offender compliance with additional restrictions and supervision requirements (Wilcox & Buschman, 2011; Madsen, Parsons & Grubin, 2004).

• Despite the benefits identifying static (i.e. – male victim) or dynamic risk factors (i.e. - poor self-regulation, sexual preoccupation, access to victims, substance use), there is limited empirical data outside of client satisfaction surveys regarding how the therapeutic alliance or the broader context of responsivity is impacted by the various types of polygraph examinations.
Polygraph and Recidivism
McGrath et al. (2007)

- Compared outcomes at 5 years follow-up periods between polygraph (n = 104) and matched non-polygraph offenders (n = 104) pairwise on three variables: (1) Static-99 risk score; (2) status as a completer of prison sex offender treatment; and (3) date placed in the community.

- Individuals charged for a subsequent offense was lower for:

<table>
<thead>
<tr>
<th>Recidivism Type</th>
<th>Polygraph</th>
<th>Non-Polygraph</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Non-sexual Offenses*</td>
<td>2.9%</td>
<td>11.5%</td>
</tr>
<tr>
<td>New Sexual Offenses</td>
<td>5.8%</td>
<td>6.7%</td>
</tr>
<tr>
<td>Any Sexual or Violent</td>
<td>8.7%</td>
<td>16.3%</td>
</tr>
<tr>
<td>Any Criminal Offense</td>
<td>39.4%</td>
<td>34.6%</td>
</tr>
</tbody>
</table>

Note. The asterisk (*) denotes statistical significance at the .05 alpha level.
Juveniles and the Polygraph

• Juvenile and adults do not significantly differ in the likelihood of passing a sexual history disclosure polygraph examination (Jensen, 2015).

• Similar phenomenon of under-reporting offenses observed with youth:
  – Bestiality (Schenk et al., 2014)
  – Number of victims (Arsdale et al., 2012)

• One study suggests that youth greatest number of victim disclosures is during the “assessment/education phase” that commences at the start of treatment, but prior to the first polygraph examinations.

• Similar arguments to the ethical use of the polygraph with adults have been made for juveniles (Prescott, 2012; Chaffin, 2011).
Limitations

- Mostly adult males; some emerging research on juveniles
- Diagnostic reliability studies are subject to issues of sensitivity and specificity (Levenson, 2009).
- Most studies are conducted in applied settings
- Nearly impossible to conduct any type of RCT
Non-Empirically-Based Literature
Ethical Considerations for Providers

• Practical Issues of Professional Roles and Boundaries
  – Damage or erosion to the therapeutic alliance:
    “There is an inescapable tension between the encouragement to be self-disclosing for the sake of treatment and the threat that this information will subsequently be used to curtail the liberty of the offender when incorporated into risk assessment reports to the court or parole board” (Vess, 2009, pg. 384).

Some have questioned the idea that full-disclosures of every offense is critical to the therapeutic process.

– Informed consent:
  “Some have questioned the ethics of using an unvalidated test, and pointed out the contrast between requiring honesty from the offender for the successful completion of a treatment program when relying on a test that is based on deception” (Meijer et al., 2008).
The Question of Accuracy

<table>
<thead>
<tr>
<th>Proponents</th>
<th>Critics</th>
</tr>
</thead>
</table>
| “The average accuracy reported for polygraph was similar to that reported for MRIs, CT scans, and ultrasounds. Polygraph performed better than the diagnostic accuracy of the Multiphasic Personality Inventory (MMPI) or the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV). The accuracy of detecting deception by polygraph (.87) was similar to detection of breast cancer by ultrasound (.90). Polygraph appeared to be more accurate than detection of breast cancer by x-ray (.80) or diagnosis of depression using the DSM-IV (.67). The interrater reliability between polygrapher examiners (.77) was similar to that of psychologists (.79) and greater than that of physicians (.55) (Crewson, 2000).” (Levenson, 2009) | • Yet the issues of accuracy and ethical use of the polygraph are inseparable, and the accuracy of the polygraph is still not firmly established despite many years of effort. Critics fear that setting professional practice standards for such a flawed procedure only enhances an illusion of scientific credibility (Kokish, 2003).  
• Some critics to maintain that the margin of error in polygraph exams (80-98%) is unacceptable (Cross & Saxe, 2001). |
The Question of Accuracy (Cont.)

• According to Heil & English (2009), standards for polygraph testing are important to consider.

• Regulation and Integrity Important Facets to Consider
  • Examiner skill and experience affects accuracy
  • Question construction affects accuracy
  • Offender preparation improves accuracy
  • Consequences improve accuracy
## To Polygraph or Not Polygraph?

<table>
<thead>
<tr>
<th>Proponents (Levenson, 2009; Heil &amp; English, 2009; Grubin, 2008; Gannon et al., 2008)</th>
<th>Critics (Rosky, 2013; Vess, 2011; Prescott, 2010; Meijer et al., 2008; Barnes, 2008; Branaman &amp; Gallagher, 2005; Cross &amp; Saxe, 2001)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under-reporting of Sex Offenses</td>
<td>Polygraph examination not empirically shown to be significantly related to reducing sexual recidivism.</td>
</tr>
<tr>
<td>Underestimation of Offenders’ Past History</td>
<td>Polygraph examination not a validated assessment tool for establishing sexual history.</td>
</tr>
<tr>
<td>Monitoring Progress in Treatment</td>
<td>Chilling effect deteriorates the therapeutic alliance and does not motivate the offender to “buy into” the treatment process.</td>
</tr>
<tr>
<td>Deterrent to High-Risk Behaviors</td>
<td>Alternative methods that are both viable and more ethically acceptable to obtain disclosures are available.</td>
</tr>
<tr>
<td>Coordination between agencies and team members</td>
<td>Presents issues of confidentiality and the degree to which clinically significant information is shared presents ethical dilemmas.</td>
</tr>
<tr>
<td>Unidentified victims afforded services</td>
<td>Some victims may not want services and may be re-traumatized from being identified.</td>
</tr>
</tbody>
</table>
Seven Reasons to Exercise Caution with the Polygraph
(Prescott, 2012)

1. Offenders are different in their treatment needs and willingness to disclose information.
2. More information is not always better information.
3. Polygraph examinations have the potential to be re-traumatizing and may contribute to dysfunctional beliefs.
4. Those who have survived sexual abuse rarely wish to be identified by the polygraph.
5. Offenders may have long-term treatment needs, but the polygraph may only have short-term utility.
6. Disclosure is not always the same as honesty.
7. Interventions are more effective when they are science-based.
Conclusions

- A growing body of evidence supports the utility of polygraph testing as an adjunct treatment tool to elicit information that sex offenders are otherwise unlikely to reveal, while exercising caution to the potential of its overuse.
- Continued debate surrounding its use in treatment and supervision
- The UK has moved to adopt the polygraph after nearly a decade of pilot testing
- Increasing focus on assessing and developing risk measures for internet offenders related to undetected hands-on offenses
- Descriptions of clinical issues associated with polygraph examination
- The polygraph also appears to elicit a more comprehensive picture of offense crossovers
- Utility of the polygraph examination centers on its ability to motivate more honest self-reports of risk-related factors.
- More research is needed specifically examining how the therapeutic alliance or the broader context of responsivity is impacted by the various types of polygraph examinations.
Added Literature
Overview

• A total of 21 articles received; 13 previously reviewed
• 8 new articles published between 2011-2015
• Inclusionary criteria:
  – Peer-reviewed
  – Focus on sex offending populations
Articles

• Stovering, Nelson & Hart (2013). Timeline of victim disclosures by juvenile sex offenders.

- Convenience sample, n = 182 adult sex offenders, Pacific Northwest Region
- Expeditious (within 12 months of intake) vs. non-expeditious completion of SHPE
- Results:
  - Achieving full disclosure (ever) and expeditious disclosure statistically related to positive treatment outcome
    - “This finding suggests that sex-offender clients who, for whatever reason, achieve full disclosure early in the treatment process may take fewer therapist and parole/probation officer resources to motivate treatment completion. In contrast, clients who procrastinate on, or resist, the full disclosure process may require greater attention to motivate full disclosure within a year” (pg. 206)
  - Disclosure not related to recidivism; however, 66.7% of sexual recidivists in the sample did not achieve full disclosure (n = 12); not generalizable
Cook et al. (2014). The Sexual History Polygraph Examination and Its Influences on Recidivism

- Sample of 166 sexual offenders on community supervision from 1999-2005 in a Rural Oregon county. 93 male sexual offenders received SHPE; 73 did not.
- Compared recidivism data for recidivism (sexual, violent or both) at 5 years

<table>
<thead>
<tr>
<th></th>
<th>SHPE</th>
<th>No SHPE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sexual</td>
<td>8 (8.6%)</td>
<td>Sexually = 10 (13.7%)</td>
</tr>
<tr>
<td>Violent</td>
<td>4 (4.3%)</td>
<td>Violent = 11 (15.1%)</td>
</tr>
<tr>
<td>Total</td>
<td>11 (one both; 11.8%)</td>
<td>Total = 21 (28.8%)</td>
</tr>
</tbody>
</table>

- “We found a difference between recidivism for the polygraphed group compared to the non-polygraph group regarding violent recidivism – and within the polygraph group, recidivists, on average, went longer without undergoing a SHPE compared to nonrecidivists” (pg. 7).
- “Furthermore, those who use the polygraph could focus more resources on offenders who avoid the polygraph with the intention to not only minimize sexual reoffense, but violent reoffense as well” (pg. 8).
Kleban et al. (2013). An Exploration of Crossover Sexual Offending

- Not specific to polygraph; only makes references to other crossover studies which used polygraph examinations
- Sample of 789 incarcerated sex offenders using past records
- Of those with previous sexual convictions ($n = 208$), 20% had prior victim of different gender, 40% had victim of different age category, and 48% had varying relationship with the victim across convictions

• Provides examples of how the polygraph can be used to work more effectively with sexual offenders
  – Opportunities to understand thoughts and behaviors
  – Multidisciplinary work discussed

• Examples include:
  – Amnesic Offender
  – Categorical denial offender with index offense involving child pornography

- Book chapter; empirical data on a sample of 62 female offenders (incarcerated = 43, community = 19) are presented
- Both similarities and differences between male and female offenders regarding disclosures
  - Males have more extensive offense histories
  - Age and relationship crossover less prevalent among female offenders; however, incarcerated females were more likely than males and females under community supervision to report gender crossover.
  - Age of onset of sexual offending does not change with polygraph for female offenders; male populations report much earlier age of onset than females.
  - Co-offender offense patterns observed at a higher rate with females (35% for incarcerated female offenders and 21% for community female offenders)
  - Comparisons of male versus female childhood experiences presented
  - Recommendations for question formulation, requirements and further individualization of polygraph techniques (both SHPE and maintenance exams) may be utilized with female offenders

• Non-empirical article that challenges the adoption and implementation of the polygraph in the UK
• Provides a history and literature review of the polygraph examination in the UK
• Draws comparisons of law enforcement use of the polygraph
• Makes ethical and professional arguments regarding “mandatory use” similar to those previously discussed
• Key considerations:
  – Accuracy, over-reliance, consent, and implementation
Madsen & Addison (2013). A Review of the Evidence for the Use of Polygraphy in the Supervision and Management of Community Based Sexual Offenders

• Provides a review of the literature done in the US and the UK
• Advocates for the use of the polygraph examination in Australia
• “Investigative polygraphy (as this is referred to) is confrontational and interrogative in nature and involves one-off examinations, typically with negative outcome associated with significant consequences... The aim in these tests is to obtain a confession or a clear ‘pass’ or ‘fail’... Unlike the investigative environment, the focus is not on passing or failing the polygraph, but on facilitating disclosures that assist in treatment, supervision, and enhancing engagement (English et al., 2000b).”

• Abstract, non-empirical article
• Discusses:
  – Early history of the polygraph
  – Penology of paedophiles
  – References other state Standards
  – Incurability
Stovering, Nelson & Hart (2013). Timeline of victim disclosures by juvenile sex offenders

• Study examined the number of victims disclosed by a sample of 74 juvenile males aged 12- to 17-year-old

• Four time periods examined:
  – Adjudication
  – Assessment/Education phase (first day of treatment until polygraph) At the Polygraph Examination
  – Continued Treatment (from after the polygraph until discharge).

• Results indicated a statistically significant increase in victims disclosed over those periods, representing a mean of 2.39 additional victims (SD = 3.50)
  – Greatest number of additional victims being reported during the Assessment/Education phase (i.e. 157 total new victims as reported by 43 (58.11%) of the 74 participants)

• No immunity offered and subsequent prosecutions could have resulted from additional victim disclosures

• A total of 4 out of 264 disclosures were recanted
  – “It is also remarkable that four (5.4%) of the 74 offenders recanted a total of nine victims that they previously made during some phase of treatment. It is not known what factors led to the withdrawal of these disclosures. All victim recantations were made during Phase 4 (Continued Treatment)” (pg. 735).
What are your questions?