

A Prospective Study of the Impact of Polygraphy on High-Risk Behaviors in Adult Sex Offenders

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This study examined whether polygraph testing would result in sex offenders engaging in fewer high-risk behaviors. Fifty adult male sex offenders taking part in community treatment programs were allocated into 2 groups: "Polygraph Aware" subjects were told they would receive a polygraph examination in 3 months regarding their high-risk behaviors, while "Polygraph Unaware" subjects were told their behavior would be reviewed in 3 months. Relevant behaviors for each subject were established at baseline interviews, following which both groups were polygraphed at 3 months. All subjects were polygraphed again at 6 months. The hypothesis was that subjects in the "Polygraph Aware" group would have engaged in fewer high-risk behaviors, based on their self-report during the examination. Thirty-two subjects (64%) attended the first polygraph examination, with 31 (97%) disclosing an average of 2.45 high-risk behaviors each previously unknown to supervising probation officers. There was no significant difference between the two groups. Because of the high failure rate, all subjects were told to expect a second polygraph. Twenty-one subjects (42%) completed the second polygraph test, with 71% disclosing an average of 1.57 behaviors, a significant decrease compared with the first test. Disclosures to treatment providers and probation officers also increased. It was concluded that polygraph testing resulted in offenders engaging in less high-risk behavior, although the possibility that offenders fabricated reports of high-risk behaviours to satisfy examiners is also considered; similarly, offenders seemed to be more honest with their supervisors, but this only occurred after experience of the test itself. Feedback from offenders who completed the study, taken together

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with the high drop out rate, suggested that those motivated not to reoffend found polygraphy useful, while those less motivated sought to avoid it.

KEY WORDS: polygraph; sex offending; probation supervision; community sex offender treatment; high-risk behaviors.

INTRODUCTION

The use of the polygraph to assist in the treatment and supervision of sex offenders has expanded markedly over the past decade in the United States, although it is still employed in only a minority of programs (Abrams & Simmons, 2000; English, Jones, Patrick, Pasini-Hill, & Gonzalez, 2000a). This expansion is not without controversy, with critics attacking not only its evidence base, but also the scientific standing of polygraphy more generally (Cross & Saxe, 2001; National Academies of Science, 2002). Much of the argument, however, has focused on the use of polygraphy in investigative settings such as crime detection and pre-employment screening, which is only partly relevant to postconviction applications: in the former, issues of accuracy predominate, while in the latter the polygraph is just one of a range of assessment tools that contribute to the development of treatment and management plans, with more emphasis placed on disclosure and less on passing or failing the examination *per se* (Holden, 2000). Similarly, the large amount of research associated with polygraphy has tended to focus on reliability and validity relating to investigation type protocols (for example, involving mock crimes) rather than on questions of efficacy and utility that are more pertinent to postconviction testing.

Therapeutically, advocates of postconviction polygraph examinations claim that it enables clinicians to obtain more reliable sexual histories and more accurate offence behavior descriptions, both of which assist in overcoming denial and can improve the assessment of treatment need and risk of reoffending (Salter, 1995). But though there is much anecdotal evidence in support of this, published research data is limited. English, Jones, Pasini-Hill, and Cooley-Towell (2000b), for example, in an interesting but nonpeer reviewed report, compared offenders in programs with and without polygraph testing. They found that increased numbers of offenders on the polygraph programs admitted to having offended against both male and female victims, and against both juveniles and adults; polygraphed offenders also disclosed greater amounts of sexual deviant activity generally. Other studies have found that polygraphed offenders admit to more victims, increased numbers of offences, and an earlier onset of offending (Ahlmeyer, Heil, McKee, & English, 2000; Wilcox, 2000), and fewer claim to have been sexually abused as children (Hindman & Peters, 2001). However, while data such as this is promising, a study of polygraphy in treatment settings using control groups and a prospective design has yet to be undertaken. In addition, without some means of corroborating

what offenders say, the possibility also exists that at least some of this increased reporting is fabricated by offenders in order to satisfy examiners.

In terms of supervision, it has been argued that periodic polygraph testing of offenders in so-called maintenance examinations has the potential to identify not only breaches in supervision and outright offences, but it also acts to deter offenders from engaging in problematic behavior in the first place. Again, while face validity and anecdotal accounts are good, there is not much supporting evidence for these claims. Abrams and Ogard (1986) compared recidivism rates of probationers (a small number of whom were sex offenders) required to take periodic polygraph tests by the Courts in two areas of the state of Oregon ($n = 35$), with those whose supervision did not involve polygraphy in another county ($n = 243$), and found that over a 2-year period 69% of men who received periodic polygraph examinations remained offence or infringement free in comparison with 26% of those who were not polygraphed. Looking specifically at sex offenders, Edson (1991) reported that 95% of 173 sex offenders on parole or probation and required to undertake periodic polygraph testing did not reoffend over a 9-year period, but the study did not include a comparison group. In a survey of 28 sex offenders taking part in a community program, Harrison and Kirkpatrick (2000) found that the majority described a decrease in high-risk behaviors (such as grooming potential victims, obtaining pornography, and substance use) which the offenders themselves attributed to polygraph testing, although the small numbers, possible sample bias, and the self-report nature of the study mean that one must be cautious in interpreting its results.

In the United Kingdom polygraphy is not used at all by the police, probation, or prison services, nor are we aware of its use in any clinical program. This follows a withering review produced over 15 years ago by a working group of the British Psychological Association, commissioned by the Home Office in the wake of a major spy scandal, that concluded amongst other things that polygraphy was unscientific and its use was poorly standardized (British Psychological Society, 1986). As with many of the American critiques, however, the focus was on investigative rather than postconviction applications, and a lack of evidence in support of polygraphy was at times confused with negative evidence against it.

Thus, while there are many persuasive advocates for postconviction polygraph testing, the absence of a sound evidential base has meant that arguments about its use tend to be theoretically rather than empirically driven. Given the strong claims made by its proponents of the potential benefits of polygraphy when used in treatment and supervision settings, we examined whether polygraph testing incorporated in a community sex offender treatment program could contribute to treatment and supervision. Using a prospective design, we set out to test the hypothesis that the expectation of a polygraph test would reduce the likelihood of offenders engaging in high-risk behaviors.

METHOD

Participants

One hundred sixteen convicted sex offenders taking part in community-based sex offender treatment programs in three different English probation service areas were approached for the study, of whom 50 (43%) agreed to participate.

The sample consisted of 45 men who had sexually offended against children (including offences involving possession and manufacture of child pornography) and 5 whose victims were adult females. The men ranged in age from 22 to 67, with a mean age of 41 ($SD = 10.7$). All but one was White English, and 21 (42%) reported being in marital or stable relationships.

Risk of reconviction for each subject was determined using the actuarial instrument Static 99 (Hanson & Thornton, 1999, 2000), while subjects were also rated in respect of a range of dynamic risk factors based on a scale devised by Hanson and Harris (2000).

Procedure

Subjects were divided into two groups. After a research interview in which 3 or 4 high-risk behaviors were identified for each individual based on information supplied by the treatment providers specific for him (for example, using pornography or having unsupervised contact with children), one group was informed that they would be polygraphed 3 months later to determine whether an expectation of this would help them avoid engaging in their identified high-risk behaviors (the "Polygraph Aware" group), while the other group was told only that their behaviors would be reviewed in 3 months time with no reference to them being polygraphed (the "Polygraph Unaware" group). In two of the three areas all subjects in any one treatment group were allocated into either the Polygraph Aware or Polygraph Unaware group (in one of these areas there were two groups running, in the other 11, with membership determined by geography), which meant that communication between men in different groups was unlikely. The third area ran only one treatment group, and here men were allocated alternatively.

Although only one group of subjects was expecting a polygraph examination, at 3 months (Time 1) both groups were in fact polygraphed, the hypothesis being that those who were expecting this would report less high-risk behaviors during the 3-month period than those in the comparison group. After this first polygraph examination, those who passed were to be told that they would be reviewed in a further 3 months time (Time 2), while those who failed the exam were to be warned about their behavior and told that in 3 months they would be polygraphed again (thus forming new "Polygraph Aware" and "Polygraph Unaware" groups).

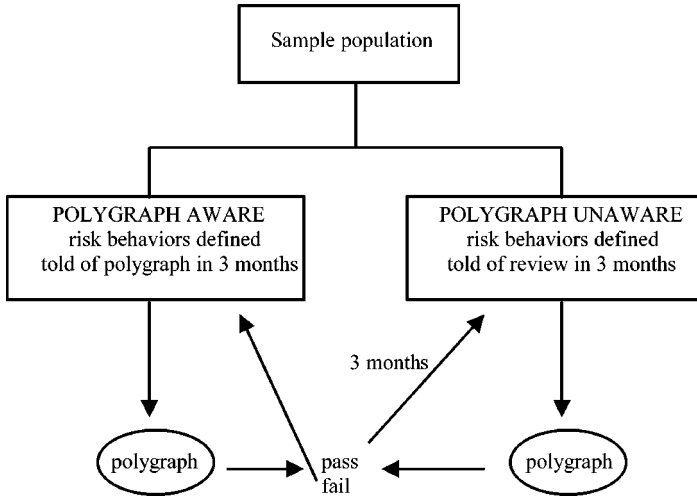


Fig. 1. Study design.

As at Time 1, both groups would again receive a polygraph test at Time 2. As some of the men in the Polygraph Unaware group at Time 2 might conclude that this does not guarantee they will not be polygraphed based on their experience at Time 1, the extent to which they would be truly “unaware” is unclear; in the event, however, as will be seen below the results at Time 1 meant that this was not an issue. The research design is illustrated in Fig. 1.

Because this was a research study, participation was voluntary, and offenders were free to drop out of the study at any time.

At both Time 1 and Time 2, subjects were interviewed first by the same researcher who had interviewed them at baseline. Their current circumstances were clarified, and they were asked if they had engaged in any of their high-risk behaviors since the last session. After this interview, all subjects immediately underwent a polygraph examination in a separate room that focused on their high-risk behaviors.

Polygraph testing was carried out by one of two polygraphers, both of whom are accredited by the American Polygraph Association as having expertise in sex offender testing. The Comparison Question Technique (CQT) was used. This is a standard procedure in which responses to so-called relevant questions (that is, those in which the examiner is interested, for example, “Have you had unsupervised contact with children over the last 3 months”) are compared with the responses to comparison questions (for example, “Have you done anything over the last 3 months that would concern your probation officer”) which may arouse anxiety in the subject but which are hypothesized to produce less of a response in those who answer deceptively to the relevant question. The content of the relevant questions

was determined by the high-risk behaviors previously identified by the treatment providers in respect of each offender.

For the purposes of analysis, the polygraph examination was divided into three sections: the *pretest interview* in which the polygraph examination was explained to the subject, his high-risk behaviors were confirmed, and he was asked whether he had engaged in any of these behaviors over the preceding 3 months; the *examination* itself in which each subject was again asked whether he had engaged in any of his identified high-risk behaviors in the relevant time frame; and the *posttest interview*, in which the subject was told whether or not he had passed the polygraph examination, and was given an opportunity to explain any apparent deceptive responses.

Ethical approval for the study was provided by the Newcastle and North Tyneside Joint University-National Health Service Ethics Committee. Subjects were informed orally and through a written information sheet that the aim of the study was to help improve the way in which men with convictions for sex offences are supervised in the community in order to reduce the risks of their reoffending. They were told that polygraphy was the study's focus, and they could withdraw from the study at any time, without giving a reason. It was explained to them that information obtained in the course of the study would be reported to their treatment providers or case managers. Although subjects in the comparison group were not initially told that they would be polygraphed, they were reminded of their option of withdrawing prior to the polygraph examination (as indeed were subjects in the Polygraph Aware Group). Case managers and treatment facilitators were provided only with information obtained from the polygraph testing; they were not told about subjects who refused to take part, or who agreed to do so but later defaulted, and we are not aware that any of these individuals were disadvantaged in any way in terms of their management. All subjects gave their written informed consent and were reimbursed for travel expenses.

RESULTS

Subjects

The "Polygraph Aware" group consisted of 27 men with a mean age of 43 ($SD = 11.5$), of whom 24 (89%) had offended against children and 3 (11%) against adult women. The "Polygraph Unaware" group comprised 22 men with a mean age of 39 ($SD = 9.5$), of whom 20 (91%) had offended against children and 2 (9%) against adult women. One subject was excluded from the study because of acute mental illness. There were no statistically significant differences between these groups in terms of age, victim numbers, and victim characteristics.

Scores on Static 99 ranged between 0 and 9, with a mean of 2.8 ($SD = 2.2$): 13 subjects were categorized as low risk, 21 as medium-low risk, 8 as

medium-high-risk, and 5 as high-risk. The two groups did not differ in respect of their Static 99 scores. The groups were also similar in terms of their Dynamic Risk scores (Aware Group mean = 5.5, *SD* = 2.4), Unaware Group mean = 5.4, *SD* = 2.4; $t(47) = .21, p = .9$).

High-Risk Behaviors—Time 1

Two subjects were recalled to prison in the 3-month period leading up to the first polygraph examination, while 14 (30%) of the remaining 47 did not attend (defaulted) from the polygraph examination at Time 1. Another subject, who was in the “Polygraph Unaware” group, dropped out of the study at Time 1 when asked to take a polygraph test. The 32 men who were polygraphed at Time 1 therefore represented 64% of those who agreed to take part in the study, and 28% of the offenders from the three treatment programs that were initially approached.

Of the 32 subjects who were polygraphed, only one was known by either his probation officer or those providing treatment to be engaging in any of his identified high-risk behaviors. At Time 1, however, 31 (97%) offenders disclosed having engaged in at least one high-risk behavior, with a total of 76 high-risk behaviors reported (Table I). One man admitted to numerous episodes of frottage on public transport involving young girls, another reported unsupervised contact with his previous child victim (which was subsequently verified), and a third to prowling public toilets in a search of male children. The mean number of different high-risk behaviors reported per offender was 2.45 (*SD* = 1.7), with a median of 2 and a range of 0–7 (although only four relevant behaviors were established for each

Table I. Number (and %) of Men Reporting Different High-Risk Behaviors at Time 1 (*n* = 32 Subjects)

Behavior Reported—Time 1	Number (%)
Masturbation to deviant fantasies	27 (84)
Unsupervised contact with children or vulnerable adults	9 (28)
Attempting to set-up situation for contact with children (e.g. offering to babysit)	8 (25)
Going to areas to view children for sexual arousal (e.g. gyms; playgrounds; video arcades)	8 (25)
Collecting pictures of children for masturbation (e.g. magazines/clothing catalogues)	7 (22)
Watching TV shows involving children for sexual arousal	5 (16)
Alcohol consumption in excess	3 (9)
Associating with other sex offenders outside group treatment	2 (6)
Supplying alcohol & cigarettes to minors	1 (3)
Accessing internet sites for child pornography/pornography/teenage chat rooms	1 (3)
Travel to other countries where access to children more likely	1 (3)
“Aimless” driving	1 (3)
Actively seeking victims in public toilets	1 (3)
Sexual activity in public place	1 (3)
Wandering alone at night	1 (3)
TOTAL	76

offender, three men disclosed additional behaviors during the examination). The one offender who did not disclose any high-risk behaviors failed his polygraph, but gave no explanation for this. There were no statistically significant differences in the number of behaviors reported by men in the “Polygraph Aware” and the “Polygraph Unaware” groups ($F = .613, p = .44$).

Time of Disclosure

Subjects had 3 opportunities to disclose high-risk behaviors: to the researcher immediately before the polygraph test, to the polygraph examiner during the pretest interview, and to the polygraph examiner after the polygraph examination in the posttest interview. During the interview with the researcher, 13 subjects (41%) reported some high-risk behavior, 27 subjects (84%) disclosed high-risk behaviors to the polygrapher at the pretest interview (either in addition to what they had told the researcher or in 15 (47%) cases having denied any such behaviors to the researcher). Twenty-five subjects (78%) failed the polygraph, and of these 20 (80%) reported additional or new information about their high-risk behaviors during the posttest interview (Fig. 2).

High-Risk Behaviors—Time 2

Because all but one of the offenders admitted to having engaged in high-risk behaviors at Time 1, all were told to expect a polygraph examination at Time 2, including the seven men who had passed the polygraph. Thus, there was no Polygraph Unaware Group at Time 2.

Eleven subjects (22% of study participants, and 34% of those who were polygraphed at Time 1) did not attend for the second polygraph examination at Time 2. Of the 21 who remained in the study, 15 (71%) reported a total of 34 high-risk behaviors, with a mean of 1.6 ($SD = 1.4$), a median of 1, and a range of 0–5; six (29%) men reported no high-risk behaviors at all and passed their polygraph tests. A paired sample t test comparing the number of behaviors reported by each man at Time 1 and 2 was significant ($t = 2.55, p = .019$). Of the 15 subjects who reported high-risk behaviors, 9 (60%) had already disclosed these to their supervisors compared with just 1 who had done so at Time 1. The relevant behaviors reported by each subject are shown in Table II.

Time of Disclosure

It can be seen from Fig. 3 that at Time 2, 13 men (62%) made disclosures to the researcher, of whom 7 made no further disclosures and passed their polygraph tests, while 6 men made no disclosures at all and also passed the polygraph. In total, only

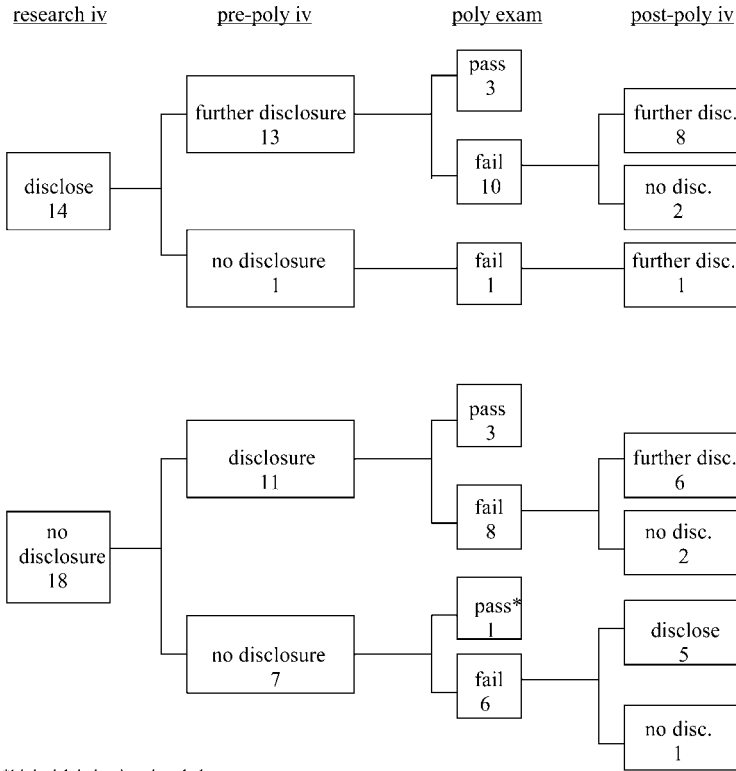


Fig. 2. Disclosures of high-risk behaviors at Time 1; n = 32 subjects (research iv = interview by the researcher before the polygraph examination; prepoly iv = the interview by the polygrapher immediately before the examination; poly exam = the polygraph examination; postpoly iv = the interview by the polygrapher following a deception indicated (i.e. failed) polygraph).

6 men (29%) failed the polygraph at Time 2, of whom 4 made further disclosures. Overall, 15 (71%) of the subjects passed their polygraph examinations at Time 2 compared with 7 (29%) at Time 1, a significant improvement ($\chi^2 = 12.82, p < .001$).

Nonattendeeds

Seventeen participants did not attend their first polygraph examination at Time 1, of whom two had been returned to custody (one for a sexual offence and the other for a breach of his probation conditions). Ten of the 27 men (37%) in the Aware Group failed to attend, compared with 7 of the 22 (32%) in the Unaware Group. Those who did not attend did not differ from those who did in terms of risk

Table II. Number (and %) of Men Reporting Different High-Risk Behaviors at Time 2 ($n = 21$ Subjects)

Behavior Reported—Time 2	Number (%)
Masturbation to deviant fantasies	15 (74)
Unsupervised contact with children or vulnerable adults	6 (24)
Attempting to set-up situation for contact with children (e.g. offering to babysit)	2 (10)
Associating with other sex offenders outside group treatment	2 (10)
Adult pornography usage	2 (10)
Accessing internet sites for child pornography/pornography/teenage chat rooms	1 (5)
Corresponding with other sex offenders—in relation to sexually offending (e.g. exchanging “stories” for masturbation purposes)	1 (5)
Alcohol consumption in excess	1 (5)
Collecting pictures of children for masturbation (e.g. magazines/clothing catalogues)	1 (5)
Going to areas to view children for sexual arousal (e.g. gyms; playgrounds; video arcades)	1 (5)
Watching TV shows involving children for sexual arousal	1 (5)
Sexual activity in public place	1 (5)
TOTAL	34

as determined by Static 99, but the former group were more likely to have had a female victim ($\chi^2 = 5.17, p < .025$). In the one area with just one treatment group, communication between offenders did not appear to inhibit those in the Unaware Group from attending at Time 1, with 3 of 6 defaulting from the Polygraph Aware Group compared with 2 of 7 from the Polygraph Unaware Group.

The 11 subjects who defaulted from the second polygraph examination were also significantly more likely to have had a female victim ($\chi^2 = 6.03, p \leq .025$), but again they did not appear to differ otherwise. There was no difference in the number of high-risk behaviors reported at Time 1 in either group. Being in the Unaware Group did not result in a higher default rate at Time 2; indeed, default was numerically more common in the Aware Group, with 8 of 17 defaulting at Time 2 compared with just 3 of 15 from the Unaware Group, although this difference was not statistically significant.

It was not possible to determine systematically why offenders dropped out at various times in the study. In some cases, however, offenders wrote to the researchers to explain their reasons for default. Three participants explained they did not attend at Time 2 because of the reprimands they received from their supervisors in relation to the behaviors they reported at Time 1 or other action taken against them, and one participant felt that the thought of the upcoming examination was stressful, and he had been told that stress was a risk factor for him.

Offender Feedback

Following the second examination, offenders were given a brief questionnaire requesting feedback about their experiences of polygraphy. Twenty of the

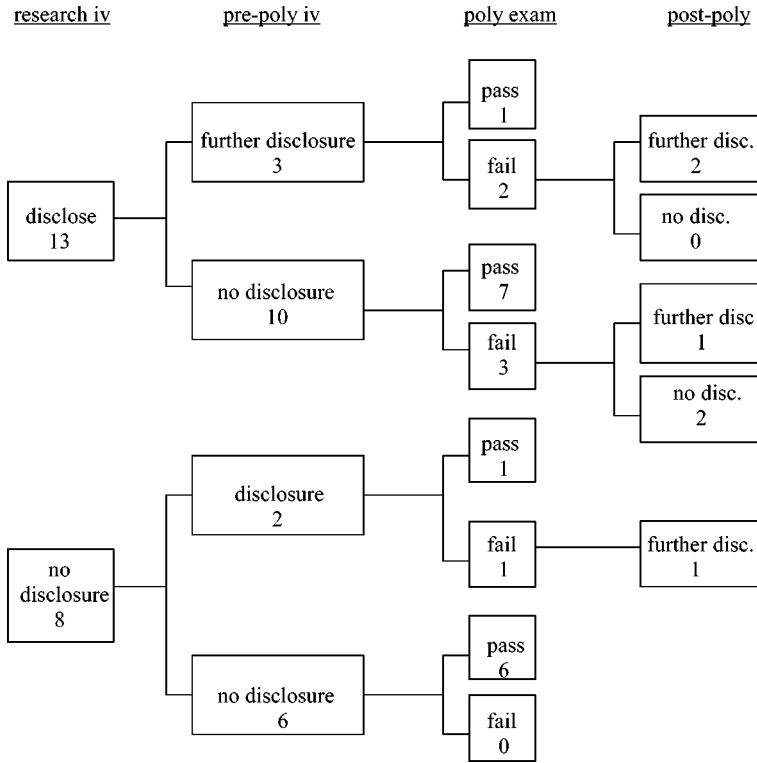


Fig. 3. Disclosures of high-risk behaviors at Time 2; $n = 21$ subjects (research iv = interview by the researcher before the polygraph examination; prepoly iv = the interview by the polygrapher immediately before the examination; poly = the polygraph examination; postpoly = the interview by the polygrapher following a deception indicated (i.e. failed) polygraph).

21 men reported that they thought polygraph examination helped them to avoid reoffending; 12 (57%) said that knowledge of the impending polygraph caused them to inhibit their behavior, and 11 felt (52%) that it resulted in them reporting more information to their supervising probation officers.

DISCUSSION

This study examined the extent to which polygraph testing could contribute to behavior change in sex offenders on community treatment programs. It was found that the polygraph resulted in offenders reporting a large amount of behaviors of concern that were not known to supervising probation officers or treatment providers, but also that expectation of a polygraph test appeared to assist offenders

in avoiding or controlling such behaviors. This latter effect, however, was observed only after offenders had actually experienced a polygraph examination.

These findings are similar to other reports of improvement in the quality and quantity of information gained from sex offenders with postconviction polygraph testing (Ahlmeier et al., 2000; Emerick & Dutton, 1993; English, Jones, Pasini-Hill, et al. 2000b), but the prospective nature of our study has avoided the retrospective biases common to earlier work. In the course of their first polygraph examinations, nearly all participants in our study reported high-risk behaviors over the preceding 3 months, but in only one case was this behavior known to treatment providers or supervising probation officers. Almost all men disclosed masturbating to deviant fantasies, but a third reported more worrying activity such as having unsupervised contact with children or seeking out potential victims. Knowledge of this allowed these issues to be addressed in treatment, and in some cases altered the way in which supervision was carried out—one man, for example, was recalled to a probation hostel. While there was only one case where an actual offence was disclosed (frottage), we believe that the information provided by the polygraph was likely to have prevented a number of offences from being committed.

At the second polygraph examination, not only did offenders report fewer high-risk behaviors, but in addition they had also disclosed this information to probation officers, giving treatment and supervision a better chance of succeeding. This finding supports the conclusions reached by Harrison and Kirkpatrick (2000) based on a survey of offenders in their program, that periodic polygraph testing can improve the motivation of sex offenders in treatment.

Much of the controversy regarding polygraphy relates to issues associated with uncertainty about its validity (accuracy) and reliability, although there are also concerns about lack of standardization and a poor understanding of how individual subject differences may influence findings (British Psychological Society, 1986; Cross & Saxe, 2001; National Academies of Science, 2002). In postconviction settings, however, it is the nature of the disclosures and not whether individuals pass or fail the polygraph *per se* that is of most interest, and in this context polygraphy might be better viewed as a truth facilitator rather than a lie detector. This is not to say that these scientific issues are not of relevance—they are and need to be addressed—but their current lack of resolution does not justify calls for polygraphy to be abandoned in postconviction applications.

Of course, it is possible that the increased rate of disclosure we observed may not always have been a true indication of behavior, but instead may have included false admissions fabricated by offenders in order to satisfy examiners, to explain a failed examination in spite of a wrong accusation of deception (sometimes referred to as “defensive lying”), or to obscure the actual reason for failure that the offender did not want to disclose. We had no means of verifying whether what offenders told us was true except in exceptional cases (for instance, in a case where child protection proceedings were subsequently undertaken because of the disclosure),

although given the high rate of reported behavior we believe it unlikely that the majority of what we observed can be accounted for by offenders seeking to please the examiners (indeed, the high drop out rate between Time 1 and Time 2 suggests that this was not their aim).

Similarly, the apparent inhibition of behavior observed at Time 2 might not be a reflection of real improvement, but instead reflect a decreased disclosure rate associated with an increased ability to “beat” the polygraph. Again, this is not something that can be proved either way in the context of this study, but as offenders were not compelled to attend for examination at Time 2, it is not clear to us why an offender who was still engaging in high-risk behaviors would run the risk of being found out, particularly in light of the 80% failure rate at Time 1.

However, the extent to which false reporting is a real as opposed to a theoretical problem is unresolved. Unfortunately, published research does not shed much light on this issue, but Kokish and Blasingame (personal communication) examined the question in a survey of 95 sex offenders who had been tested on 333 occasions within their treatment program. In this survey, in which responses were anonymous, the offenders claimed to have made false confessions on just six occasions, less than 2% of all tests. If this finding were representative of postconviction polygraph testing generally, then defensive lying would not seem to be a major problem, although this is clearly something that requires further investigation.

A noteworthy finding in our study was the high drop out rate, with less than half of those offenders who originally agreed to take part complying with two polygraph tests, and a third of those who attended for the first test defaulting from the second. Although this small band of completers may not be representative of the larger population, and one can only speculate about the reasons why most offenders did not want to be tested, the high level of worrying behaviors disclosed by them is of concern. Our results suggest that, in those offenders who are motivated not to reoffend, polygraphy can assist them to adhere to their relapse prevention plans, while those motivated less strongly will seek to avoid it. If polygraphy is to be extended to include a majority of offenders, with the aim of improving compliance with treatment and enhancing supervision, then some form of compulsion will be necessary.

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REFERENCES

- Abrams, S., & Ogard, E. (1986). Polygraph surveillance of probationers. *Polygraph, 15*, 174–182.
- Abrams, S., & Simmons, G. (2000). Postconviction polygraph testing: Then and now. *Polygraph, 29*, 63–67.
- Ahlmeyer, S., Heil, P., McKee, B., & English, K. (2000). The impact of polygraphy on admissions of victims and offenses in adult sexual offenders. *Sexual Abuse: A Journal of Research and Treatment, 12*, 123–139.
- British Psychological Society. (1986). Report of the working group on the use of the polygraph in criminal investigation and personnel screening. *Bulletin of the British Psychological Society, 39*, 81–94.
- Cross, T. P., & Saxe, L. (2001). Polygraph testing and sexual abuse: The lure of the magic lasso. *Child Maltreatment, 6*, 195–206.
- Edson, C. F. (1991). *Sex offender treatment*. Jackson County, OR: Department of Corrections.
- Emerick, R. L., & Dutton, W. A. (1993). The effect of polygraphy on the self-report of adolescent sex offenders: Implications for risk assessment. *Annals of Sex Research, 6*, 83–103.
- English, K., Jones, L., Patrick, D., Pasini-Hill, D., & Gonzalez, S. (2000a). We need you to become experts in the postconviction polygraph. *Polygraph, 29*, 44–62.
- English, K., Jones, L., Pasini-Hill, D., & Cooley-Towell, S. (2000b). *The value of polygraph testing in sex offender management*. Research report submitted to the National Institute of Justice. Denver: Colorado Department of Public Safety.
- Hanson, R. K., & Harris, A. J. R. (2000). Where should we intervene? Dynamic predictors of sexual offense recidivism. *Criminal Justice and Behaviour, 27*, 6–35.
- Hanson, R. K., & Thornton, D. (2000). Improving risk assessments for sex offenders: A comparison of three actuarial scales. *Law and Human Behavior, 24*, 119–136.
- Harrison, J. S., & Kirkpatrick, B. (2000). Polygraph testing and behavioral change with sex offenders in an outpatient setting: An exploratory study. *Polygraph, 29*, 20–25.
- Hindman, J., & Peters, J. M. (2001). Polygraph testing leads to better understanding adult and juvenile sex offenders. *Federal Probation, 65*, 8–15.
- Holden, E. J. (2000). Pre- and postconviction polygraph: Building blocks for the future—Procedures, principles, and practices. *Polygraph, 29*, 69–98.
- National Academies of Science. (2002). *The polygraph and lie detection*. Washington: National Academies Press. (Also on www.books.nap.edu)
- Salter, A. C. (1995). *Transforming trauma. A guide to understanding and treating adult survivors of child abuse*. Thousand Oaks, CA: Sage.
- Wilcox, D. (2000). Application of the clinical polygraph examination to the assessment, treatment and monitoring of sex offenders. *The Journal of Sexual Aggression, 5*, 134–152.