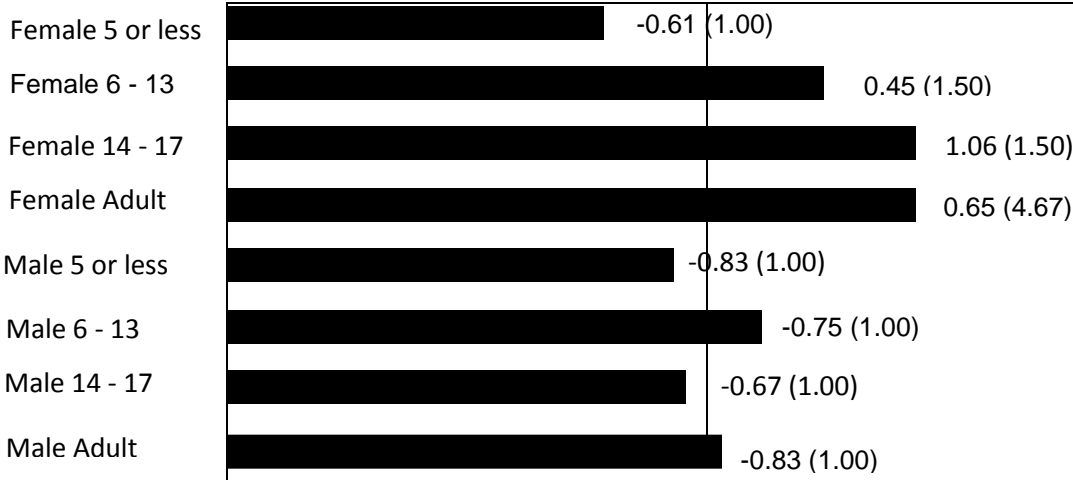
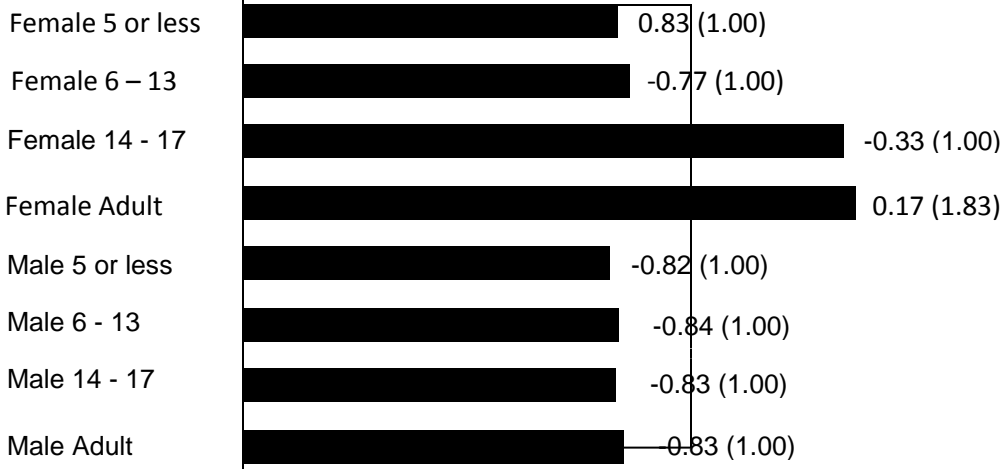


# ABID VRT™

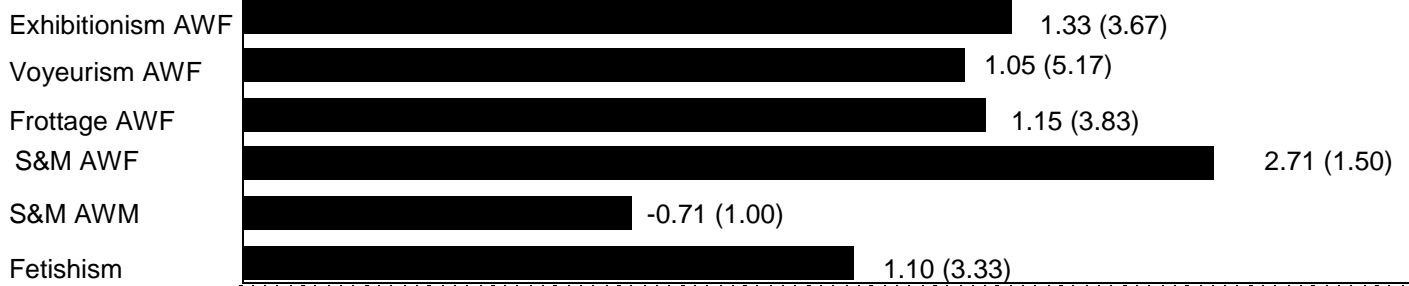
## Caucasian (white)



## African-American (Black / African)



## Paraphilias



\*AWF = Adult White Female

\*AWM= Adult White Male

## **VISUAL REACTION TIME™ SCORING**

### **Z-scores for Sexual Interest**

The Visual Reaction Time™ Graph uses Z-scores. The Z-score scale appears at the bottom of the graph.

The first number at the end of each bar corresponds to the Z-score scale.

**A client's sexual interest in children is gauged against his or her sexual interest in adolescents and adults.**

As each client is measured against himself or herself, two clients' graphs cannot be compared.

### **Sexual Arousal Scores**

This is the client's self-report of his or her sexual arousal to adult, adolescent, child and paraphilia categories on a 7 point scale.

The client's average arousal score appears in parenthesis at the end of each bar.

### **Interpreting Sexual Interest in Children**

If a horizontal child sexual interest bar (female 5 or less, female 6-13, or male 5 or less, male 6-13) touches or exceeds the vertical line drawn for Whites or the vertical line drawn for Blacks, strongly suspect high sexual interest in that category of child. Scores for adolescents--female 14-17 and male 14-17--similar to the scores for adults are NOT a sign of sexual deviation. Sexual interest in adolescents though biologically normal, is a serious boundary issue if acted on.

For Caucasians and Latinos: Use the White sexual interest bars.

For African-Americans: Use the Black sexual interest bars.

You should use BOTH sets of bars:

- If any client's self-reported arousal in Adolescents or Adults is HIGHER than in their own racial group.
- If your client has victims who are of the other race.
- If the results from their racial group are unexpected.

### **Interpreting Sexual Interest in Exhibitionism, Voyeurism, Frottage, and Fetishism**

Look at self-reported scores only.

### **Interpreting Sexual Interest in Sadomasochism: S&M AWF; S&M AWM**

If an S&M bar for Women or Men exceeds the Female Adult or Male Adult bar by one standard deviation suspect interest in sadomasochism. Further inquiry of the client is suggested.

# THE AASI QUESTIONNAIRE FOR INTELLECTUALLY DISABLED MEN

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ID 000000  
6614  
Sex Male  
Race Caucasian

SITE ID No 00100  
Test Date  
Age 40

---

## Summary Report

# Abel-Blasingame Assessment System *for individuals with intellectual disabilities*<sup>TM</sup>

## CONFIDENTIAL

This report contains confidential clinical information and is intended for qualified clinicians. Use and further disclosure of the information by the recipient must be consistent with relevant laws, regulations, and agreements.

If you have received this report in error, notify **Abel Screening, Inc.** at **1-800-806-ABEL**, then shred the report. Do not use, disclose, or store the information within.

The following report is based on the **Abel-Blasingame Assessment System for individuals with intellectual disabilities**<sup>TM</sup> (**ABID**). The information summarized within is based on the client's self-report, and should be interpreted in this context. The **Abel-Blasingame Assessment System for individuals with intellectual disabilities**<sup>TM</sup> (**ABID**) is administered by the evaluator, who reads the questions and records the client's responses. The questionnaire assesses the client's sexual interest and experience with 16 problematic sexual behaviors, including adult-child sexual contact. The questionnaire and this report are intended as a tool for evaluation, risk assessment, and treatment planning; it is not a substitute for a thorough clinical or forensic evaluation. Clinical diagnoses should not be based solely on this report; the information contained within needs to be interpreted in the context of, and in relationship to, information obtained from additional sources.

# THE AASI QUESTIONNAIRE FOR INTELLECTUALLY DISABLED MEN

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ID	000000 6614	SITE ID No	00100
Sex	Male	Test Date	
Race	Caucasian	Age	40

---

## REPORT SYNOPSIS

The report synopsis summarizes the information contained in this report as assessed by the multiple sections of the ABID.

- The client is a 40 year-old, Caucasian male, who was evaluated as a result of concerns regarding window peeping or secretly watching others undress or have sex. The evaluation occurred in his therapist or counselor's office.
- The client self-reported having engaged in purposely exposing his genitals in a public place, masturbating in public, calling phone-sex lines, and using pornography excessively.
- In regards to whether he had sexually abused a child, the client stated, "No one has ever blamed me." The client also stated that, "I have never been blamed. I have never sexually touched a kid."
- He stated feeling sexually attracted to adult women.
- His Cognitive Distortion Score was 15 (possible range = 0 to 100).
- His Social Desirability Score was 78 (possible range = 0 to 100).
- The client indicated that he has NOT experienced sexual abuse or sexual assault.
- He reported having used the following substances at least once: cannabis, alcohol, cocaine, and hallucinogens.
- In the past, he has been convicted of public masturbation and voyeurism.

# THE AASI QUESTIONNAIRE FOR INTELLECTUALLY DISABLED MEN

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## INTRODUCTION and BACKGROUND

The client is a 40 year-old, Caucasian, male, with borderline intellectual functioning. His intellectual function, in terms of full scale IQ (FSIQ) was assessed to be between 71-90 (borderline intellectual functioning). The client reported having obtained some high school education, and stated he can read and can write. He attended special education classes for 3 years. The client, at the time of the evaluation, was living by himself. He reported living independently and that he has a legal guardian. The client reported that he has been hospitalized for mental health reasons 15 times.

The present evaluation was as a result of concerns regarding window peeping or secretly watching others undress or have sex. The evaluation occurred in his therapist or counselor's office. In the past, the client has been convicted of public masturbation and voyeurism. In addition, he admits doing the following without being caught: exhibitionism, obscene letters/phone calls, calling phone-sex lines, and excessive pornography use.

## SOCIAL DESIRABILITY

The Social Desirability Score is calculated from items 1-18 of Section III of the ABID. This scale measures a person's unwillingness to admit to any violation of common social mores, such as impatience, feelings of anger, etc. A high score may indicate the client's inability to respond truthfully to others.

The client scored 78 (possible range = 0 to 100). His Social Desirability Score is within the HIGH range. Along with the client's level of intellectual functioning, social desirability is an important factor to take into account while drawing conclusions about the client's self-report information presented in the following sections, especially self-report data regarding inappropriate sexual behavior and substance abuse.

Based on items imbedded in the ABID, the client self-reported being very honest during the evaluation.

# THE AASI QUESTIONNAIRE FOR INTELLECTUALLY DISABLED MEN

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## 16 INAPPROPRIATE SEXUAL BEHAVIORS SUMMARY

	Admit	Age Onset	Age End	N Victims	N Times	Control
1. Exhibitionism	N	0	0	0	0	0
2. Public Masturbation	Y	30	35	1	40	Always
3. Fetishism	N	0	0	n/a	0	0
4. Frotteurism	N	0	0	0	0	0
5. Voyeurism	N	0	0	0	0	0
6. Bestiality	N	0	0	0	0	0
7. Obscene Phone	N	0	0	0	0	0
8. Rape/Sexual Assault	N	0	0	0	0	0
9. Abuse of Minor	N	0	0	0	0	0
10. Masochism	N	0	0	n/a	0	0
11. Transvestism	N	0	0	n/a	0	0
11. Sadism	N	0	0	0	0	0
12. Phone Sex (900#)	Y	16	18	n/a	100	Always
13. Porn/Internet Sex	Y	13	40	n/a	500	Almost Always
14. Uro-Coprophilia	N	0	0	n/a	0	0
15. Transsexualism	N	0	0	n/a	n/a	n/a

Number of Victims/Times: 999 means 999 or more

For "Control" the possible answer choices are:

NEVER  
SOMETIMES  
HALF  
ALMOST ALWAYS  
ALWAYS

## THE AASI QUESTIONNAIRE FOR INTELLECTUALLY DISABLED MEN

ID	000000 6614	SITE ID No	00100
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### INAPPROPRIATE SEXUAL BEHAVIORS

The client admitted past or present involvement with the following sexual behaviors on the questionnaire. The therapist should question this client in detail regarding these inappropriate sexual behaviors. The information stems from questions in Section II on the ABID. The self-reported level of control, the amount of fantasy, and target of each behavior are also listed. The behaviors are presented as reported by the client and may be inconsistent with responses to similar questions in other sections of the questionnaire or information from independent sources.

**Public Masturbation:** The client admitted having masturbated in public 40 times to 1 individual over 5 years. He reported masturbating in public in situations that included public places (e.g., parks, stores, and the street), while looking at no one. Of all his sexual fantasies, none are about masturbating in public. The client reported he wants to control his public masturbation, and he reported being able to control it: ALWAYS.

**Phone Sex (900#):** The client admitted calling phone sex lines 100 times over 2 years. He reported calling phone sex lines and talking with adult women. Of all his sexual fantasies, none are about phone sex lines. The client reported he wants to control his phone sex, and he reported being able to control it: ALWAYS.

**Pornography/Internet Sex:** The client admitted viewing pornographic images 500 times over 27 years. He indicated that he looked at pornographic images weekly. He reported looking at images of adult women in/on pornography magazines (like PLAYBOY or PLAYGIRL), regular magazine pictures with sexy people, movies, television, videos, and torn out pictures from papers or magazines. The client stated that he obtained these images by buying them at a store, by getting them from a friend, and by stealing them from stores or others. Of all his sexual fantasies, some are about looking at pornographic images. The client reported he does NOT want to control his pornography use, and he reported being able to control it: ALMOST ALWAYS.

# THE AASI QUESTIONNAIRE FOR INTELLECTUALLY DISABLED MEN

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## SEXUAL ATTRACTION and FANTASY

The following information was based on items 25-40 of Section I in the ABID, which involved the client viewing pictures of adults, adolescents, grade school-aged children, and preschool-aged children, and stating whether each picture was "sexy" to him.

The client indicated that he found the following types of persons sexually attractive:

	<b>Female</b>	<b>Male</b>
<b>Adult</b>	Y	N
<b>Adolescent (age 14 - 17)</b>	N	N
<b>Grade school-aged children</b>	N	N
<b>Preschool-aged children</b>	N	N

The client reported masturbating while thinking about the following types of individuals: teenage girls.

The client endorsed the following sexual fantasy themes, based on questions 1-71 of Section IV of the ABID. The central components are: the sex of the other person, age of the victim, use of force, and incest. More specifically, the client endorsed the following fantasies as either being sexually arousing to him or as sometimes being sexually arousing to him:

**Female Peer** (3 out of 5 items)

I feel my girlfriend on top of me. We are having sex. She is moving up and down on me. I am having sex with a girl about my age. She is thinking that I am great in bed.

A woman and I are lying on a couch. She enjoys it as I feel her between the legs.

**Female Peer with force/coercion** (0 out of 5 items)

**Male Peer** (0 out of 5 items)

**Male Peer with force/coercion** (0 out of 5 items)

**Female Child** (0 out of 5 items)

**Female Child with force/coercion** (0 out of 5 items)

**Male Child** (0 out of 5 items)

**Male Child with force/coercion** (0 out of 5 items)

**Incest: Sister** (0 out of 5 items)

**Incest: Brother** (0 out of 5 items)

**Male Transvestite** (0 out of 5 items)

**Theft** (0 out of 5 items)

**Non-sexual violence** (0 out of 5 items)



## THE AASI QUESTIONNAIRE FOR INTELLECTUALLY DISABLED MEN

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### COGNITIVE DISTORTION SCORE

The Cognitive Distortion Score is calculated from items 19 through 38 in Section III of the questionnaire. These items describe potential justifications frequently used by clients who engage in sexually inappropriate behavior. A higher score suggests a greater use of such cognitive distortions.

**Cognitive Distortion Score:** 15 (Possible range = 0 to 100)

Cognitive Distortion Score ranges for low, moderate, and high have not been developed for individuals with intellectual disabilities. However, since cognitive distortions have been found to be a risk factor for future inappropriate sexual behavior, the cognitive distortions that were endorsed by the client should be assessed in greater detail. The client endorsed the following cognitive distortions:

- Hurting other people to get a sex turn on cannot become a habit.
- If I window-peep on somebody a lot it cannot become a habit.
- Dressing in girl's/women's clothes a lot cannot become a bad habit.

## THE AASI QUESTIONNAIRE FOR INTELLECTUALLY DISABLED MEN

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### **PSYCHOSEXUAL HISTORY and SEXUAL ABUSE HISTORY**

The psychosexual information is based on items 41-56, 77-85, and 95-117 in Section I and Section V of the ABID. The client was briefly assessed regarding his social and romantic relationships as well as his sexual experiences. All information is based on self-report and the client's tendency to respond in a socially desirable manner may need to be taken into consideration (see Social Desirability section).

#### **Social Relationships**

The client indicated that he has no close friends who are women and he would NOT like more female friends. He stated that few of his close friends are men and that he would NOT like more male friends. Some of his best friends are a lot OLDER than him. He indicated he has never gone on a date, and that he feels lonely a lot of the time.

#### **Romantic Relationships**

He indicated that he has been in NO long-term relationships, and that his longest relationship lasted N/A. He stated that he has impregnated someone 0 times, and has 0 children.

#### **Sexual Relationships**

The client self-defined his sexual orientation/preference to be COMPLETELY HETEROSEXUAL - he only thinks about sex with women. He stated that he first started engaging in sexual activity at age 23. In terms of his lifetime sexual experiences, he reported having engaged in digital or penile vaginal penetration, receiving oral sex, and other sexual behaviors with adult women. It is important to note that the client was not asked to indicate whether the behaviors were consensual or involved coercion (being coerced and/or coercing someone else).

#### **Sexual Abuse of Client**

The client indicated that he has NOT experienced sexual abuse or sexual assault.

## THE AASI QUESTIONNAIRE FOR INTELLECTUALLY DISABLED MEN

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### SUBSTANCE ABUSE

The summary of drug and alcohol use is reported from questions 118 through 123 in Section I of the ABID. The client reports the extent of his experience with drugs and alcohol, including the age of first use and the number of times he has used each substance.

The client reports that he has used:

Alcohol: YES

He reported having drank alcohol more than 50 times, starting when he was 6 years old. He last used alcohol when he was 35 years old.

Cannabis: YES

He reported having smoked pot more than 50 times, starting when he was 11 years old. He last used pot when he was 25 years old.

Cocaine: YES

He reported having used cocaine 10 to 50 times, starting when he was 14 years old. He last used cocaine when he was 16 years old.

Heroin/Opium: NO

Hallucinogens: YES

He reported having used hallucinogens (LSD, mushrooms, or Ecstasy) less than 10 times, starting when he was 13 years old. He last used hallucinogens when he was 13 years old.

Amphetamines: NO

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### **ACCUSATIONS, ARRESTS, and CONVICTIONS**

This information stems from questions 92 and 103-113 in Section I of the ABID. These items indicate the client's admission of accusations, arrests, and adjudication, and offer another independent measure for admission of sexually abusing a minor. 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 available from other sources, the therapist should follow-up with more detailed questioning. The client self-reported that he has been very honest in answering these questions.

#### **Accusations and Admissions:**

To the question about sexually abusing a child, the client indicated that, "No one has ever blamed me." The client also stated that, "I have never been blamed. I have never sexually touched a kid."

The client admitted the following inappropriate sexual behaviors:

- Purposely exposing his genitals in a public place
- Masturbating in public
- Calling phone-sex lines
- Using pornography excessively

The client stated that he has engaged in the following antisocial or non-sexual inappropriate behaviors:

- Getting arrested or going to jail
- Beating up people
- Quitting school
- Having tantrums
- Exposing his genitals to others

#### **Arrests and Convictions:**

The client reported 1 investigation or arrest for a sexual crime, and 0 investigations or arrests for non-sexual crimes. He reported being sent to jail 1 time, being sent to juvenile hall 0 times.

## THE AASI QUESTIONNAIRE FOR INTELLECTUALLY DISABLED MEN

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### ITEMS of CONCERN or REQUIRING FOLLOW-UP

Listed below are item responses that may be of concern. All the information within this report is based on the client's self-report. All responses need to be interpreted in the context of the client's overall situation, and compared with other sources of information available to the evaluator/therapist. The relevant items should be followed-up with more detailed questioning.

The client reported NEVER or only SOMETIMES being able to stop engaging in the following behaviors:

NONE

The client reported having used THREATS or FORCE during the following behaviors:

NONE

In addition, the client endorsed his FRIENDS being involved in the following ANTISOCIAL behaviors, and there is a chance that he may also have engaged in these:

- Drinking alcohol
- Using street drugs
- Stealing stuff
- Robbing people
- Quitting school
- Having tantrum