

# Position Paper

## **The Use of Polygraph Testing in Monitoring Child Sex Offenders**



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## About the Authors

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# About Bravehearts Inc.

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*Our **Mission** of Bravehearts is to prevent child sexual assault in our society.*

*Our **Vision** is to make Australia as the safest place in the world to raise a child.*

*Our **Guiding Principles** are to, at all times, tenaciously pursue our Mission without fear, favour or compromise and to continually ensure that the best interests, human rights and protection of the child are placed before all other considerations.*

*Our **Guiding Values** are to, at all times, do all things to serve our Mission with uncompromising integrity, respect, energy and empathy ensuring fairness, justice, and hope for all children and those who protect them.*

Bravehearts has been actively contributing to the provision of child sexual assault services throughout the nation since 1997. As the first and largest registered charity specifically and holistically dedicated to addressing this issue in Australia, Bravehearts exists to protect Australian children against sexual harm. All activities fall under 'The 3 Piers' to Prevention; Educate, Empower, Protect – Solid foundations to make Australia the safest place in the world to raise a child. Our activities include but are not limited to:

## **EDUCATE**

- ◆ Early childhood (aged 3-8) 'Ditto's Keep Safe Adventure' primary and pre-school based personal safety programs including cyber-safety.
- ◆ Personal Safety Programs for older children & young people (CyberEcho and ProjectYou!) and specific programs aimed at protecting Indigenous children.

## **EMPOWER**

- ◆ Community awareness raising campaigns including general media comment and specific campaigns such as our annual national White Balloon Day.
- ◆ Tiered child sexual assault awareness, support and response training and risk management policy and procedure training and services for all sectors in the community.
- ◆ Specialist advocacy support services for survivors and victims of child sexual assault and their families including a specialist supported child sexual assault 1800 crisis line.
- ◆ Specialist child sexual assault counselling is available to all children, adults and their non-offending family support.
- ◆ Specialist intervention programs for adolescents (12-17) who have or are at risk of engaging in harmful sexual behaviour.

## **PROTECT**

- ◆ Policy and legislative reform including collaboration with State Government departments, as well as non-government sector agencies.



# Abstract

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There is much anxiety across the country regarding the release of convicted child sex offenders into the community. Given the far-reaching emotional, psychological and spiritual impacts incurred by victims, the effects on their lives and the lives of those with whom they interact, including society at large, are not only lasting, but deep and painful.

Limitations and concerns around rehabilitation and monitoring practices are abundant. As outlined in our Position Paper on *The Management and Treatment of Child Sex Offenders* (2006), Bravehearts supports enhanced and strengthened approaches to supervising offenders in the community. It is our position that we need to utilise a battery of tools in order to decrease the likelihood of a child sex offender reoffending. An important emphasis in this proposal was the inclusion of not only psychological testing, but also psychophysiological tests, including polygraphy.

This Position Paper outlines our specific recommendations for the inclusion of polygraph testing in the supervision of child sex offenders.

Based on the experience of overseas usage of polygraphs in the community supervision setting, Bravehearts advocates for:

- That a trial be put in place, guided by current practice in International jurisdictions.
- The introduction of polygraph testing as part of a battery of assessment and monitoring tools for child sex offenders in Australia.
- Well-trained examiners should facilitate polygraphs to ensure accurate testing is facilitated.
- Bravehearts recommends polygraph examinations should be regulated and independently evaluated.

It is our position that one of the best deterrents for child sex offenders is the risk of being caught. Polygraphs should not be viewed as a punitive tool, but a valuable preventative incentive to assist offenders and those supervising them, to manager their behaviours, and reduce likelihood of reoffending.

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An easy mistake to make when monitoring and assessing individuals who have committed sexual offences, particularly when resources are limited and caseloads are high, is to rely on a single source of information. With existing technology and the increased use of actuarial risk assessment tools, it can be tempting to become overly dependent upon a single source of data or assessment tool for decision-making. The danger in doing this can be understood if consideration is given to the range of factors that are associated with increased recidivism among sex offenders. These include, among others:

- Negative mood
- Substance abuse
- Lack of support
- Sexual pre-occupation
- Non-compliance with supervision plans
- Conflicts in relationships
- Deviant sexual interests
- Pro-offending thoughts
- Anti-social orientation
- Access to victims
- Poor self-regulation

Accurate risk assessment is crucial in making decisions about a sex offender's level of risk to the public. However, there is no fool-proof method of assessing offending risk. No single instrument or data source in and of itself should be used to make critical decisions that impact on the safety and protection of the community. This caution is perhaps best understood when considering some of the limitations of common data sources and techniques used in the assessment of child sex offenders.

- **Clinical risk assessment** involves a judgment by a forensic psychologist or psychiatrist concerning the risk a specific offender poses. This type of assessment involves interviews and/or observation of the offender, using developed tools or checklists. All known information about the offender's personality and behaviour and the details of the crime itself are considered. The risk factors used in clinical assessment are different for each person assessed and can change over time; including various aspects of a person's mental health, personality, behaviour, personal history and social skills. Studies, however, indicate that clinicians often come to different conclusions after assessing the same individual. Such findings question the notion of clinical 'expertise' in dangerousness prediction, suggesting that the assessment process is arbitrary, and that the fate of an offender is dependant on who conducts the assessment.
- **Actuarial risk assessment tools** focus primarily on static (unchangeable) factors that influence recidivism. Several studies have found that the static risk factor with the strongest influence on general recidivism (all types of criminal offences) is prior contact with the criminal justice or mental health

systems. When an offender is assessed using an actuarial tool, their particular characteristics are inventoried and level of risk is determined by the extent to which the individual possesses various risk factors associated with recidivism. The information considered in the assessment process typically includes the offender's education level, employment status, known or suspected mental disabilities, in addition to the individual's criminal history. While these tools generally provide better results than unstructured clinical judgements, the predictive accuracy of these tools is far from perfect. Hanson & Morton-Bourgon (2007) suggest that these tools are only moderately successful in predicting recidivism because they cannot realistically include all relevant risk factors for sexually abusive individuals.

- **Physiological assessments** can provide an independent and objective means for collecting useful assessment information that is not reliant on an offender's statement. These include penile plethysmograph and polygraph testing. The plethysmograph is not discussed in this paper. Our belief is that its focus is best suited as an objective measure of sexual interest rather than as an aid to the supervision of offenders. The polygraph tends to be associated with disclosures of information that may not be provided by self-report alone. Although there have been questions about its reliability and validity, including the potential for some individuals to use countermeasures to control some of the physiological responses that are measured, the polygraph is increasingly becoming a valuable tool in the treatment and post-release supervision of offenders, with research suggesting it is an highly effective management tool.

Combining a range of methods provides the most comprehensive analysis of offender's risk and results in a broad assessment spanning a range of factors from personal traits to environmental contexts (Centre for Sex Offender Management, 2007). More effective treatment plans can be designed when clinicians are aware of the offender's past and present behaviours, thus, interventions that promote honest disclosure have high clinical value (Levenson, 2009).

While both actuarial risk assessment tools (such as the SONAR [Sex Offender Needs Assessment Rating] and RRASOR [Rapid Risk Assessment for Sexual Offence Recidivism]) and clinical judgement are commonly used in the Australian context, the polygraph is not utilised. In the US, polygraphy is used within many sex offender treatment programs and in from a quarter to a third of probationary management services (Meijer, Verschuere, Merckelbach, & Crombez, 2008; Levenson, 2009; Nelson, 2012). Since 2012, the polygraph has also been made mandatory for high-risk sex offenders in the UK (Madsen and Addison, 2013). In both the US and the UK, the polygraph is used as an additional tool that is embedded within a broader risk management framework. This paper will explore the experience of International justice agencies use of the polygraph to inform assessment, treatment and monitoring of risk.

The polygraph is a device that has been around since the early 20<sup>th</sup> century, popularly known as a lie detector, despite that fact that these tools do not detect lies, but rather measure physiological responses believed to be associated with deception.

The polygraph has enjoyed increasing popularity, particularly in the United States. While the polygraph has been featured as an entertainment tool in popular media to ascertain if guests are being truthful to their partners, friends or family, it has been utilised in pre-employment screening and law enforcement.

In the context of sex offending, the types of polygraph testing used include:

**Instant Offence Disclosure** - This format is used to determine whether the original crime was actually committed by the alleged offender.

**Sexual History Disclosure** - Appropriate treatment can only be successful if the offender's complete sexual history is disclosed to the treating psychologist. This format is used to verify whether the offender has withheld pertinent information from his/her background.

**Monitoring Testing** - An important aspect of the monitoring and supervision of released offenders is to verify that the offender has not committed new sexual offences.

**Maintenance Testing** - This format is used to determine any issue related to parole, probation or therapy of specific interest to the psychologist or parole/probation officer. Some typical uses for this exam would be to determine whether the offender has been in contact with children in violation of parole/probation guidelines, has viewed pornography, has had any contact with a previous victim, or is "grooming" anyone as a new potential victim. (Council of Sex Offender Treatment, undated).

Polygraphs are perhaps the most controversial tool in law enforcement. It has been argued that there is no real consensus that polygraph evidence is reliable, with the scientific community polarised on the matter. However, both the reliability and validity of polygraph methodology have continued to improve over the past couple of decades, which has enhanced their accuracy and validity.





# The Polygraph and Offender Management

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It is argued in this paper that post-conviction child sex offender polygraph tests could make a substantial contribution to managing the significant risk that these offenders present to the public.

Post conviction polygraphy has in recent years been put forward as a valuable treatment and supervision tool with sex offenders, when used in this context, the polygraph has the potential to overcome limitations in current supervision practices, as well as generally improving the assessment and treatment of sex offenders. Its use internationally in such a capacity has increased markedly over the last decade, particularly in the United States. This expansion is likely to continue as professional organisations and leading sex offender practitioners endorse its utility.

Supporters of polygraph testing argue that it provides invaluable information on (Gannon, Beech & Ward, 2007I; Gannon, Beech & Ward, 2008):

- a) Past/historical offences or high-risk behaviours (e.g. number of victims, types of behaviours etc.) more truthfully than information attained through self-reports;
- b) Psychological traits implicit in high-risk offenders; and
- c) Truthful disclosures about risky behaviours, thoughts and actions.

The polygraph has become an important tool in treatment and supervision of child sex offenders because it is argued to provide independent information about compliance with release conditions and progress in therapeutic programs. Most sex offenders would be reluctant to disclose that they had experienced risky thoughts or had engaged in high-risk behaviour in the community. The potential for polygraphy to reduce offenders not fully disclosing or minimising their behaviour is one of its main advantages.

Polygraph testing as part of a supervision order may help keep the child sex offender out of prison and support them in receiving effective treatment and reintegrating themselves back into the community while reducing the level of risk they pose. As such, the polygraph test has the potential to contribute significantly to the more reliable assessment of the individual offender, increasing the accuracy of identifying those who pose an unacceptable risk to the community. Levenson (2009) and Grubin (2009) argues whilst polygraph testing is effective in uncovering prior deviant behaviour, it can also uncover reliable data regarding current deviant behaviour that could be useful in the assessment and development of a treatment plan. Moreover, Levenson (2009) argues those responsible for the development of treatment plans are at a disadvantage when attempting to assess risk without an accurate past history of the offender. The principles of risk, needs and responsibility are taken into account when addressing the offender's sexual risk, and communication is encouraged via the 'triangle' of offender, examiner and treatment provider to respond to issues of risk.

In the United States polygraph tests are utilised in parole and probation across the country (Levenson, 2009) as a tool for post-release monitoring and aftercare. In addition, polygraph testing is required or provided for through State sex offender treatment standards and/or legislation in a number of states. Combined with criminal justice supervision and sex offence-specific treatment, polygraph tests are making a substantial contribution to managing the significant risk that sex offenders present to the public (Cooley-Towell, Pasini-Hill and Patrick, 2000).

The use of the post-release polygraph is becoming an invaluable tool in the management and treatment of sex offenders. The purpose of the polygraph examination, in this sense, is to verify the perpetrator's completeness regarding offence history and compliance with therapeutic directives and terms of supervision. Thus, when the polygraph is used as a treatment tool it increases the accountability of an offender living in the community. Grubin (2009, p.145) argues polygraph examinations encourage "big increases in the self-disclosures regarding past number and types of victims, types of offences, age of onset of sexually deviant behaviours and engagement in high risk behaviours". Taking this information into consideration, the usefulness of the polygraph in sex offender therapy cannot be underestimated when considering that sex offenders are known to justify and minimise the effects of their behaviour, or perceive that their sexual contact is socially acceptable (Meijer et al., 2008).

A study by Cook, Barkley and Anderson (2014) compared the recidivism rates of polygraphed and non-polygraphed offenders, and found, although there was no significant difference in recidivism rates, individuals who were polygraphed reoffended significantly less violently than those not polygraphed.

A 2006 study by Grubin and Madsen interviewed 114 sex offenders who were mandated to take biannual polygraph tests about their experiences. Results showed 67% of offenders claimed the polygraph examination was helpful in their treatment, whilst 64% of offenders found the polygraph was useful in avoiding potential risky behaviours. Moreover, 44% of offenders maintained the polygraph examination enabled them to be more truthful with their probation officers and treatment providers (Grubin and Madsen, 2006; Cook, Barkley and Anderson, 2014). These results suggest the polygraph examination provides therapeutic value in the treatment and management of sex offenders. Kokish, Levenson and Blasingame (2005) also completed a similar study, finding out of 95 sex offenders who were mandated to participate in periodic polygraph tests, 72% participants reported it helped them to avoid risky behaviour. Additionally, a survey given to polygraphed offenders on probation claims the polygraph was able to accurately detect truth-telling in (92%) and deception (82%) in the 405 tests given (Grubin, 2009). Whilst these reports are self-reported, there is no way to validate the offender's claims, however probation officers claim the polygraph is 'hugely beneficial' to 'assessment and intervention'.



# Are Polygraphs Reliable?

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## What do Polygraphs Measure?

Despite its usage, the term 'lie detector' is misleading. Polygraph instruments do not analyse truthfulness, but rather they measure changes in a range of physiological responses in the bodies autonomic system, including heart rate, respiration rate and electrodermal changes that indicate deception and may be useful as a 'truth facilitator' (Grubin, 2002).

When an individual is being deceptive, this increases their anxiety levels resulting in an increase in autonomic system arousal (heart rate, breathing etc.). Critics argue that these physiological responses do not translate into proof of lying (Cross & Saxe, 1993) and may in fact be a result of being accused of deception or in the case of child sex offenders, merely by being asked questions about sexual thoughts or behaviours with a child. It may therefore be that increased physiological arousal may be a result of anxiety, nervousness, excitement or sexual arousal and not deception.

In order to overcome these potential 'misinterpretations', it is crucial that external conditions are normalised and the examiner is highly experienced in conducting and interpreting polygraph tests. For example, questions must be specific and narrowly-focused, the environment where the polygraph is conducted must be a neutral place, the examinee must not feel pressured or stressed and the examinee must believe in the efficiency of the polygraph test. These conditions are likely to increase the likelihood of detecting deception.

## Is the Polygraph Appropriate to Use with Sex Offenders?

Critics of polygraph testing argue that while enthusiasm to utilise these tests in the monitoring and supervision of sex offenders is understandable, research evidence demonstrating its value in these settings is questionable. It is suggested that studies are complicated by methodological problems such as small research groups, retrospective methodologies, lack of comparison groups and social desirability biases. In spite of these issues, many of the claims of proponents of polygraph testing are valid and appear consistent with theories from social psychology fields.

Concerns expressed by researchers and clinicians in respect to the appropriateness of the polygraph for use with sex offenders:

- Many sex offenders have personality disorders, which may mean that they do not experience anxiety when they lie.
- Sex offenders often engage in cognitive distortions and rationalise their thoughts and behaviours, which may affect their reactions to the polygraph.
- Because they engage in patterns of lying and manipulation, sex offenders may be desensitised to anxiety as a response to lying.
- Sex offenders often come to believe their lies and distortions about risky thoughts and behaviours as truth.

Proponents of polygraphs argue that opponents criticise the polygraph based on its use in substantiating sexual assault allegations, while they support the use of polygraph in other circumstances. Proponents argue that the polygraph is most useful as a condition of supervised release for known sex offenders or as part of an offender's treatment program.

In particular this paper puts polygraph testing forward as a means of:

- a) Bringing a supervisor's attention to potentially high-risk thoughts, behaviours and actions that may have otherwise gone undetected; and
- b) Acting as a deterrent for child sex offenders tempted to engage in high-risk thoughts, behaviours and direct actions.

Over the past number of years, the criminal justice system has witnessed a steady increase in the use of polygraph testing in adult offenders in the US, aimed at deterring re-offending behaviours and verifying compliance with supervision conditions.

Research has reported positive findings in both of these areas.

In one study of 122 sex offenders who received polygraphs as part of a supervision program, 36% disclosed high-risk behaviour through the polygraph examination (English, Jones, Pasini-Hill, Patrick & Cooley-Towell, 2000). Other studies have found that sex offenders have disclosed a number of high-risk behaviours, including 57% of offenders reporting stalking behaviours (Gannon, Beech & Ward, 2007).

The usefulness of polygraph tests as a deterrent for child sex offenders depends inherently on the offender's belief that the test will reveal any deceptions and that the 'costs' of being caught and judged deceptive are undesirable. If offenders are not going to maintain a belief in its accuracy, the value of the polygraph as a deterrent and as an aid in offender rehabilitation would greatly diminish.

**Van Aperen (2002) cites results from a study by Abrams and Ogard in the US that found that only 28% of offenders, who were not subjected to polygraphs as part of their supervision, did not re-offend and successfully completed their probation, whereas 68% of offenders who were subjected to polygraphs as part of their supervision did not re-offend and successfully completed their probation.**

This finding suggests offenders that do complete polygraph examinations were more likely to complete their probation successfully.

A similar study was conducted in 2007 by McGrath, Cumming, Hoke, and Bonn-Miller, comparing a total of 208 male sex offenders. The group was then split in half, with both groups completing the same treatment, but only half (104) taking polygraph examinations. Results show offender who did not undergo polygraph tests were 11.5% likely to commit a new non-sexual offence, compared to 2.9% in the polygraphed group.

A study on fifty adult male sex offenders (Grubin, Madsen, Parsons, Sosnowski & Warberg, 2004) found that all but one offender reported that knowing they were to face a polygraph was a deterrent from re-offending and approximately 25% said the polygraph test increased their resistance to high-risk behaviours. The results of this study also suggested that the utilisation of polygraphs as a tool in offender supervision “reduced not only the frequency of high-risk behaviour, but also its severity”.

In a 2005 survey of sex offenders, 72% stated that facing a polygraph had been of benefit to them (Kokish, Levenson & Blasingame, 2005) and 64% of offenders in a study by Grubin and Madsen (2006) stated the polygraph test was useful in assisting them to avoid engaging in risky behaviours.

Grubin (2002) also found that probation officers reported new disclosures, relevant to treatment and supervision, by offenders on supervision orders in 70% of polygraph tests conducted. About 15% of these were considered high-risk disclosures (specific breaches of release or re-offending). Marshall and Thomas (2015) found probation officers in England reported the polygraph increased the odds of an offender making a disclosure relevant to his treatment and supervision 14 times greater than an offender who had not been polygraphed.

Grubin (2002) concluded:

“Thus, polygraphy can contribute substantially to treatment programs, as well as assisting offenders to avoid the sorts of behaviours that increase their risk of re-offending. It encourages offenders to disclose information that is relevant to treatment and supervision. Determination of the reliability and validity of the technique itself is of less pertinence than when it is used in investigative settings, but the empirical base for its use in treatment and supervision nevertheless needs improving. Although a small study, our results suggest that the most effective use of the polygraph may be as a ‘truth facilitator’ rather than a lie detector. It can bring worrying behaviours to the attention of supervisors and treatment providers, allowing effective intervention and additional treatment before offending occurs”.

The use of polygraphs in sex offender management provides a less intensive and less costly method. Electronic monitoring of sex offenders only provides information about the offender’s location, failing to record information about their behaviour at the location (Madsen & Addison, 2013; Madsen & Wilcox, 2009). Round-the-clock monitoring of sex offenders is not feasible, hence the introduction of polygraph testing could provide an elegant solution to this difficult position. Problematic behaviour is more likely to be uncovered when utilising the polygraph (Marshall & Thomas, 2015).

## Are Polygraphs Accurate?

One of the problems in discussing accuracy figures and the differences between statistics quoted by proponents and opponents of the polygraph is the way the figures are interpreted. At the risk of over-simplification, critics often classify inconclusive results as errors. In the real-life setting, an inconclusive result simply means that the examiner is unable to read a definite result. In such cases, examiners usually conduct a second test at a later date to get a definite result.

Whether or not the use of polygraphs elicit truthfulness is often questioned by opponents. Polygraphs have certainly been successfully used to gain information from sex offenders that has not otherwise been disclosed. Research on convicted child sex offenders suggests that responses to questions on the offender's personal history were impacted on when polygraph testing was introduced. A study by Hindman and Peters (2001) supports this, concluding that adult sex offenders not subjected to polygraph testing were more likely to minimise their criminal history and overstate their own histories of victimisation. However, it is important to recognise in some cases offenders could be granted offence immunity, which could elicit increased risk-related disclosures (Gannon, Beech & Ward, 2008). Further research could attempt to understand the relationship between disclosure and immunity.

Importantly, both Madsen and Wilcox (2009) and Marshall and Thomas (2015) suggest the accuracy of polygraphs is especially important when used in criminal investigations, but the accuracy of polygraphs in a post-conviction context can be less strict, as its use in this context focusses on the utility of eliciting disclosure of information. Additionally, Gannon, Wood, Pina, Tyler, Barnoux and Vasquez (2014) found knowledge of an imminent polygraph test appears to elicit clinically relevant disclosures.

Opponents of the polygraph have suggested there is no theory which establishes the relationships between physiological changes of the body and deception, rendering the polygraph invalid (Ben-Shakhar, 2008), whilst also arguing the polygraph is an invasion of privacy. Furthermore Ben-Shakhar (2008) suggests physiological responsivity to the questions may be affected by many factors, including the fear of being falsely deemed to be deceptive. Thus, during the examination, innocent suspects could be worried and fearful about the consequences of such an error, which could show as deception on a polygraph test (Cross & Saxe, 1993).

Individuals with limited cognitive capabilities, such as children, individuals with impaired intelligence, mental illnesses or anxiety disorders might not be suitable to undertake a polygraph examination, given their inability to comprehend and respond to questions correctly in some instances. Although, a study by Jensen, Shafer, Roby and Roby (2015) examined the differences between polygraphed juvenile and adult offenders, and results showed that these two groups do not differ significantly. Juvenile offenders were not any more or less likely to pass their polygraph examinations, given their inherent developmental differences. In addition, "[i]t is also important to consider that individuals with personality disorders are particularly

vulnerable to making a false confession – which is a concern given the high prevalence of personality disorders amongst sex offenders” (Grubin 2009, p.159).

The concept of the ‘bogus-pipeline’ has been discussed when measuring the accuracy of polygraph examinations, and is defined as “a tactic which deceives someone into believing that through the use of some sort of instrumentation, the examiner can see the true feelings of the participant” (Cook, 2011, p.82). Those individuals that believe it works, tend to provide more honest information than those individuals who are sceptical of the polygraphs ability to detect deception (Cook, 2011).

Consequently, it has been argued the use of polygraphs in a post-conviction context is not a ‘test’ per se, but a treatment tool that can be utilised in conjunction with other sex offender management techniques. Meijer (et al., 2008) argues the polygraph examination is similar to urine testing in the treatment of drug addicts, objectively determining if the offender’s reports are truthful. However, opponents suggest polygraph examinations require far more interpretation than drug test results, and if false accusations are made toward the offender, it could be highly damaging to the therapeutic relationship.

A study on the post-conviction utility of polygraph testing, involving 176 sex offenders in the US, concluded an approximate accuracy rate of 85% (Grubin & Madsen, 2006). Other reviews of studies into the accuracy and reliability of polygraphs indicated between 96% and 98% of tests correctly identified deception. The test-retest reliability of real cases (field studies) averaged around 92% with the reliability of mock cases (laboratory studies) averaged around 81% (English, Jones, Pasini-Hill, Patrick & Cooley-Towell, 2000).

Levenson (2009) found the reported accuracy of polygraphs is comparable to that of MRI’s, CT scans and ultrasounds. Polygraphs also show a higher diagnostic accuracy than the Diagnostic Statistical Manual of Mental Disorders (DSM-5). Hence, these results indicate the polygraph has the same general accuracy as many medical and psychological instruments.

### **Implications of False Negatives and False Positives**

Certainly the wider scientific community continues to be divided about the accuracy of polygraph technology, however this is balanced by the acknowledgment of improved technology. Polygraph errors may be caused by the examiner’s failure to properly prepare the examinee for the examination or by a misreading of the physiological data from the polygraph chart. Errors are usually referred to as either false positives or false negatives. A false negative is where someone who is guilty ‘passes’ the polygraph and is considered to be innocent. Just as the guilt can be deemed innocent, the innocent can be deemed guilty (fail a polygraph).

Countermeasures may be used by guilty suspects in an attempt to pass the polygraph examination, and this is achieved through physical means (biting one’s

tongue) and/or mental means (regulating the mind to think about something else whilst answering the questions or calling to mind a frightening event) (Ben-Shakhar, 2008). As individuals can learn how to deceive the test and a high level of faith is placed on the accuracy of the polygraph examination, a 'no deception indicated' or 'pass' would lead to false positives. Subsequently, the offenders deemed to be truthful would be unlikely to be further examined or monitored (Ben-Shakhar, 2008).

The true accuracy of polygraph testing is difficult to ascertain as polygraphs are often utilised in cases where other evidence is insubstantial or not evident, making it difficult to validate findings. Even proponents acknowledge that polygraph are not infallible and errors do occur. However, research suggests that these errors are quite low. Kokish, Levenson and Blasingame (2005) found that 22 out of the 333 tests conducted on sex offenders in a community-based treatment program resulted in false indications of deception (false negative) and only 11 out of the 333 tests resulted in false indications of truthfulness (false positives).

Ultimately, the success of polygraphs rests on the ability, skills and vigilance of supervising professionals who must take informed decisions to appropriately manage the risk posed by sexual offenders (Gannon et al. 2014). The APA (American Polygraph Association) recognises post-conviction sex offender testing (PCSOT) is inherently different to traditional investigative polygraph examinations, and as such, the APA has implemented certification requirements for members of the APA who wish to conduct PCSOT (Cook, 2011).

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Unfortunately concerns about the polygraph can distract criminal justice professionals from a fundamental issue in sex offender management: the need for complete information to (a) determine the level of risk to the public and (b) ensure adequate supervision management plans are in place. The expectation that the sex offender will be honest and forthright, as a condition of community supervision, can often be lost in debates about polygraphy. Complete information is only available from the offender. As discussed in this paper, no methodology is 100% accurate. Those who work with sex offenders are increasingly becoming aware of the importance of utilising a range of tests in assessing risk levels. Being truthful in treatment and supervision is key to this process.

Bravehearts supports the introduction of polygraphs in the monitoring and supervision of released child sex offenders. It is our position that post-release polygraph testing of child sex offenders will assist in the supervision of child sex offenders in the community, deter child sex offenders from participating in risky behaviours and motivate offenders to be truthful and honest about their behaviours, possible relapses and high risk conduct.

We believe that the polygraph shows the most promise and utility in this area, where child sex offenders may need extra incentive to disclose high-risk situations and behaviours to their community corrections officers.

## On polygraph testing of child sex offenders

- Bravehearts recommends that a trial be put in place, guided by current practice in International jurisdictions.
- Bravehearts advocates for the introduction of polygraph testing as part of a battery of assessment and monitoring tools for child sex offenders in Australia.
- Well-trained examiners should facilitate polygraphs to ensure accurate testing is facilitated.
- Bravehearts recommends polygraph examinations should be regulated and independently evaluated.

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