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An Evaluation of Mandatory Polygraph Testing for Sexual Offenders in the UK

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Abstract

Objective: This research examined whether a government-initiated pilot project of mandatory polygraph testing would increase the disclosures made by community-supervised sexual offenders in the UK. **Method:** The Offender Managers of 332 pilot polygraph sexual offenders and 303 sexual offenders who were receiving usual community supervision were telephoned quarterly, over a 21 month period, to collect information about numbers of clinically relevant disclosures, the seriousness of disclosures made, and actions taken as a result of disclosures. Perceptions of polygraph usefulness were also collected. **Results:** Offender Managers in the pilot polygraph group—compared to comparison Offender Managers—reported (1) a higher proportion of offenders making at least one disclosure (i.e., 76.5% versus 51.2% respectively), and (2) that their offenders made more total disclosures overall (Ms = 2.60 versus 1.25 respectively). The majority of disclosures made by sexual offenders in the polygraph group were associated with the polygraph session itself. Polygraph Offender Managers reported being more likely to take an action that involved increasing supervision, informing a third party, informing MAPPA, changing supervision focus, or issuing a warning to the offender. However, the relative seriousness of disclosures did not appear to differ across groups. In terms of polygraph test results, one third of offenders (most notably those who were higher in risk) failed their first test with 'Deception Indicated'. This outcome—received on a first test—was most likely to elicit clinically relevant disclosures. Offender Managers described the polygraph as aiding supervision strategies. **Conclusions:** This research and its associated caveats are discussed.

An Evaluation of Mandatory Polygraph Testing for Sexual Offenders in the UK

The polygraph is a device designed to measure the physiological arousal hypothesized to arise from deception (i.e., respiration, cardiovascular, and sweat responses; Gannon, Beech, & Ward, 2008). These physiological responses are then used to assess the probable truthfulness of statements made by an individual (Grubin, 2005; Madsen, Parsens, & Grubin, 2004). In the USA, the polygraph is widely accepted both as an investigative tool to determine guilt or innocence (Vrij, 2000; Wilcox & Madsen, 2009) and post-conviction as a treatment and supervision aid for sexual offenders (i.e., post conviction polygraph testing; English, Jones, Pasini-Hill, Patrick, & Cooley-Towell, 2000; Grubin, 2003; McGrath, Cumming, Hoke, & Bonn-Miller, 2007). In their review of North American sexual offender treatment programs, McGrath, Cumming, Burchard, Zeoli, and Ellerby, (2010) found that just under 80% of US community programs and more than half of US residential programs incorporated polygraph use. Various polygraph tests exist, which are used for different purposes. For the corroboration of treatment/supervision compliance, however, maintenance tests are used (i.e., questions that specifically test compliance with parole/license conditions; McGrath et al., 2010).

Various US studies have examined whether sexual offenders being supervised in the community disclose risky circumstances or impending risk when polygraph tested (English et al., 2000; McGrath et al., 2007) or are deterred from engaging in risky behaviors because they are to undergo a polygraph test (Abrams, 1991; Abrams & Simmons, 2000) The results from these studies appear to support the use of the polygraph as a useful tool for truth facilitation (see Gannon et al., 2008, for details). However, key restrictions in research design have generally limited any meaningful conclusions. For example, English et al. (2000) reported that when sexual offenders in the community (n = 122) received maintenance polygraph testing, over one third (36%) revealed having engaged in risky behaviors such as

using pornography, masturbating to inappropriate sexual fantasies, or making indecent phone calls. These results allowed no firm conclusions to be drawn, however, about the polygraph since no comparison group was employed. Further, the majority of remaining US studies examining the polygraph in treatment or community supervision contexts have also failed to employ comparison groups (Ahlmeyer, Heil, McKee, & English, 2000; Emerick & Dutton, 1993; English, Jones, Patrick, & Pasini-Hill, 2003; Heil, Ahlmeyer, & Simons, 2003).

One prominent exception to this is research reported by McGrath et al. (2007). In this study, male sexual offenders being community supervised and treated who received maintenance polygraph testing were matched on static risk, prison sex offender treatment completion, and date of community release with a group of male sexual offenders receiving similar community treatment and supervision in the absence of polygraph testing. The groups also scored similarly on the VASOR violence scale (a measure of violence history). A novel aspect of this study was that the authors examined the sexual and non-sexual recidivism rates of both groups over a 5-year period to see if polygraph testing was associated with reductions in offending behavior. McGrath et al. reported that, over the 230 polygraph tests conducted (which amounted to a mean of one test per offender every 22.2 months), polygraphed offenders revealed having engaged in numerous risky behaviors (e.g., having contact with children, viewing pornography, or using intoxicants) many of which (i.e., between 60 to 80%) appeared to have been new revelations. Despite this, McGrath et al. were unable to find any meaningful sexual recidivism differences across the groups over the five-year period. They did, however, report a statistically significant reduction in violent offending over this period (i.e., polygraph group 2.9% versus comparison group 11.5 %). McGrath et al. argue that, in this context, polygraphy might be best understood as one of many available ‘sanctions’ that fails to change behavior per se. However, at least two other key possibilities exist. First, research shows that sexual offenders are most likely to re-offend non-sexually

(Hanson & Morton-Bourgon, 2005) suggesting that the most prominent behavior change detected following polygraphy might be changes in non-sexual offending. Second, although a comparison group was employed for the purposes of recidivism analysis, disclosure information was not collected from this group. In other words, it is unclear whether offenders under usual supervision conditions would have disclosed similar amounts of risk-related information. If so, this may have indicated that the polygraph was not exerting the intended effect, which casts doubt on whether recidivism differences should—in fact—be expected across the groups. The authors themselves acknowledge that polygraphy did not occur as frequently (i.e., once every 6 months) as recommended by professional guidelines. Consequently, it is unclear whether this aspect undermined the relative effectiveness of the polygraph in this context.

In the UK, a cautionary approach to polygraph testing with sexual offenders has been taken (British Psychological Society, 2004; Gannon, Beech, & Ward, 2008) and fewer polygraph research opportunities have been available due to the lack of legislation allowing polygraph use. As a result, the few UK studies that have been conducted have examined voluntary polygraph testing (Grubin, 2006, 2010; Grubin, Madsen, Parsons, Sosnowski, & Warberg, 2004; Madsen, Parsons, & Grubin, 2004). In 2004, for example, Grubin et al. reported some preliminary and encouraging findings from a Home Office supported voluntary polygraph pilot conducted with a small group of sexual offenders from three English probation areas. In this study, sexual offenders (n = 50) were allocated either to a Polygraph Aware group (i.e., told that they would receive a polygraph in 3 months time) or a Polygraph Unaware group (i.e., told they would receive a ‘behavior review’). When offenders from both groups were tested, surprisingly, the majority (78%) failed their test and high levels of risk behavior in the community were disclosed (M = 2.45 risky behaviors per offender). Because of this, both groups were warned that they should expect to receive

another polygraph test in six months and previous group allocation was discarded. Upon retesting, most offenders passed the polygraph test (71%) and when offenders disclosed problematic behavior, it was found that this had generally already been discussed with appropriate professionals. However, due to the voluntary nature of this study, significant participant attrition meant that less than half of the original sample (n = 21) received testing at this stage.

On the basis of these results, the National Offender Management Service (NOMS) commissioned a more sizable voluntary polygraph pilot conducted across ten English probation areas (Grubin, 2006; 2010). Most importantly, a group of offenders who received supervision as usual and were not polygraph tested were used to form a baseline comparison group. The Offender Managers of both polygraph and comparison offenders were asked to record any new information disclosed by their offender(s) as well as the impact of the disclosure(s) for supervision, treatment, and risk on a pre-prepared 'capture' form. Polygraph Offender Managers were asked to complete capture forms following polygraph testing while comparison Offender Managers were asked to complete the forms in relation to regular supervision that had occurred some months previously. 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. Nevertheless, there were several limitations in the research design that prevented firm conclusions being drawn from this voluntary pilot. First, the voluntary nature of the pilot meant that it was unclear whether offenders less motivated to undergo polygraph testing would have disclosed to a similar extent. Second, the offenders selected as comparisons were not matched adequately on ethnicity, previous sexual offenses, or index offense. Third, Offender Managers were requested to complete and return disclosure

capture forms, which resulted in poor data return figures (e.g., disclosure forms were unavailable for around 50% of polygraph offenders). Fourth, time at risk—that is, the time available to make disclosures in the community was not accounted for in this initial pilot. In other words, it is possible that the polygraphed offenders may have had more time in the community in which to make disclosures. Finally, the time points at which disclosures were collected was not controlled for, meaning that some Offender Managers were reporting on disclosures that occurred many months previous.

It is in the context of this previous pilot that compulsory polygraph testing in the UK was introduced for a 'test' period and the associated research reported in this manuscript was commissioned. In brief, in April 2009, NOMS began to pilot compulsory polygraph testing for sexual offenders in eight probation areas across the East and West Midlands. Using legislation introduced into the Offender Management Act (2007), adult offenders over 18 years, sentenced to 1 year or more for a sexual offense and released from custody into one of the designated areas during the pilot period were required to receive polygraph testing as one of their license conditions. It is important to note that the polygraph was used within this pilot as a truth facilitator. In other words, offenders who failed to comply with their polygraph license condition—or who disclosed clear license breaches as a result of, or in anticipation of a polygraph test outcome—could be recalled to custody as a possible consequence. However, offenders could not be recalled to prison on the basis of test results alone.

The research described in this manuscript reports on the outcomes of this first pilot of compulsory polygraph testing in the UK. In particular, we aimed to extend and improve upon Grubin's previous UK work by ensuring that offender groups were more adequately matched and through collecting disclosure information from polygraph and comparison Offender Managers (1) via telephone in order to increase response rates, and (2) at matched time points. We also recorded time at risk in the community for both groups. The overall aim of

the research was to assess whether compulsory polygraph testing would substantially aid standard sexual offender supervision practice in the UK context. In light of this, we set out to record only those disclosures deemed by supervising Offender Managers to be relevant to (i.e. made a difference to) the risk, management, supervision, or treatment of offenders (i.e., Clinically Relevant Disclosures; CRDs). Eight main questions were examined: (1) Does polygraph test outcome vary as a function of test experience? (2) Does the polygraph increase total numbers of CRDs and if so by how much and under what conditions? (3) Does the polygraph increase the probability that an offender will make a CRD? (4) Do particular offender characteristics (e.g., risk, offense type, treatment experience) affect the impact of the polygraph on CRDs? (5) How does polygraph test experience and test outcome affect CRDs? (6) Does the polygraph affect the seriousness of CRDs made? (7) Does the polygraph affect the actions taken by Offender Managers following CRDs? And (8) How useful do Offender Managers perceive the polygraph to be in their supervision of offenders?

Method

Design

This research was quasi-experimental since participants were not selected at random. Potential participants were selected according to their probation area. Individuals released from prison into a pilot polygraph probation area (i.e., one of eight East or West Midlands areas) who experienced their first polygraph test following 31st March 2010 were eligible for research inclusion (i.e., as a polygraph group member). While polygraph testing for these individuals was mandatory by law, research participation was made voluntary for these offenders using ‘opt out’ measures. These procedures and the research in its entirety was ethically evaluated and approved by the [BLINDED] ethical review board. Seven comparison areas from the North of England were selected by Ministry of Justice analysts to form a

comparison group. Areas were selected to match polygraph areas closely on rural/urban composition, key demographics, risk (as measured by the Risk Matrix 2000), and offender caseload statistics. Individuals released from prison into these areas following April 1, 2010 were eligible for research inclusion as a comparison group member.

Participants

A total of 367 individuals were initially eligible for research inclusion in the polygraph group. However, 12 opted out of the research[1], and we were unable to establish contact regarding two potential participants. A further 21 potential participants were unsuitable for study inclusion (e.g., due to relocation outside a polygraph probation area). Thus, 332 participants remained in the polygraph group. In total, 351 individuals initially met eligibility for research inclusion in the comparison group. However, 30 potential participants opted out of the research, and we were unable to establish contact regarding two potential participants. A further 16 were unsuitable for study inclusion. Thus, 303 participants remained in the comparison group. As shown in Table 1, the polygraph and comparison groups did not differ statistically on age, sentence length, previous number of sexual offenses, offense type, RM2000 category, ethnicity, or gender. However, polygraphed offenders had spent a significantly longer period of time 'at risk' in the community ($M = 343$ Days, $SD = 171$ versus $M = 272$ Days, $SD = 140$ respectively), $t(625) = 5.68$, $p < .001$, $d = .45$. This is important since this meant that the polygraph group had been under supervision for longer, which could have allowed for a higher exposure to risk and a higher number of CRDs to be made.

Polygraph Testing Procedure

As noted earlier, mandatory polygraph testing for sexual offenders in England began operating in April 2009 following new legislation introduced under the Offender

[1] All Offender Managers were asked to discuss the study with their offender(s) and to let the researchers know if any offender opted out of the research.

Management Act, 2007. Within this legislation, polygraph testing became compulsory—as an additional license condition—for individuals serving one year or more for a sexual offense and released into any of the eight East and West Midland Probation Areas during the pilot period. Four polygraph examiners who were trained in Post Conviction Sex Offender Testing monitored and quality assured by Behavioral Measures (Dallas, USA) conducted the polygraph tests associated with this research. The tests conducted were maintenance tests designed, in collaboration with Offender Managers, to test each offender's compliance with aspects of their supervision/license. The outcome of the polygraph test suggested either that the offender was being truthful (No Deception Indicated; NDI), or untruthful (Deception Indicated; DI). In a smaller number of cases (see Table 2), the polygraph test outcome was either Invalid (i.e., perhaps due to offender movement or suspected use of counter-measures), or Inconclusive (i.e., the polygraph charts appeared ambiguous). The polygraph session comprised three main parts: the pre-polygraph interview (in which offenders were provided with an opportunity to disclose/explain any license breeches pre-test), the polygraph test itself (in which, offenders were directly questioned about their license compliance), and the post polygraph meeting (in which offenders discussed, and clarified if necessary, the outcome of their polygraph test results). The outcome of a polygraph session in its entirety was summarized by the polygrapher in a report and copied to the supervising Offender Manager.

A first polygraph test was typically scheduled and undertaken within the first three months of an offender being released from prison. Within the polygraph session, offenders might make a disclosure pre-test, within the test itself, or immediately post test to clarify a probable or actual test outcome. Under the National Offender Management Act Legislation (2007), test outcome itself (i.e., a DI result) could not be used to recall an offender to prison. Disclosed breaches, like any other supervision breach, would be further investigated/monitored following action by the Offender Manager and could be subject to

enforcement action (e.g., recall to prison) being taken by the supervising Offender Manager depending on the seriousness of the breach. If, however, the polygraph test outcome indicated DI and the offender made no disclosure, an increase in supervision vigilance or change in supervision focus was typically made. Polygraph re-tests were scheduled according to test outcome. For those who received a NDI outcome, re-testing was generally scheduled at six months. For those who received a DI outcome, this time period was reduced to three months. Inconclusive or invalid test outcomes, on the other hand, resulted in a re-test being arranged as soon as possible within a three-month deadline. In between polygraph testing, offenders experienced the regular Offender Manager supervision received by the comparison group (i.e., scheduled face to face appointments or what we term 'regular supervision') and any scheduled treatment that they were receiving (in no particular set order).

We were contracted to evaluate the mandatory pilot partway through its implementation. Consequently, the results reported in this manuscript refer only to offenders who received a polygraph test after March 31st, 2010. Data was collected until 21 December, 2011. Within this period, 606 tests in total were successfully completed.

Data Collection and Measures

Data collection occurred via quarterly phone calls made to each supervising Offender Manager (i.e., of polygraph and control offenders) to enquire about CRDs via a Disclosure Capture Form designed by MOJ analysts and amended and refined by the research team (see Appendix). The form recorded number of CRDs made by an offender as reported by their Offender Manager. Offender Managers in the polygraph group were asked to state whether each disclosure had been made within a polygraph testing session (i.e., before, during, or immediately post polygraph test) or within regular supervision sessions. Comparison Offender Managers were asked about CRDs in regular supervision. For Offender Managers of both polygraph and comparison offenders, if a disclosure had been made during regular

supervision, they were asked to indicate what triggered this disclosure (e.g., was the disclosure spontaneous or as a result of third party information? See Appendix for other categories). Offender Managers were asked to rate the seriousness of one or more CRD(s) made during one discrete time-point (i.e., either a polygraph or supervision session). To illustrate, if an offender disclosed two CRDs during supervision (e.g., associating with known sexual offenders and making contact with children) then Offender Managers rated the overall session—rather than each separate CRD—according to seriousness (i.e., low, medium, high, very high, and reduced risk). Offender Managers were also asked to indicate the action(s) that they had taken as a result of the session disclosure(s) (e.g., increased assessment of risk, change of supervision focus, warning issued to the offender; see Appendix for other categories of action). Each disclosure was recorded as falling into one of four overall categories according to content: Thoughts, Feelings, and Attitudes (e.g., abusive fantasies), Sexual Behavior (e.g., use of pornography), Historical Information (e.g., admitting a previously unknown offense) or Changes of Circumstance/ Risky Behaviors (i.e., increased contact with children). Using the telephone method to capture CRDs elicited an excellent response rate from Offender Managers across both groups (> 99%; cf. Grubin, 2006; 2010).

Procedure

Offender Managers responsible for the supervision of each participant were telephoned by the researchers to obtain any demographic and / or offense-related data required as well as disclosure information. Polygraph offenders' demographic information was generally collected via a polygraph referral form completed by the individual who referred the offender for polygraph testing. For comparison offenders, this same demographic information was obtained during the first telephone contact with their Offender Manager. The first telephone contact made to a participant's Offender Manager by the research team was prompted either through receiving the offender's first polygraph test results (for the

polygraph group) or through notification of an offender's release into a comparison probation area (for the comparison group). During initial telephone contact, Offender Managers were asked to provide information about disclosures made since the individual's release from prison. After this initial contact, Offender Managers were called at three monthly intervals to collect further disclosure data using the same format. Finally, polygraph Offender Managers were asked to report on their perceptions of polygraph testing via four questions which were administered after each polygraph test: (1) How helpful have you found the polygraph in your management of the offender we have called about today (1 = not at all helpful, 7 = completely helpful), (2) How helpful do you think the polygraph is for managing offenders generally? (1 = not at all helpful, 7 = completely helpful), (3) Was the test outcome itself useful? (Yes, No), and (4) How was the test outcome useful? (open-ended response). Phone call data collection ran from April 1, 2010 to December 21, 2011.

Results

Polygraph Test Outcomes

The results of polygraph testing for first, second, and third tests are shown in Table 2 according to offender risk. Overall, this table indicates that the majority of tests conducted resulted in a NDI result. And, the percentage of tests classified as DI appear to decrease as experience of polygraph testing (indicated via test number) increases. When examining first test results according to risk level a significant association was detected between test result and risk, χ^2 (6, N = 310) = 17.55, p = .007. More specifically, higher risk offenders (i.e., those of medium, high or very high risk) 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, χ^2 (6, N = 178) = 1.41, p = .97 and χ^2 (6, N = 76) = 6.12, p = .41, for second and third test respectively.

Numbers of CRDs

The total numbers of CRDs made for the polygraph and comparison groups respectively were 864 and 378 with some participants making multiple CRDs. When examining disclosure category (i.e., Thoughts, Feelings, and Attitudes, Sexual Behavior, Historical Information, Changes of Circumstance/ Risky Behaviors) and group (i.e., polygraph or comparison), a significant association was detected, χ^2 (3, N = 1219) = 66.48 , p < .0001. As shown in Table 3, the majority of CRDs made across both groups related to Changes of Circumstance/ Risky Behaviors (e.g., increased access to children, contact with others who had sexually offended). However, participants who had experienced polygraph testing made more Sexual Behavior CRDs and fewer Thoughts, Feelings, and Attitudes and Historical Information CRDs. These results are unsurprising since polygraph testing was being conducted to examine license condition adherence and any possible inappropriate sexual behavior. Consequently, the majority of CRDs were associated with day-to-day increases in risk as opposed to general reflections on offending or life history (i.e., Thoughts, Feelings, and Attitudes or Historical Information).

Table 4 shows the mean numbers of total CRDs made according to context and group membership. An ANCOVA including the covariate ‘Time At Risk’ revealed that polygraph offenders made significantly more total CRDs—on average—than comparison offenders (Ms = 2.60 versus 1.25 respectively), F(1,624) = 33.73, p < .001, η_p^2 = .05. These results show

that polygraphed offenders make more total CRDs even after controlling for length of time 'At Risk'.

Polygraph Session

Table 4 shows that the majority of CRDs made by polygraph offenders are reported to occur at some point during the polygraph session (M = 1.49). Furthermore, the majority of these disclosures (M = 0.96) occur in the pre-polygraph interview immediately prior to the polygraph test. These results suggest that knowledge of an impending polygraph test facilitates CRDs.

Regular Supervision

Table 4 shows that the mean numbers of CRDs made in regular supervision could not be statistically differentiated across the polygraph and comparison groups (Ms = 1.07 versus 1.25 respectively), $t(633) = 1.35$, $p = .17$. Thus, although a small amount of CRDs made in regular supervision were deemed to be polygraph-related by the Offender Manager—that is, resulted from knowledge of a forthcoming polygraph test or discussion of a previous test outcome—the polygraph did not appear to significantly alter the rate of CRDs made in regular supervision.

Proportion of CRDs

The results reported above suggest that the polygraph increases total number of CRDs. However, it is possible that only a small proportion of polygraph offenders are making substantially higher numbers of CRDs, and that these individuals are inflating the overall group CRD mean. Thus, we examined the proportion of offenders from each group who had made at least one CRD since custody release. In total, 76.5% (n = 254) of the polygraph group offenders and 51.2% (n = 155) of the comparison group offenders had made at least one CRD since custody release. These proportions were significantly different, χ^2 (1,

N = 635) = 44.41, p < .001. The odds of making at least one CRD in the polygraph group was calculated as being 3.1 times greater than for the comparison group (CI = 2.2, 4.4). Readers should note, however, that few offenders in the sample had experienced more than two tests.

CRDs: Risk and Offense Type

So far, the results suggest that polygraph offenders are more likely to make CRDs relative to the comparison offenders. However, it is possible that factors such as risk, and offense type affect the relative impact of the polygraph on CRDs. To examine the relationship between the polygraph and risk we first conducted a 2 x 3 (Group [polygraph, comparison] x Risk [low, medium, high/very high[2]]) between groups ANOVA on CRDs. This highlighted both a main effect of group, $F(1, 568) = 34.42$, $p < .001$, $\eta_p^2 = .06$, and risk, $F(2, 568) = 8.09$, $p < .001$, $\eta_p^2 = .03$. However, there was no significant group x risk interaction, $F(2, 568) = 5.48$, $p = .43$, $\eta_p^2 = .003$. These results suggest that the polygraph's effects on CRDs appear to be stable across various risk categories of offender.

Next, to examine the relationship between polygraph testing and offense type we conducted a 2 x 4 (Group [polygraph, comparison] x Overall Offense Type [child, adult, mixed, pornography/Internet]) between groups ANOVA on CRDs. While the main effect of group was significant, $F(1, 627) = 16.68$, $p < .001$, $\eta_p^2 = .03$, neither the main effect of offense type, nor the group x offense type interaction was significant ($Fs < 1$). Thus, offense type does not appear to exert any influence on CRDs either as a sole variable or in combination with the polygraph.

CRDs: Test Experience/Test Outcome

[2] Due to the small number of offenders with a 'very high' RM2000 score, we created one overall group of high and very high RM2000 offenders.

A total of 66 offenders had attended three successful polygraph tests and had CRD data collected from their Offender Manager. Table 5 shows the mean numbers of CRDs made according to number of tests received and test outcome. First, we examined the overall effect of test number (i.e., one, two or three) on CRDs using a one-way repeated measures ANOVA. However, although CRDs appear to decline a little according to test experience (see Table 5), this decline was not statistically significant $F(2, 70) = 1.14$, $p = .33$. Next, we examined the effect of test outcome (i.e., NDI, DI, or INC) on CRDs at each individual test. Here, we found that, during a first polygraph test, significantly higher numbers of CRDs were associated with receiving a DI test outcome compared with a NDI ($p = .001$) or INC outcome ($p = .04$). There appeared to be no significant effect of test outcome (i.e., receiving a NDI, DI or INC test result) on numbers of CRDs made at the 2nd and 3rd test.

Seriousness of CRDs

Overall, polygraph offenders made CRDs in 572 sessions and comparison offenders made CRDs in 320 sessions. The seriousness assigned to sessions where CRDs were made did appear to differ between the polygraph and comparison groups $\chi^2 (4, N = 892) = 15.03$, $p < .005$ when all ratings were examined. However, a selected examination showed that CRD seriousness ratings of low, medium, high, and very high were similar across groups $\chi^2 (3, N = 892) = 7.48$, $p = .06$. Thus, the overall difference across the groups may have been driven by the lower proportion of polygraph offenders who were judged to have made CRDs that reduced their risk relative to controls (3.1% versus 7.2%).

Actions Taken Following CRDs

A total of 1,120 actions were reported as a result of CRD sessions for polygraph offenders and 611 for comparison offenders. A greater number of actions would be expected

given that polygraph offenders made CRDs in many more sessions than the comparison offenders (i.e., 572 versus 320 sessions respectively). Therefore, in order to examine whether action type differed across the groups we compared the proportion of polygraph versus comparison Offender Managers who reported taking at least one action from the list specified in Table 6. More polygraph Offender Managers, compared to comparison Offender Managers, reported taking at least one action that involved increasing supervision/controls, informing MAPPA, informing a third party, changing supervision focus, and issuing a warning to the offender. The number of polygraph Offender Managers who took at least one action of recommending recall did not differ significantly from that of comparison Offender Managers. However, analysis of actual recalls made during the project illustrated that 70 polygraph offenders were recalled to custody compared with 42 comparison offenders. Offender Managers reported that just under one third of polygraph recalls (31.4%; n = 22) were attributable to the effects of the polygraph.

Offender Managers' Perceptions of Polygraph Testing

Following each polygraph test, perceptions of polygraph usefulness (on a scale from 0; Not at all helpful to 7; Completely helpful) were collected from each Offender Manager in the polygraph group (see Table 7). Throughout all stages of testing, Offender Managers—on average—reported finding the polygraph helpful in their management of offenders generally as well as individual cases. These perceptions appeared to remain relatively stable as Offender Managers experienced more tests (i.e., through Tests 1, 2, 3 and 4). When asked to focus on usefulness of the polygraph test result for supervising their individual offender, the majority of Offender Managers (i.e., > 80%)—across all tests—reported that the test outcome was useful. When asked to specify exactly how the test outcome was useful, the most popular response provided by Offender Managers—across all tests—was that the polygraph gave

confidence that the offender was sticking to license conditions followed by the polygraph discloses risk and/or makes it easier to challenge risk.

Discussion

This research was commissioned to investigate a trial of UK compulsory polygraph testing for sexual offenders released into the community on license. As such, there were certain practical constraints regarding research design that should be considered when examining key findings. First, the study was quasi-experimental and did not involve random assignment of offenders into groups. Consequently, although we are confident that key variables are not playing a confounding role (e.g., static risk), it is more difficult to rule out the effects of any possible unidentified confounding variables (e.g., dynamic risk; see McGrath et al., 2007). Second, the comparison group of offenders—ideally—should have been asked to attend six monthly interview sessions that matched the approximate timings of polygraph sessions. This would have controlled for the additional 'disclosure' polygraph session received by the polygraph offenders. Despite these caveats, however, our findings — taken as a whole — indicate possible benefits that compulsory polygraph testing may provide current UK community supervision strategies.

Overall, in terms of examining whether test outcome varied as a result of polygraph experience (i.e., our first question), polygraph test outcome data showed that offenders were most likely to pass their first polygraph text (i.e., 50.6% received an NDI result). However, some offenders (28.6%) failed their first polygraph test with a DI result. This suggests that just under a third of the polygraphed offenders — prior to their first test — failed to reveal information relevant to their supervision, treatment, or risk management. Our results also highlight that higher risk offenders (i.e., medium, high, and very high risk) were more likely to receive a DI first test compared to low risk offenders. However, the percentage of DI results decreased across the first two tests for offenders as they experienced more polygraph

testing. This suggests that their knowledge of polygraph testing may have increased compliance with license requirements. These findings fit with previous research indicating that DI outcomes lessen with test experience (Grubin et al., 2004). Of course, an alternative explanation for this decrease might be that offenders simply learn how to 'beat' the polygraph test. However, there were seemingly no increases in the percentages of 'Inconclusive' or 'Invalid' test outcomes that one might expect if offenders were operating in this manner.

Our second and third questions related to whether the polygraph would increase total numbers of CRDs (and if so, which contextual factors would increase CRD numbers) as well as whether the polygraph would increase the proportion of offenders making at least one CRD. Our research showed that polygraphed offenders made significantly more total CRDs than comparison offenders under usual supervision procedures (Ms = 2.6 versus 1.25 respectively). These CRDs tended to relate to changes of circumstance or risk associated with, for example, increased access to children, license breeches, and associating with other known offenders. Importantly, this difference in total CRDs occurred in the context of both groups being statistically similar on age, sentence length, previous number of sexual offenses, offense type, RM2000 category, ethnicity, or gender and when the difference in time at risk in the community was controlled for in the analysis. Interestingly, polygraph offenders made statistically similar levels of CRDs throughout usual supervision to that of the comparison group (Ms = 1.07 versus 1.25 respectively) and only a very small proportion of polygraph offenders' supervision disclosures were deemed to be polygraph-related by their Offender Managers. However, more than one half of the polygraph group's total overall CRDs were made in the polygraph session itself (M = 1.49) and the vast majority of these (i.e., 64.4%) occurred in the pre-polygraph interview.

When we examined the proportion of offenders from each group who had made at least one CRD since release from custody, we calculated that the odds of a polygraph offender making at least one CRD since custody release was three times higher than that of the comparison offenders. Taken as a whole, these results both extend and support Grubin's (2006, 2010) previous findings in relation to voluntary UK polygraph testing. In Grubin's study, the reported odds of polygraph offenders making at least one disclosure relevant to their subsequent treatment, supervision, or risk assessment was 14 times greater than comparison offenders. Our findings indicate that the odds of polygraph offenders making at least one CRD disclosure are meaningful but much smaller in magnitude than that reported by Grubin (2006, 2010). We suggest that the alleviation of key confounds associated with Grubin's earlier voluntary research has revealed a more realistic picture of the polygraph's capabilities as a CRD facilitator. Our analysis of total CRDs across the two groups extends previous community supervision research in both the UK and the USA in relation to polygraph testing (i.e., Grubin, 2006, 2010; Grubin et al., 2004; McGrath et al., 2007). Our research shows that the number of CRDs made by offenders under supervision in the community doubles when they are required to comply with polygraph testing. Previous studies have either failed to calculate the total number of disclosures for analysis (e.g., Grubin, 2006, 2010) or have not had access to comparative control group information for comparison purposes (McGrath et al., 2007). Not only does our research highlight the relative volume of CRDs made by polygraphed offenders but it also pinpoints — more accurately than previous research — exactly when such disclosures are made. In short, although offenders who received polygraph testing could make disclosures at any time during routine supervision or the polygraph session itself, our research shows that disclosures were most likely to occur at some point in the polygraph session and often these disclosures occurred immediately prior to polygraph testing. This suggests that mere knowledge of an imminent

polygraph test appears to elicit CRDs. This finding also suggests that had we been able to ask the comparison group to attend interview sessions that matched the timings of the polygraph sessions, the polygraph would still have elicited superior levels of CRDs.

In line with our fourth question, we examined whether factors such as risk, and overall offense type affected the relative impact of the polygraph on CRDs. The results suggested that, at least in this sample, the polygraph's effects on CRDs were stable across various risk and offense types. Examination of the relative impact of such factors on polygraph-related CRDs in the community has not been undertaken within the UK context previously and US studies lack adequate comparison groups with which to make satisfactory comparisons (McGrath et al., 2007). Consequently, our findings represent a step forward in this area and suggest, encouragingly, that the polygraph may be beneficial as a truth facilitation tool across all offender types.

In line with our fifth question, we examined the effect of test outcome (i.e., NDI, DI, or inconclusive) on CRDs according to test number. Here, we found that, during a first polygraph test, significantly higher numbers of CRDs were associated with receiving a DI test outcome compared with a NDI or inconclusive outcome. This effect appeared to dissipate on subsequent tests, however, where offenders received fewer DI results. To our knowledge, this particular question has not been adequately studied in community settings either in the UK or the US. Although we only had a small number of individuals in our sample who had experienced multiple successful polygraph tests (n = 66), our results suggest that it is the first test — which elicits higher numbers of DI results — and is most likely to facilitate CRDs. These results appear to support and extend Grubin et al.,'s (2004) previous work examining voluntary polygraphy in the UK. From these results, it is possible to tentatively conclude that an initial polygraph experience may be important for initiating either more compliance with license conditions and or more honest discussion with supervising Offender Managers.

Our sixth and seventh questions related to whether the polygraph affected the seriousness of CRDs made or the actions taken by Offender Managers. Interestingly, similarly to Grubin (2010) we found no evidence to suggest that the polygraph affected seriousness of CRDs (i.e., low, medium, high, and very high ratings); although we did find increased proportions of Offender Managers in the comparison group, relative to the polygraph group, who were more likely to rate disclosures as having 'reduced risk'. This suggests that, although the polygraph increases the number of disclosures made and the proportion of offenders making a disclosure, it is not generally eliciting disclosures that are more serious in nature. In terms of the actions taken following a CRD, we found that polygraph Offender Managers were more likely to take an action that involved increasing supervision/controls, informing MAPPA, informing a third party, changing supervision focus, and issuing a warning to the offender. Of course, it is possible that the Offender Managers of polygraph offenders were over cautious in their actions following a CRD since they were acutely aware of the polygraph pilot and of its importance in eliciting CRDs. However, it is also possible that polygraph offender managers were simply acting on a somewhat more accurate and complete picture of risk relative to comparison Offender Managers. Polygraphed offenders certainly received more recalls to prison than the comparison offenders during the pilot research (70 versus 42). And, since a recall to prison is related to an Offender Manager's significant concerns regarding risk of harm, this suggests that Offender Managers may have been more vigilant as a result of the polygraph. Whether this was as a result of simply being told that they were involved in the pilot, or as a direct result of the test outcomes, however, is a little less clear.

Most important, perhaps, were our findings in relation to our eighth question which examined Offender Managers' own view of the polygraph and its overall usefulness. The majority of Offender Managers reported finding the polygraph helpful in their supervision of

offenders. Most significant, perhaps, was the fact that they felt that the test outcome was helpful since it disclosed risk and/or provided them with confidence in the offenders' honesty. They also highlight an often-neglected aspect of polygraphy. That is, that it may be used to support Offender Manager's confidence in their offender's self-reported behavior.

Overall, these findings add to the pre-existing body of research advocating the practical utility of the polygraph as a post-conviction tool (e.g., English et al., 2000; English et al., 2003; Grubin, 2006; 2010). However, there are several limitations associated with this research that should be borne in mind when appraising the overall results. First, this study did not include large numbers of offenders who had offended against both adults and children or who had unusual victim types (e.g., mentally impaired adults). Consequently, this limits the conclusions that may be drawn regarding the effects of polygraph testing with these particular subgroups. Second, although a relatively large amount of data was available on CRDs overall, only a small number of polygraph offenders had received multiple tests and had CRD data collected. Consequently, this limited the amount of data available with which to draw conclusions about the effects of test experience on CRDs. Third, the findings relied almost exclusively on Offender Managers reporting CRD numbers to the research team via telephone. It is possible that Offender Managers in the polygraph group—either consciously or unconsciously—experienced more motivation to provide large numbers of CRDs to the research team since they were highly aware of the overall study aims and possible implications (i.e., that a successful pilot would result in possible future mandatory use across the UK). Furthermore, as with all self-report research, the quality of information provided by Offender Managers varied across individuals with some Offender Managers having to be repeatedly prompted regarding the definition of a CRD. Finally, this study did not specifically examine whether polygraph-related disclosures indicate behavioral changes signaling imminent reoffending (cf. McGrath et al., 2007) and neither did it set out to

examine any potential association of polygraph-facilitated CRDs with recidivism. Clearly this is an area that requires prioritization for future research since the disclosure of thoughts, feelings, and circumstances relating to risk may not necessarily translate into sexual offense perpetration.

As research professionals we have a duty to ensure that research results with potential high societal impact do not become over interpreted or generalized. Our results suggest that polygraphed sexual offenders in the community make more disclosures that are helpful in their management and supervision. However, clearly, polygraph testing requires much more intensive longitudinal research evaluation before we can be certain of both its benefits and risks. For example, at present we know little of the likely effects of polygraph testing on long-term recidivism, use of counter measures, the therapeutic relationship, or of the effects of false confessions within this context (see Grubin, 2008). Furthermore, the success of polygraph implementation rests largely on the skills and vigilance of supervision professionals who must take appropriate action on the basis of information brought about by polygraphy. Consequently, we invite researchers to continue investigating this important issue on the basis of these results and to remain cautiously optimistic in their interpretation of our findings.

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Table 1

Demographic and Offense Characteristics of Polygraph and Comparison Groups

Variable	Group		p	Effect Size
	Polygraph (n = 332)	Comparison (n = 303)		
	Mean (SD)	Mean (SD)		d
Age (Years)	42.9 (14.46)	42.8 (16.21)	.97	.007
Sentence Length (Months)	66.0 (60.3)	56.5 (39.3)[a]	.11	.19
Previous Number of Sexual Offenses	.34 (.90)	.48 (2.12)	.29	.09
Time 'At Risk' (Days)	343 (171)	272 (140)	<.001	.45
Overall Offense Type[b]	% (n)	% (n)		Cramer's V
Child	67.5 (224)	66.3 (201)	.83	.04
Adult	18.4 (61)	20.1 (61)		
Mixed	5.1 (17)	5.9 (18)		
Pornography	9 (30)	7.6 (23)		
RM2000				
Low	31.3 (104)	30.4 (92)[c]	.70	.05
Medium	35.5 (118)	27.1 (82)		
High	25.0 (83)	21.5 (65)		
Very High	5.1 (17)	4.3 (13)		
Ethnicity				φ
White/British Ethnic Group	91.3 (303)	94.7 (286)	.17	.06
Black Minority Ethnic Group	8.7 (29)	.5.3 (17)		
Gender				
Male	99.7 (331)	99.0 (300)	.35	.04
Female	.3 (1)	1.0 (3)		

[a] Sentence length was unavailable for one polygraph individual. Two polygraph and one comparison individual had Indeterminate Public Protection sentences. [b] Overall offense type refers to the participant's offense history as a whole. Here, 'Child' refers to participants who hold contact offenses against children, 'Adult' refers to those who only hold contact offenses against adults, 'Mixed' refers to those who hold both contact offenses against children and adults, and 'Pornography' refers to those who hold only

non-contact offenses on record (i.e., Internet offenses). [c]RM2000 scores were unavailable for 10 polygraph and 51 comparison individuals either because they had not been administered (polygraph n = 7; comparison n = 34) or the Offender Manager did not know the RM2000 score (polygraph n = 3; comparison n = 17)

Table 2

Polygraph Test Outcomes According to Test Number and Risk Category

Test[a] Outcome	First Test				Second Test				Third[d] Test			
	Low % (n)	Med % (n)	High/ Very High[b] % (n)	Total[c] % (n)	Low % (n)	Med % (n)	High/ Very High % (n)	Total % (n)	Low % (n)	Med % (n)	High/ Very High % (n)	Total % (n)
NDI	60.0 (60)	59.0 (66)	38.8 (38)	50.6 (168)	68.4 (39)	63.2 (13)	66.0 (35)	60.6 (120)	74.0 (17)	56.3 (18)	47.6 (10)	53.6 (45)
DI	20.0 (20)	30.4 (34)	35.7 (35)	28.6 (95)	21.1 (12)	19.1 (13)	20.8 (11)	18.2 (36)	13.0 (3)	21.9 (7)	38.1 (8)	9.6 (19)
Inconclusive	13.0 (13)	8.9 (10)	19.4 (19)	12.7 (42)	7.0 (4)	11.8 (8)	9.4 (5)	9.6 (19)	8.7 (2)	18.7 (6)	14.3 (3)	14.3 (12)
Invalid	7.0 (7)	1.7 (2)	6.1 (6)	4.5 (15)	3.5 (2)	5.9 (4)	3.8 (2)	4.0 (8)	4.3 (1)	3.1 (1)	0	2.4 (2)

Note. NDI = No Deception Indicated, DI = Deception Indicated.

[a] 'Test outcome' excludes individuals who may have had a scheduled test but who did not complete that test for some reason (e.g., the test was cancelled). [b] Due to the small number of offenders with a 'very high' RM2000 score, we created one overall group of high and very high RM2000 offenders. [c] Total % (n) includes individuals for whom no risk information was available and so will reflect cumulative risk % (n). [d] This column holds extremely small numbers of participants and should not be used to draw any firm conclusions. Furthermore, because of the small numbers of offenders who received a fourth (n = 26) or fifth test (n = 3) we have not presented these figures here.

Table 3

Total Numbers of CRDs Subdivided by Classification

CRD Category	Polygraph (n = 332) % (n)	Comparison (n = 303) % (n)	p	Cramer's V
Thoughts, Feelings and Attitudes (e.g., Abusive fantasies and desires)	9.0 (78)	15.6 (58)	<.0001	.23
Sexual Behavior (e.g., Use of pornography)	15.5 (131)	5.9 (22)		
Historical Information (e.g., Admitting unknown offense)	2.7 (23)	11.3 (43)		
Changes of Circumstance/ Risky Behavior (e.g., Increased access to children)	72.6 (614)	67.2 (250)		
Total Number of CRDs [a]	846	373		

[a] Total numbers of CRDs do not add up to the overall totals of 864 and 378 because 18 polygraph and 5 comparison CRDs could not be assigned to a category due to limited information provided by the Offender Managers that we were unable to verify.

Table 4

Mean Number of Total CRDs According to Context

Disclosure Context	Polygraph (n = 332)	Comparison (n = 303)	p	Cohen's d
	M	M		
Polygraph CRDs Overall	1.49 (SD = 1.99)	N/A		
Pre-Polygraph Interview	.96	--		
Polygraph Test	.21	--		
Post-Polygraph meeting	.31	--		
Regular Supervision CRDs Overall[a]	1.07 (SD = 1.47)	1.25 (SD = 1.92)	.17	.11
Perceived as Pre-Polygraph related	.03	--		
Perceived as Post-Polygraph related	.11	--		
Perceived as Unrelated to Polygraph	.92	--		
Total Disclosures per Offender	2.60 (SD = 2.80)	1.25 (SD = 1.91)	< .001	.56

Note. The total figures for Polygraph and Regular Supervision CRDs Overall have been rounded up. [a] During regular supervision, Offender Managers of polygraphed offenders were asked to comment on whether or not the CRD appeared to be related to a previous or forthcoming polygraph test.

Table 5

Mean Number of CRDs as a result of Polygraph Test Number and Test Outcome (n = 66)

Polygraph Test	Test Result				Bonferonni Corrected Tests
	DI	NDI	Inconclusive	Invalid[a]	
1	Mean (Range) 1.57 (0-8) n = 30	Mean (Range) .17 (0-1) n = 24	Mean (Range) .30 (0-2) n = 10	Mean (Range) 5.5 (0-11) n = 2	DI – NDI [p = .001] DI – Inc [p = .04] NDI – Inc [p = ns]
2	1.00 (0-5) n = 19	.47 (0-5) n = 32	1.25 (0-10) n = 12	.67 (0-1) n = 3	DI – NDI [p = ns] DI – Inc [p = ns] NDI – Inc [p = ns]
3	.86 (0-3) n = 14	.32 (0-3) n = 41	.44 (0-2) n = 9	1.00 (0-2) n = 2	DI – NDI [p = ns] DI – Inc [p = ns] NDI – Inc [p = ns]

[a] This column contains extremely small numbers and so is not included for analysis.

Table 6

Percentage of Offender Managers Who Take at Least One Action within the Following Categories as a Result of CRDs

Action Taken	Polygraph (n = 332)	Comparison (n = 303)	p [a]	φ
	% (n)	% (n)		
Decreased Risk Assessment	2.4 (8)	1.3 (4)	.39	.04
Increased Risk Assessment	9.3 (31)	5.6 (17)	1.0	.07
Decreased Supervision/Controls	0	1.3 (4)	--	-- [b]
Increased Supervision/Controls	18.1 (60)	11.9 (36)	.04	.09
Informed MAPPA	17.5 (58)	8.6 (26)	.001	.13
Informed 3rd Party (e.g., Police)	59.9 (199)	38.3 (116)	<.001	.22
Changed Focus of Treatment	9.0 (30)	11.2 (34)	.43	.04
Changed Focus of Supervision	58.7 (195)	33.3 (101)	<.001	.25
Warning Issued to Offender	17.2 (57)	7.3 (22)	<.001	.15
Recommended Recall	6.9 (23)	3.6 (11)	.08	.07
Other (e.g., Worked on case with other OM)	9.3 (31)	9.6 (29)	1.0	.004

[a] Based on separate 2 x 2 tests. Thus, p values between .02 and .05 should be viewed cautiously. [b] Expected frequency count too low for statistical calculation.

Table 7

Offender Managers' Perceptions of the Polygraph (n = 307[a])

	1st Test (n = 307)	2nd Test (n = 168)	3rd Test (n = 72)	4th Test (n = 13)
Helpfulness for Managing Offenders Generally (1-7[b])				
Mean	6.18	6.11	6.15	6.15
Range	(1-7)	(3-7)	(2-7)	(1-7)
Helpfulness for Managing Offenders Individually (1-7)				
Mean	5.61	5.84	5.78	6.23
Range	(1-7)	(1-7)	(3-7)	(4-7)
Test Outcome Useful % (n)[c]				
Yes	86.9 (265)	85.6 (143)	83.3 (60)	92.3 (12)
No	13.1 (40)	13.8 (23)	16.7 (12)	7.7 (1)
How is Outcome Useful?[d] % (n)				
	27.5 (73)	31.5 (45)	35.0 (21)	25.0 (3)
Discloses Risk/Easier to Challenge Risk	41.1 (109)	46.2 (66)	53.3 (32)	58.3 (7)
Gives Confidence Offender is Sticking to Conditions	6.8 (18)	4.9 (7)	0	0
Discloses Risk and Gives Confidence	7.2 (19)	7.7 (11)	6.7 (4)	0
Enables OM to Devise Strategies to Reduce Risk	2.3 (6)	1.4 (2)	1.7 (1)	0
Aids Offender to Talk about Difficult Issues	3.0 (8)	1.4 (2)	0	0
Enabled Recall	11.3 (30)	7.0 (10)	3.3 (2)	1.7 (2)
No Reason Given				

[a] Note, however, that n does not reflect overall participant n since this aspect of data collection was introduced part-way through the research. [b] Where 1 = Not at all helpful and 7 = Completely Helpful. [c] Note, n may differ slightly from overall column n since these questions were introduced later into data collection. [d] Note, that this question invites Offender Managers to make qualitative responses which have then been categorized into the classifications specified below.

Appendix

Example Disclosure Capture Form

OFFENDER DISCLOSURE

PILOT GROUP (1st PHONECALL)

Offender ID		Offender Manager	
Date of most recent supervision session	Click here to enter a date.	Date of next supervision session	Click here to enter a date.

I am going to ask you some questions about disclosures made by your offender. In the first part of this short interview I will ask you about disclosures made in the polygraph session. In the second part I will ask you about disclosures made during supervision or at other times.

PART 1: Polygraph Session Disclosures

1. Think back to the previous polygraph session that your offender had. When we are talking about a polygraph session we mean in the test, the interview directly before the test, and the subsequent meeting directly following the test. Did the offender disclose any new information in the polygraph session that is relevant to their risk, management, supervision or treatment? YES ☐ NO ☐

***Ensure that you have the offender's polygraph report in front of you. If there appears to be any discrepancy between what the offender manager is reporting and what is in front of you ask them to clarify.**

2. How many new disclosures that are relevant to their risk, management, supervision, or treatment did they make? _____

3. Where in the polygraph process did the disclosures relevant to their risk, management, supervision or treatment occur? Please specify for each disclosure made: Interview Directly Prior to Polygraph, In the Polygraph Examination Itself, In the Post Polygraph Interview.

What was the Disclosure? Write out in full	**Where in the Polygraph Session did the Disclosure Occur?**

Use a separate sheet if necessary.

Polygraph Session Disclosures

4. What kind of information did the offender disclose? (tick all that apply)

Thoughts, feelings and attitudes ☐ (e.g., abusive fantasies and desires, sexual preference for children, other thoughts and feelings relating to risk).	**Sexual behaviour** ☐ (e.g., Sexual behaviour with children/adults, use of print or internet pornography relating to children/adults, other sexual behaviour).
Historical information ☐ (e.g., Admitting a previously unknown offence, offender as prior victim of sexual abuse, other details of sexual history).	**Changes of circumstance/risky behaviour** ☐ (e.g., Change in existing relationship status, new relationship, Increased potential or actual contact with children, Breech of licence condition, Other risky behaviour).

5. What triggered the disclosure? (Tick all that apply) Read Out Options			
Direct questioning during the polygraph session	☐	Spontaneous disclosure (please specify circumstances)	☐
Challenging/discussion following a failed polygraph (deception indicated) or inconclusive result	☐	Other (please specify)	☐

6. In terms of risk levels, using the following definitions, how serious do you think the disclosures made were? (please tick one) Read Out Options

LOW: Indicative of minor elevation of risk, needing monitoring but no further action (e.g. offender reports an argument with their partner)

MEDIUM: Indicative of elevated risk, requiring further investigation, and possible action based on that investigation, but not requiring action by itself (e.g. offender reports accidentally meeting a child relative at a family event, where other adults were present, and no further contact took place)

HIGH: Indicative of elevated risk requiring direct intervention (e.g. offender reports being asked to babysit by a neighbour but refused)

VERY HIGH: Indicative of elevated risk requiring immediate action, including recall (e.g. offender admits contact with victim)

OTHER: For example, the disclosure did not elevate risk levels it decreased risk instead.

LOW ☐	MEDIUM ☐	HIGH ☐	VERY HIGH ☐
OTHER (Please Specify) ☐			

7. What impact (if any) did the disclosed information have on your management of this offender? (i.e. what action did you take as a result of this new information?) Tick all that apply. Read Out Options			
No impact (no changes made to management/supervision/risk assessment/treatment) If YES Answered Here – *Check OM's* Answers on Rest of Form	☐	It led me to increase my assessment of risk	☐
It led me to decrease my assessment of risk	☐	A warning was issued to the offender re a breach in licence conditions	☐
I recommended recall as a result of the information disclosed	☐	I passed the information disclosed onto MAPPA	☐
It changed the focus of /informed treatment (Please specify in what way)	☐	It changed the focus of supervision (Please specify in what way)	☐
It led me to increase supervision/ external controls	☐	It led me to decrease supervision/ external controls	☐
I informed a third party (e.g. offender's family/partner, police, social services – please specify)	☐	Other (please specify)	☐

SUPERVISION/OTHER DISCLOSURES

11. Since the offender's release date, how many supervision sessions has he/she had?

12. During any of these supervision sessions, has the offender disclosed any new information that is relevant to their risk, management, supervision or treatment?
YES ☐ NO ☐

13. How many new disclosures that are relevant to their risk, management, supervision, or treatment did they make? _____

14. Did the disclosures occur at different times?
Please write the exact number of supervision sessions in which the disclosure(s) occurred.

_____

NOTE – If disclosures have been made at different times then questions 15, 16, 17, and 18 need to be completed for each TIME a disclosure/disclosures were made (e.g., each supervision session).

Time 1

Supervision Session Disclosures

15. What kind of information did the offender disclose? (tick all that apply)

Thoughts, feelings and attitudes ☐ (e.g., abusive fantasies and desires, sexual preference for children, other thoughts and feelings relating to risk).	**Sexual behaviour** ☐ (e.g., Sexual behaviour with children/adults, use of print or internet pornography relating to children/adults, other sexual behaviour).
Historical information ☐ (e.g., Admitting a previously unknown offence, offender as prior victim of sexual abuse, other details of sexual history).	**Changes of circumstance/risky behaviour** ☐ (e.g., Change in existing relationship status, new relationship, Increased potential or actual contact with children, Breech of licence condition, Other risky behaviour).

16. What triggered the disclosure? (Tick all that apply)			
A direct question during routine supervision	☐	Spontaneous disclosure (please specify circumstances)	☐
I presented third party evidence to the offender and they disclosed as a result of this	☐	Other (please specify)	☐
Challenging/discussion during supervision following a failed polygraph (deception indicated) or inconclusive result	☐	Forthcoming polygraph session	☐

17. In terms of risk levels, using the following definitions, how serious do you think the disclosures made were? (please tick one) Read Out Options

LOW: Indicative of minor elevation of risk, needing monitoring but no further action (e.g. offender reports an argument with their partner)

MEDIUM: Indicative of elevated risk, requiring further investigation, and possible action based on that investigation, but not requiring action by itself (e.g. offender reports accidentally meeting a child relative at a family event, where other adults were present, and no further contact took place)

HIGH: Indicative of elevated risk requiring direct intervention (e.g. offender reports being asked to babysit by a neighbour but refused)

VERY HIGH: Indicative of elevated risk requiring immediate action, including recall (e.g. offender admits contact with victim)

OTHER: For example, the disclosure did not elevate risk levels it decreased risk instead.			
LOW ☐	MEDIUM ☐	HIGH ☐	VERY HIGH ☐
OTHER (Please Specify) ☐			

18. What impact (if any) did the disclosed information have on your management of this offender? (i.e. what action did you take as a result of this new information?) Tick all that apply. Read Out Options			
No impact (no changes made to management/supervision/risk assessment/treatment) If YES Answered Here – *Check OM's* Answers on Rest of Form	☐	It led me to increase my assessment of risk	☐
It led me to decrease my assessment of risk	☐	A warning was issued to the offender re a breach in licence conditions	☐
I recommended recall as a result of the information disclosed	☐	I passed the information disclosed onto MAPPA	☐
It changed the focus of /informed treatment (Please specify in what way)	☐	It changed the focus of supervision (Please specify in what way)	☐
It led me to increase supervision/ external controls	☐	It led me to decrease supervision/ external controls	☐
I informed a third party (e.g. offender's family/partner, police, social services – please specify)	☐	Other (please specify)	☐

Thank and arrange next contact follow up call