Model Policy for Post-Conviction Domestic Violence Offender Testing

Date August 24, 2024

Table of Contents

1. Model Policy 3
    1.1. Compliance and local authority 3
    1.2. Periodic review. 3
2. Evidence-based approach. 3
    2.1. Face-valid principles 3
    2.2. Evolving evidence 3
3. 3 Post-Conviction Domestic Violence program goals. 3
    3.1. Multidisciplinary Collaboration 3
    3.2. Operational objectives. 4
4. Decision-support. 4
    4.1. Professional judgment. 4
    4.2. Successive hurdles 4
    4.3. Confidentiality and mandatory reporting. 5
5. General principles. 5
    5.1. Rights and dignity of all persons. 5
    5.2. Polygraph examiner as part of the supervision and treatment team. 5
    5.3. Non-interference with ongoing investigations. 5
    5.4. Known and unknown allegations. 5
    5.5. Confirmatory testing. 6
    5.6. Ethical and professional roles. 6
    5.7. Number and length of examinations. 6
    5.8. Examination techniques. 6
6. Operational definitions. 6
7. Examination questions. 7
    7.1. Relevant questions. 7
    7.2. Comparison questions. 8
8. Types of PCDVT examinations 8
    8.1. Instant offense exam 8

8.2. Domestic Violence history examinations....10
8.2.1. Violence history exam....10
8.2.2. Violence history document....11
8.3.Domestic Violence Maintenance examination....12
8.4 Domestic Violence Monitoring examination....14
9. Testing procedures....15
9.1. Case background information....15
9.2. Audio-visual or audio recording....15
9.3. Pretest phase....16
9.4. In-test operations....17
9.5. Test data analysis....18
9.6. Examination report....19
10. Records retention....20
11. Quality assurance....20
12. Examiner qualifications....20
12.1. Specialized training....20
12.2. Continuing education....20

1. Model Policy. This Model Policy is a description of recommended best-practices for polygraph professionals who engage in post-conviction domestic violence testing (PCDVT) activities. It is intended to provide a basis for local programs to develop or update their PCDVT policies and does not address all aspects of PCDVT activities or policy implementation at the local level.

    1.1. Compliance and local authority. Examiners should acquaint themselves with and adhere to all legal and regulatory requirements of their local jurisdictions. In case of conflict between the Model Policy and local requirements, policies or legislation, local procedures should take precedence.

        1.1.1. Compliance with this Model Policy. Examiners whose work varies from the recommendations of this Model Policy should be prepared to provide justification for doing so.

        1.1.2. Compliance with professional standards. Unless prohibited by law, regulation or agency policy, all members of the American Polygraph Association (APA) shall comply with the APA Standards of Practice.

    1.2. Periodic review. This Model Policy will be reviewed and amended periodically in order for it to remain consistent with emerging information from empirical studies and changes in practice.

2. Evidence-based approach. This Model Policy is based on knowledge and principles derived from existing research pertaining to polygraph testing, risk assessment, risk management, and behavioral/mental health treatment of persons convicted of a domestic violence offense. Some elements of this Model Policy are intended to promote reliability and professionalism through the implementation of standardized field practice in the absence of data from empirical studies.

    2.1. Face-valid principles. When an evidence-based approach is not possible, this Model Policy emphasizes face-valid principles pertaining to polygraph testing and related fields of science including psychology, physiology, mental health treatment, risk assessment, signal detection, decision theory, inferential statistics, and predictive analytics.

    2.2. Evolving evidence. In the event that evidence from empirical studies indicates that the practice recommendations of this Model Policy are inconsistent with empirically based evidence, the evidence-based information should prevail.

3. PCDVT program goals. The ultimate goal is to increase public safety. One of the primary goals of all PCDVT activities is to increase the amount of information available to those working with persons convicted of domestically violent offenses in order to add incremental validity to risk assessment, treatment planning and risk management decisions.

    3.1. Multidisciplinary collaboration. Examiners who engage in PCDVT activities should emphasize a collaborative approach to work with other professionals involved in the supervision and treatment of persons convicted of a domestically violent offense. This approach involves communication between individuals from varying

disciplines and systems including treatment providers, supervising officers, polygraph examiners, medical and psychiatric professionals, child-protection/family-services workers, and other professionals as may be deemed necessary.

3.1.1. The aim of this collaborative approach is to formulate supervision and treatment strategies that are matched to individual strengths, needs, and abilities in order to enhance competencies, and to promote changes in thoughts, feelings, and behaviors to promote healthy living and reduce the risk of recidivism, enabling the successful reintegration of the offender back into the community.

3.2. Operational objectives. Any or all of the following operational objectives should be considered a reasonable and sufficient basis to engage in PCDVT activities:

A. Increased disclosure of problem behaviors of relevance to professionals who work with persons convicted of a domestically violent offense.

B. Deterrence of problem behavior among persons convicted of a domestically violent offense by increasing the likelihood that engagement in such behaviors will be brought to the attention of supervision and treatment professionals.

C. Quantification of the likelihood of deception or truth-telling about involvement in or abstinence from problem behavior that will alert supervision and treatment professionals to any escalation in the individual's level of risk to others or to the community.

D. Enhancing engagement of persons convicted of domestically violent offenses by encouraging increased disclosure of relevant information and by demonstrating adherence to treatment and supervision plans.

4. Decision-support. Polygraph testing of persons convicted of a domestically violent offense should be regarded as a decision-support tool intended to assist professionals in making decisions regarding risk and safety.

4.1. Professional judgment. Polygraph testing and polygraph test results should not supersede or replace the need for professional expertise and judgment but contribute to it. While as a scientific test polygraphy provides information, decisions that are based on it, especially those concerning other persons, are the responsibility of professionals. The probabilistic nature of polygraph test outcomes should be taken into account when used as part of the professional decision-making process.

4.2. Successive hurdles. Examiners may use a successive hurdles approach to testing to maximize both the informational efficiency and sensitivity of multi-issue (mixed-issue) screening polygraphs and the diagnostic efficiency and specificity of event-specific/single-issue exams. Successive-hurdles activities may include the use of

additional testing or other activities, including posttest discussion, and additional field or background investigation. Follow-up examinations may be completed on the same day as the initial exam, or they may be scheduled for a later date.

4.2.1. Examiners may use single issue test formats for follow-up exams conducted in response to a previously unresolved multiple issue screening exam. Single issue test formats should also be used for event-specific/diagnostic exams that are conducted in response to known allegations or known incidents for which there is reason to suspect the involvement of the examinee.

4.3. Confidentiality and mandatory reporting. Except as provided by law, information from the polygraph examination and test outcomes should be kept confidential and provided only to those professionals involved in the multi-disciplinary supervision and treatment of the examinee.

4.3.1. Examiners and mandated reporting. Examiners should adhere to local and state mandatory reporting laws.

4.3.2. Other professionals and mandatory reporting. Examiners should remain aware that other professionals in the collaborative treatment approach may be subject to mandatory child-abuse reporting or other mandatory disclosure requirements.

5. General principles. Examiners who engage in PCDVT activities should adhere to all of the generally accepted principles that pertain to polygraph testing, including but not limited to the following:

5.1. Rights and dignity of all persons. Examiners should respect the rights and dignity of all persons to whom they administer polygraph examinations. Examiners should conduct all polygraph tests with sensitivity and awareness to issues of diversity and individual differences.

5.2. Polygraph examiner as part of the supervision and treatment team. Examiners should consider themselves to be an integral part of the multidisciplinary supervision and treatment team. Contact with the supervision and treatment team should be on a regular basis as needed, though the examiner will not maintain routine contact with the examinee between examinations.

5.3. Non-interference with ongoing investigations. Examiners who engage in PCDVT activities should not interfere with or circumvent the efforts of any investigation of a new criminal allegation.

5.4. Known and unknown allegations. Examiners who engage in PCDVT activities should investigate and attempt to resolve known allegations and known incidents before attempting to investigate or resolve behavioral concerns that do not involve a known allegation or known incident unless requested otherwise by the referrer.

5.5. Confirmatory testing. PCDVT activities should be limited to the Psychophysiological Detection of Deception (PDD). Confirmatory testing approaches involving attempts to verify truthfulness of partial or complete statements pertaining to an issue of concern should not be utilized in PCDVT programs. Truthfulness may be inferred when it is determined with reasonable and reproducible probability that the examinee has not attempted to engage in deception regarding the investigation targets.

5.6. Ethical and professional roles. Examiners who possess multiple types of credentials (i.e., examiners who are also therapists, probation officers, or police officers) should be limited to one professional role with each examinee and should not conduct polygraph examinations on any individual whom they directly or indirectly treat or supervise.

5.7. Number and length of examinations. Examiners should not conduct more than five examinations in a single day,

5.7.1. Length of examination. Examinations should be scheduled for not less than 90 minutes in duration from the start of the pretest interview through the end of post-test review.

5.7.2. Number of exams per examinee. Because of the risks of familiarization and other possible retest effects, examiners should not conduct more than four consecutive examinations per year with the same examinee. This does not include re-testing due to a lack of resolution from an earlier examination.

5.8. Examination techniques. Examiners should use a recognized comparison question technique for which there is evidence of validity and reliability, including estimates of sensitivity and specificity, published in the *APA* journal or other peer-reviewed scientific journal. There should not be more than four relevant questions per test series.

6. Operational definitions. Examiners should ensure that every behavior of concern to the multi-disciplinary supervision and treatment team is anchored by an operational definition. Operational definitions should be common among all referring professionals and use language that is free of jargon. It should be easily understood by the examinee. Examples of operational definitions include the following:

A. Using Coercion and Thoughts: Making and/or carrying out threats to do something to hurt a person; threatening to leave the person, threatening to commit suicide, to report a person's welfare; making a person drop charges; making a person do illegal things.

B. Using Intimidation: Making a person afraid by using looks, actions or gestures; smashing things; destroying a person's property; abusing pets; displaying weapons.

C. Using Emotional Abuse: Putting a person down; making a person feel bad about themselves; calling a person names; making a person think they are crazy; playing mind games; humiliating a person; making a person feel guilty.

D. Using Isolation: Controlling what a person does, sees, talks, reads, and/or where a person goes; limiting a person's outside involvement; using jealousy to justify actions.

E. Minimizing, Denying, and Blaming: Making light of the abuse, not taking the person's concerns about it seriously; saying the abuse did not happen; shifting responsibility for abusive behavior, saying the other person caused abusive behavior.

F. Using Children: Making a person feel guilty about the children; using the children to relay messages; using visitation to harass; threatening to take the children away.

G. Using Male Privilege: Treating another person like a servant (especially a female); making all the big decisions; acting like the "master of the castle;" being the one who defines gender roles.

H. Using Economic Abuse: Preventing a person from making or keeping a job; making a person ask for money; giving a person an allowance; taking the other person's money; not letting the person know about or have access to family income.

7. Examination questions. Examiners should have the final authority and responsibility for determining test questions and question language, which must be reviewed with the examinee. Examiners should advise the supervision and treatment professionals to refrain from informing the examinee of the exact test questions and investigation targets, or coaching the examinee in the mechanics, principles, or operations of the polygraph test. Questions about polygraph testing should be directed to the examiner at the time of the examination. It is however appropriate for community supervision team members and treatment professionals to inform the examinee of the purpose or type of each examination.

7.1. Relevant questions. Relevant questions should pertain to a single frame of reference, which relates to the type of PCDVT examination. (See section 8.)

7.1.1. Content. Relevant questions should address behaviorally descriptive topical areas that have a common time of reference (time-period under investigation). and frame of reference (purpose of the exam) Content should bear operational relevance to evidence-based risk assessment, risk management and treatment planning methods. Examiners should exercise caution to ensure they do not violate any rights of examinees regarding answering questions about criminal behaviors.

7.1.2. Structure. Relevant question construction should be:

A. answerable by a "NO" without unnecessary mental exercise or uncertainty;

B. behaviorally descriptive of the examinee's direct or possible involvement in an issue of concern;

C. simple, direct, and easily understood by the examinee;

D. time-delimited (date of incident or time of reference);

E. free of assumptions of guilt or deception;

F. free of jargon, legal terms; and

G. free of references to mental state or motivational terminology except to the extent that memory or sexual motivation may be the subject of an examination following an admission of behavior.

7.2. Comparison questions. Comparison questions should meet all common requirements for the type of comparison question being applied.

7.2.1. Structure. Comparison questions should be structurally separated from relevant questions by either the frame of reference or the time of reference. Nothing in this Model Policy should be construed as favoring the use of exclusive or non-exclusive comparison questions or probable or directed lie comparison questions.

8. Types of PCDVT examinations. Examiners should utilize four basic types of PCDVT examinations: instant offense exams, violence history disclosure exams, maintenance exams and domestically violent offense monitoring exams. These basic types of examinations provide both a frame of reference and a time of reference for each examination. Examiners should not mix investigation targets from different frames of reference (examination types) or times of reference within a single PCDVT examination.

8.1. Instant offense examination. The Instant Offense (IO) exam can be conducted at any time during the treatment and supervision process if a person denies all or part of the behavioral allegations of the instant offense, or if the multi-disciplinary treatment or supervision team determines that accountability for the circumstances and details of the instant offense represent a substantial barrier to a convicted person's engagement and progress in domestica violence specific treatment. The goals of this exam may be several and can include reduction of denial of the behavioral allegations and circumstances of the instant offense, improve the information available for treatment planning, risk assessment and risk management, and to mitigate the potential for further traumatizing an abused person.

8.1.1. Examiners should conduct the Instant Offense exam as an event-specific diagnostic polygraph for convicted persons who deny any or all-important aspects of the allegations pertaining to the offense for which they have been convicted and are presently subject to supervision and treatment. It may be used to investigate a pattern or series of offenses against an individual abused person, including offenses over a period of time.

8.1.2. It is not mandatory that the instant offense is always con- ducted as the first polygraph examination. A multi-disciplinary treatment and supervision team may wish to prioritize the maintenance exam instead of an instant offense if there are concerns about behavioral self-control for persons whose are released to the community to begin treatment and supervision after a period of incarceration.

8.1.2.1. An instant offense (diagnostic) exam may also be used to investigate unresolved prior allegations, whether convicted or not, that a convicted person denies, if the multidisciplinary treatment and supervision team determine that these may present a barrier to engagement and progress in treatment or compliance with supervision and risk management efforts.

8.1.2.2. Instant offense – examination targets. Examiners, along with the other members of the community supervision team, should select the relevant investigation targets from the circumstances of the allegation that the convicted person denies. Target issues for this diagnostic polygraph test are not independent.

8.1.2.3. Instant offense – time of reference. The time of reference for this examination is the time of the reported allegations.

8.1.3. Instant Offense Investigative Exam. When a supervision and/or treatment team has determined it necessary to test the limits of a convicted persons' admitted offenses against an individual abused person (such as prior to reunification or clarification with an abused person), examiners should use an Instant Offense Investigative (IOI) screening exam. This examination may be useful after substantial progress in treatment and prior to reunification with a victim. Examiners, together with the other members of treatment and supervision team, should select investigation target questions regarding additional or unreported offense behaviors that are not already included in the allegations of the instant offense. Target questions may include the number of offense incidents, earliest or latest offenses, relevant behaviors that are not already known, the degree of physical force, restraint, violence or threats of harm, and other/unknown behaviors involving the abused person. Test questions for this screening polygraph may address a variety of behavioral issues but are not independent in as much as they will all pertain to one abused person. The time of reference for the Instant Offense Investigative exam should be the duration of the convicted person's relationship with the abused person(s).

8.1.3.1. Caution is warranted with the use of an IOI when the reported behavior is extensive as it may not be realistic or necessary to know everything that was done to an abused person(s).

8.2. Domestic Violence History Exam. Examiners should use the Domestic Violence History Examination (DVHE) to investigate the convicted person's history of involvement in unknown or unreported domestic violent offenses and behaviors that may be indicators of violent compulsivity, or violent pre-occupation. Information and results from these examinations are intended to assist decision making in respect of risk assessment, risk management and treatment planning. Results may increase knowledge about attitudes and behaviors, other types of criminal offenses, or other serious domestically violent offenses. The aim is not to identify prosecutable crimes, but to help clarify if the person has a history of acting upon a particular violent interest or desire and/or patterns of problematic behavior. Information and results from these examinations should be provided only to the professional members of the supervision or treatment team unless otherwise directed by law.

8.2.1. The Violence History Exam (VHE) should be used when a referring professional wants to investigate a convicted person's lifetime history of unknown/unreported domestically violent offense behaviors. Behavioral targets should be selected for their relevance to risk assessment, risk management and treatment planning in collaboration with the referring professional and may include behaviors related to selection of, access to, control or silencing of, and impact on abused persons as well as non-contact offenses. Target issues may also include behaviors related to; manipulation, intimidation, use of violence, physical force, coercion, threats of harm, destroying items, pressuring the use of drugs and alcohol, sexual force, extreme jealousy, and building or exploiting relationships. The VHE usually addresses a range of different behaviors and targets that are generally assumed to be independent of one another. Nothing in this model policy should be construed as prohibiting the completion of the VHE in a series of more narrowly focused exams if this approach lends to more satisfactory resolution of the behavioral target issues.

8.2.1.1. Examiners, in support of the supervision and treatment team, should select investigation targets that provide operational relevance to treatment planning and risk management. Validated polygraph test formats can be used with two to four relevant target issues. It is unrealistic to attempt to test and fully resolve every possible domestically violent history target or to assume that it is possible to know everything about a convicted person's entire lifetime of violent behavior. Examiners should familiarize themselves with the types of domestically violent behavior that play an important role in offense risk assessment and offense treatment.

8.2.1.2. VHE– suggested examination targets. Investigation targets should provide operational relevance to treatment planning and risk management. The examples below are not listed in any priority or suggested order, and it is not intended or implied that any or all of them should be included as relevant test questions:

8.2.1.2.1. Use of violence to engage in sexual contact, including real or implied violence, physical force, restraint, or threats of harm toward an abused person or their family members, possibly including pets. This may include the use of a weapon or any physical or verbal means of violence. How mental, emotional, or physical violence is used and whether it exceeds the amount needed to gain compliance may provide useful clinical information, especially if it increases the arousal or pleasure of the perpetrator (often referred to as sadistic behavior).

8.2.1.2.2. Sexual contact with persons who appeared to be unconscious, asleep, or incapacitated with drugs or alcohol, or who were mentally or physically helpless for other reasons. The defining characteristic of this type of abuse is that an abused person appeared to be asleep or unconscious at the time of an abuse, and no attempt should be made to use this type of target question to determine whether an abused person was actually asleep/unconscious or was feigning sleep or unconsciousness at the time.

8.2.1.2.3. Abuse of animals is any behavior that intentionally inflicts pain, suffering, or death on an animal. This may include physical abuse (violence), neglect (withholding necessities), abandonment, animal fighting and / or overworking animals.

8.2.1.2.4. Gaslighting behaviors are a form of emotional abuse that aims to manipulate the victim into questioning their own sanity and reality. This behavior involves denying, minimizing, or outright lying about events to make the victim doubt their memory or perception. Abusers may also twist situations to make the victim seem like the one overreacting or being unreasonable.

8.2.2. Domestically violent history document. Examiners should work with the community supervision team to require examinees to complete a written violence history document prior to administering a violence history polygraph. The violence history document should provide operational definitions that unambiguously describe each violent behavior of concern. The behavior may be clinically significant based on the age of onset,

frequency and duration of the behavior, efforts to reduce the behavior, and time since the behavior was last engaged in. It should be the examiner's discretion to administer an alternative form of Post-Conviction Domestic Violence Testing examination if an examinee has not completed and reviewed the violence history document prior to the examination date.

8.3. Maintenance Exam. Examiners should conduct the Maintenance Examination (ME) to investigate, either periodically or randomly, the examinee's compliance with any of the terms and conditions of probation, parole, and treatment rules.

8.3.1. Maintenance exam - scheduling. Maintenance Exams should be completed approximately each 6 to 12 months. Examiners should discuss with multidisciplinary team members the possible deterrent benefits of randomly scheduled maintenance exams for some examinees.

8.3.2. Maintenance exam - examination targets. Investigation targets for the Maintenance Exam should bear operational relevance to an examinee's stability of functioning and any changes in acute risk level as indicated by compliance or non-compliance with the terms and conditions of the supervision and treatment contracts, any of which may be selected as examination targets. Investigation targets for Maintenance Exams should emphasize the development or verification of information that would add incremental validity to the early detection of an escalating level of threat or to the community or to potential victims.

8.3.2.1. Unknown allegations. Maintenance Exams should not address known allegations or known incidents, which are properly investigated in the context of an event-specific polygraph exam.

8.3.1.2. Compliance focus. Maintenance Exams should emphasize target questions about compliance or non-compliance with Supervision and Treatment rules. Questions about violent acts or re-offense behaviors may be included in the examination as long as circumstances related to rights against self-incrimination as listed in the section dealing with Domestic Violence Offense Monitoring Examinations do not exist.

8.3.1.2.1. An elevated level of concern regarding re-offense should warrant a Domestic Violence Offense Monitoring Exam (DVOME) – not a Maintenance Exam. Examiners should exercise caution to ensure they do not violate any rights of an examinee regarding the answering of questions about new criminal behaviors.

8.3.1.3. Examination targets. Examination targets could include, but are not limited to the following:

A. Including forced, coerced or violent sexual offenses, sexual offenses against underage persons, incest offenses,

or sexual contact with unconscious persons. It may also include sexual deviancy/compulsivity/preoccupation behaviors such as voyeurism, exhibitionism, theft of undergarments, public masturbation or other sexual behaviors.

B. Use of alcohol, illegal drugs or controlled substances, including tasting or consuming any beverage containing alcohol (if prohibited), or consuming any product containing alcohol for the purpose of becoming intoxicated, inebriated, drunk, "buzzed," or "relaxed." It also includes any use of marijuana (whether inhaled or not) or any other illegal drugs. This target also includes any misuse of controlled prescription medications, whether borrowing, sharing, trading, loaning, giving away, or selling one's own or another person's prescription medications or using any medication in a manner that is inconsistent with the directions of the prescribing physician. For persons with known addictions or substance abuse problems it may be preferable to rely primarily on other forms of testing.

C. Using Coercion and Thoughts: Making and/or carrying out threats to do something to hurt a person; threatening to leave the person, threatening to commit suicide, to report a person's welfare; making a person drop charges; making a person do illegal things.

D. Using Intimidation: Making a person afraid by using looks, actions or gestures; smashing things; destroying a person's property; abusing pets; displaying weapons.

E. Using Emotional Abuse: Putting a person down; making a person feel bad about themselves; calling a person names; making a person think they are crazy; playing mind games; humiliating a person; making a person feel guilty.

F. Using Isolation: Controlling what a person does, sees, talks, reads, and/or where a person goes; limiting a person's outside involvement; using jealousy to justify actions.

G. Minimizing, Denying, and Blaming: Making light of the abuse, not taking the person's concerns about it seriously; saying the abuse did not happen; shifting responsibility for abusive behavior, saying the other

person caused abusive behavior.

H. Using Children: Making a person feel guilty about the children; using the children to relay messages; using visitation to harass; threatening to take the children away.

I. Using Male Privilege: Treating another person like a servant (especially a female); making all the big decisions; acting like the "master of the castle;" being the one who defines gender roles.

J. Using Economic Abuse: Preventing a person from making or keeping a job; making a person ask for money; giving a person an allowance; taking the other person's money; not letting the person know about or have access to family income.

8.3.1.4. Maintenance exam - time of reference. Maintenance Exams should address a time of reference subsequent to the date of conviction or the previous Maintenance Exam, generally not exceeding one year and only exceeding two years in specific circumstances. All investigation targets in a test series should have a common time of reference.

8.3.1.5. Maintenance exam - testing approach. Examiners should typically conduct this examination as a multi-issue (mixed-issue) screening examination. However, nothing in this Model Policy should be construed as to prohibit the completion of the Maintenance Exam in a series of single-issue exams when such an approach will lend to more accurate or satisfactory resolution of the investigation targets.

8.4. Domestic Violence offense monitoring exam. Examiners should conduct the Domestic Violence Offense Monitoring Exam (DVOME) to explore the likelihood that the examinee may have been involved in domestically violent behaviors including a re-offense during a specified period of time. Other relevant questions dealing with behaviors related to probation and treatment compliance should not be included.

8.4.1. Domestic Violence Offense Monitoring Exam - scheduling. Domestic Violence Offense Monitoring Exams should be completed whenever there is a specific request from a supervision or treatment professional to investigate the possibility of a new offense while under supervision. Alternatively, this exam may be used when 1) the likelihood of domestic violence offense or other violent crime is regarded as elevated by the member of the multidisciplinary treatment and supervision team, or 2) following a previously unresolved maintenance examination that included a relevant question about domestic violence offense behavior. Whenever

the results of a maintenance exam indicate the need for further testing to obtain a more diagnostic conclusion, a single-issue test format should be utilized. A single-issue Domestic Violence Offense Monitoring Exam can be expected to have improved diagnostic accuracy over a multi-issue (mixed issue) exam.

8.4.2. Domestic Violence Offense Monitoring Exam - examination targets. Examiners should select investigation targets for the Domestic Violence Offense Monitoring Examination that pertain to new sex crimes while under supervision based on concerns expressed by the multidisciplinary supervision and treatment team.

8.4.3. Domestic Violence Offense Monitoring Exam - time of reference. Domestic Violence Offense Monitoring Exams should refer to a time of reference generally following the date of conviction or a previous Monitoring Examination. The time of reference should be clearly stated in the test questions and may include all or any part of the time that the examinee is under supervision or in treatment, including a specific date or restricted period of time. The time of reference should emphasize the investigation of possible unlawful domestically violent acts or re- offense during the most recent period of months prior to the DV Offense Monitoring Exam.

8.4.4. Domestic Violence Offense Monitoring Exam - testing approach. Examiners may conduct the DVOME as a multi-issue (mixed-issue) screening examination. However, nothing in this Model Policy should be construed as to prohibit the completion of the Domestic Violence Offense Monitoring Exam as a single-issue exam when that approach will lend to more accurate or satisfactory resolution of the investigation targets. Examiners should consider the use a single-issue technique when the Domestic Violence Offense Monitoring Exam is used to follow-up on a previously unresolved Maintenance Exam.

9. Testing procedures. Examiners who engage in PCDVT activities should adhere to all generally accepted polygraph testing protocols and validated principles.

9.1. Case background information. The examiner should request and review all pertinent and available case facts within a time frame sufficient to prepare for the examination.

9.2. Audio-visual or audio recording. Examiners should record all PCDVT polygraph examinations from the beginning of the pretest interview to the completion of the post-test review. The recording should be retained for a minimum of three years or as required by local laws or standards of practice. The recording documents conduct of the testing protocol, as well as the authentic content of the information provided by the examinee, thus precluding possible future denials. It also facilitates a comprehensive quality assurance review when necessary.

9.3. Pretest phase. Examiners should conduct a thorough pretest interview before proceeding to the test phase of the examination consisting of the following:

9.3.1. Greeting and introduction. Examiners should introduce themselves by their names and orient the examinee to the examination room.

9.3.2. Brief explanation of procedure. Examiners should ensure examinees have sufficient information about the ensuing procedure and scope of testing prior to obtaining the authorization and release to complete the exam.

9.3.3. Informed consent. Examiners should obtain the examinee's informed consent to complete the polygraph test. This may be completed in writing and/or on the audio/video recording to a waiver/release statement. The language of the statement should minimally include

A. The examinee's voluntary consent to take the test,

B. That the examination may be terminated at any time,

C. A statement regarding the examinee's assessment of his or her mental and physical health at the time of the examination,

D. A statement that information will be provided to the examinee about the polygraph test

E. A statement that all information and results will be released to professional members of the community treatment or supervision team,

F. An advisement that admission of involvement in unlawful activities will not be concealed from the referring professionals and,

H. A statement regarding the requirement for audio/video recording of each examination.

9.3.4. Biographical data/determination of suitability for testing. Examiners should obtain information about the examinee's background including marital/family status, children, employment, and current living situation in addition to a brief review of the reason for conviction and length/type of sentence. Examiners should obtain, prior to and at the time of the examination, information pertaining to the examinee's suitability for polygraph testing.

9.3.5. Explanation of polygraph instrumentation and testing procedures. The testing process should be explained to the examinee, including an explanation of the instrumentation and the physiological and

psychological basis of response. Nothing in this Model Policy should be construed as favoring a particular explanation of polygraph science. In general, an integrated explanation involving emotional attributions, cognitive theory and behavioral learning theory may be the best approach. If asked, accurate information should be provided regarding polygraph accuracy.

9.3.6. Structured interview. The examiner should conduct a thorough structured or semi-structured pretest interview, including a detailed review of the examinee's background and personal information, any applicable case facts and background, a detailed review of each issue of concern, and an opportunity for the examinee to provide his or her version of all issues being tested. For event-specific diagnostic/investigative polygraphs of known allegations or known incidents, a free-narrative interview is used instead of a structured or semi-structured interview.

9.3.7. Review of test questions. Before proceeding to the test phase of an examination, the examiner should review and explain all test questions to the examinee. The examiner should not proceed until satisfied with the examinee's understanding of and response to each issue of concern.

9.4. In-test operations. Examiners should adhere to all generally accepted standards and protocols for test operations.

9.4.1. Environment. All examinations should be administered in an environment that is free from distractions that would interfere with the examinee's ability to adequately focus on the issues being addressed.

9.4.2. Instrumentation. Examiners should use an instrument that is properly functioning in accordance with the manufacturer's specifications.

9.4.2.1. Recording sensors. The instrument must be capable of continuously recording the following during the test: thoracic and abdominal movement, electrodermal activity, cardiovascular activity, and movement detected by seat activity sensors. Though not necessary, a channel that detects vasomotor responses or other validated data channels may also be used.

9.4.3. Data acquisition. The conduct of testing should conform to all professional standards concerning data quality and quantity.

9.4.3.1. Number of presentations. Examiners employing a comparison question technique should conduct a minimum of three presentations of each relevant question. It is acceptable to conduct a fourth or fifth presentation in order to obtain a sufficient volume of interpretable test data to reach a conclusive evaluation.

9.4.3.2. Question intervals. Question intervals should allow a reasonable

time for recovery. Question intervals should be consistent with the requirements of the testing format and analytic method used.

9.4.3.3. Acquaintance test. An acquaintance test should be administered during the first examination of each examinee by each examiner. Examiners are encouraged to use an acquaintance test during the conduct of other tests as appropriate.

9.5. Test data analysis. The examiner should render an empirically based interpretation of the examinee's responses to the relevant questions based on all information gathered during the examination process.

9.5.1. Scoring methods. Examiners should employ quantitative or numerical scoring for each examination using a scoring method for which there is known validity and reliability, and which has been published and replicated.

9.5.2. Results – diagnostic exams. Test results for event-specific diagnostic/investigative tests should be reported as Deception Indicated (DI) or Significant Response (SR) to indicate deception, No Deception Indicated (NDI) or No Significant Response (NSR) indicative of truthfulness, or Inconclusive (INC) / No Opinion (NO).

9.5.3. Results – screening exams. Test results of screening exams should be reported as Significant Response (SR), No Significant Response (NSR) or Inconclusive (INC)/ No Opinion (NO).

9.5.4. Interpretation of the test results. Examiners should render a professional opinion using published and established decision rules to achieve a categorical interpretation of the probabilistic test result.

9.5.4.1. Single issue exam results. The reported result for all relevant questions should be inherited from the overall examination result.

9.5.4.2. Multiple issue exam results. A deceptive examination result is inherited from the relevant question with the most significant reactions indicative of deception. Examiners should not conclude an examinee is deceptive in responses to one or more investigation targets and non-deceptive in responses to other investigation targets within the same examination.

9.5.5. Non-cooperation. Examiners should note in the examination report whenever there is evidence that an examinee has attempted to falsify or manipulate the test results and whether the examinee was forthcoming in explaining his or her behavior during the test. Examiners reporting an examinee as non-cooperative are not precluded from rendering an opinion that the examinee was deceptive (SR/DI) when the numerical scores or other information such as a confession that support a conclusion that there were significant reactions to one or more relevant questions. Examiners should not render an opinion of truthfulness (NSR/NDI) when there is

evidence that an examinee has attempted to falsify or manipulate the test results.

9.5.6. Data quality. Examiners should not render a conclusive opinion when there is insufficient data of adequate quality and clarity to allow a minimum of three interpretable presentations of each of the investigation targets.

9.5.7. Computer algorithms. Computer scoring algorithms should not be used to score examination data that is of insufficient quality for manual scoring.

9.5.8. Post-test review. The examiner or a member of the treatment or supervision team should review the initial test results with the examinee. Examiners may, at the discretion of the multidisciplinary treatment and supervision team, advise the examinee of any significant responses to any of the test questions, and provide the examinee an opportunity to explain or resolve any reactions or inconsistencies. The post-test interview may be done in collaboration with other treatment and supervision professionals.

9.6. Examination report. Examiners should provide a written report containing a factual and objective account of all pertinent information arising from the examination, including case background information, test questions, answers, results, and statements made by the examinee during the pretest and post-test interviews.

9.6.1. Dissemination of test results and information. The polygraph examination report should be provided to the professional members of the multidisciplinary supervision and treatment team who are involved in risk assessment, risk management, and treatment/intervention planning activities.

9.6.1.1. Dissemination to other authorities. Reports and related work products should be released to the court, parole board, other releasing agencies, or other professionals at the discretion of the community supervision/treatment team members or as required by law.

9.6.1.2. Communication after the exam. Following the completion of the post-test review, examiners should not communicate with the examinee or the examinee's family members regarding the examination results except in the context of a formal case staffing.

9.6.2. Scope of expertise. Examiners should not attempt to render any opinion concerning the truthfulness of the examinee prior to the completion of the test phase and test-data-analysis. Examiners should not provide an opinion regarding the medical or psychological condition of the examinee beyond the requirement to determine suitability for testing at the time of the examination, although it may be appropriate to raise concerns with the referrer. Post-test recommendations should be limited to the need for resolution of the behavioral targets of the examination within the scope of

the examiner's professional capabilities.

10. Records retention. Examiners should retain all documentation, data, and the recording of each examination for a period of at least three years or as required by law.

11. Quality assurance. To ensure examiner compliance with these recommendations and other field practice requirements and to sustain the quality of the testing process, an independent quality control peer-review of a portion of each examiner's work product should take place at least once a year.

12. Examiner qualifications. Examiners whose work is to be considered consistent with the requirements of this Model Policy shall have completed a basic course of polygraph training at a polygraph school accredited by the APA or meet other training, experience, and competency requirements for professional membership in the APA.

    12.1. Specialized training. Examiners shall have successfully completed a minimum of forty (40) hours of specialized Post-Conviction Sex Offender training that adheres to the standards established by the APA.

    12.2. Continuing education. Examiners shall successfully complete a minimum of thirty (30) continuing education hours that are recognized by the APA every two (2) years.

How to cite this document:

American Polygraph Association (2024). Model Policy for Domestic Violence Sex Offender Testing [Electronic version] Retrieved DATE, from http://www.polygraph.org