

TABLE 2.2
Summary of Assessment Approaches

Approach	Method	Advantages	Disadvantages
Self-report	Clinical interview, questionnaires	Only direct way to assess thoughts, fantasies, or urges	Very vulnerable to manipulation
Behavior	Self-report and collateral information, e.g. police or court records	Reliably associated with sexual arousal to children and to sexual arousal to children and to sexual recidivism in several studies	Requires high quality collateral information, not always available; measures are blunt (e.g., little distinction between 2 and 200 child victims)
Phallometric testing	Laboratory assessment of sexual arousal patterns to stimuli varying in age (and usually gender)	Extensive research supports discriminative, criterion-related, and predictive validity; can be faked but not easy to fake	Expensive, time-consuming, perceived as intrusive, individuals can refuse
Viewing time	Computerized assessment of relative viewing time to stimuli varying in age (and usually gender)	Relatively inexpensive, easy to administer, agreeable to potential participants. Growing body of research showing discriminative and criterion-related validity.	No peer reviewed research on impact of faking. Only one study so far showing predictive validity.
Cognitive science tasks	Computerized assessments of reaction times or other cognitive processing parameters in response to child related stimuli	Relatively inexpensive, easy to administer, agreeable to potential participants.	Most research using community volunteers as proof-of-principle; less research comparing pedophilic and non-pedophilic individuals

			or offenders against children with other offenders. Clinical utility not yet demonstrated.
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