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PLETHYSMOGRAPH AND SEX OFFENDER TREATMENT:
WHAT AN AMERICAN ASSOCIATION OF SEX EDUCATORS,
COUNSELORS AND THERAPISTS (AASECT) MEMBER NEEDS TO KNOW
TO HELP EDUCATE NCJRS

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ACQUISITIONS

Not since the burning of the sex books and destruction of the sexual laboratory in Hamburg, Germany, in the 1930s by the Nazi movement has the field of human sexuality been under such a concerted relentless assault. Powerful religious groups in the US are using their time and money to prevent sex education and to stop the use of government funds for important sex research. The influential James Dobson from Focus on the Family has said, "But there is another reason for talking to our kids about abstinence rather than safe sex. It is even more important than the life and death issue cited. I'm referring to rebellion against God and His promise to punish sin. . . Spiritual death is infinitely worse than physical disability or death, and our kids deserve to know about this divine reality from the days of childhood." (SIECUS, 1992). Presidents Bush's stand on abortion, AIDS research, pornography, and sex is well-known and is affecting the country.

Members of AASECT are few in number and not well-financed, but we are intelligent, liberal, and courageous. We must use our knowledge to educate the public about these sexuality issues, stripped from the baggage of fundamentalist religion and politics. As primarily educators, you may not be aware of the exciting developments that have taken place in the last few years which have made it possible to learn the sexual interests of males and females. The development that is the subject of this workshop is the Penile Plethysmograph which is now used in over 400 programs that treat sex offenders. Twenty-seven percent of the juvenile and 36% of the adult programs in the United States in 1990 were making use of this technique (Knopp & Stevenson, 1990).

Therapy of sex offenders is truly handicapped by not having plethysmograph information available. Dr. James Breiling of the Antisocial and Violent Behavior Branch of the National Institute of Mental Health stated that any restrictions on a specially-trained clinician's ability to use the plethysmograph in assessing and treating sex offenders, "would be analogous to depriving a physician the right to obtain x-rays in cases of bone injuries." (Laws & Pithers, 1988).

Since attempts to use plethysmograph data in courts are increasing, it is very important for you to have some understanding of the procedure, its accuracy, and its ethical use. If you have not

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already been called to testify in a sexual case, you may have been asked to give your opinion on the assessment and treatment of sex offenders.

First I would like to list some popular myths and then help you learn the truth so you too can be a "myth buster". At the conclusion of the workshop, you can pick up a copy of this presentation.

MYTH: Sex offenders can't be treated, so we should just lock them up and throw away the key.

Really two myths, first several studies with long-term follow-up show that comprehensive treatment programs produce sufficient behavioral change to cut recidivism to 15 percent. Several follow-up studies of sex offender treatment are in the literature. Notable ones are Becker & Hunter (1992), Marshall & Barbaree (1988), Marshall, Ward, Jones, Johnston, & Barbaree (1991), Prentky & Burgess (1990), and Rice, Quinsey, & Harris (1991). One does have to be careful here since some of these programs are very selective of the clients who are accepted for treatment. Often excluded are rapists and clients who have used excessive force to victimize. What one can state with fair certainty is that the great majority of incest perpetrators and pedophiles, where extreme coercion was not a component, can be effectively treated and safely returned to society and often treated on an outpatient basis. Many rapists can also be effectively treated. The main factor here seems to be related to the amount of violence they used to obtain victim compliance. The more aggression, the less chance of behavior change.

The other part of this myth is that offenders are locked up permanently. Actually, with the exception of offenders who murder their victims, incarceration is often very short. In many cases, and in the rape of an adult, there is only a suspended sentence.

MYTH: The plethysmograph is a sexual lie detector.

A skilled plethysmograph operator can accurately determine the sexual preference and interest of most normals and offenders he tests (Barker, 1992). Interest and/or preference, however, do not confirm that an actual sexual event has ever taken place. The plethysmograph shows where a person is in fantasy, not that he has acted out the fantasy. The lack of response to specific stimuli does not confirm lack of interest since there are a considerable number of nonresponders. In short, the plethysmograph is not a sexual lie detector and its use to attempt to prove innocence or guilt is not scientific and can only result in justice if used in a court setting for this purpose.

MYTH: The plethysmograph is not reliable because people can fake responses.

I have found that approximately 30% of the offenders attempt to cheat

and quite a few can suppress arousal. Very few can both suppress and enhance arousal. A skilled plethysmograph operator can detect most faking and can usually obtain an accurate arousal pattern in the presence of faking (Adams, Motsinger, McAnulty, & Moore, 1992; Card & Farrall, 1990).

Before proceeding further, the assessment procedure should be described. The client is seated in a comfortable chair in a small room. If the client is male, he attaches a strain gauge to his penis. The client is then exposed to a number of audio and visual stimuli which have been carefully selected to simulate the real-life cues that initiate deviant action. There are several examples in each category which include various gender and age groups in neutral settings, affectionate sexual relationships, and aggressive sex behavior. Landscape scenes are also included for neutral baseline readings. The apparatus can also be arranged to allow the client to indicate his/her estimate of the degree of sexual arousal. Comparisons of the client's self-report and the actual recorded data can reveal the client's level of cooperation and attempts to fake responses.

The erection curve typically looks like this.

STARTING TIME = 12:28:18

0

50

100

MSS 16 S 33
F17N2
F 16YRS 4

STARTING TIME = 12:30:18

0

50

100

TIME = 2:00.00

MSS 16 D 34
.....

TIME = 2:11.50

The computer produces a digital print out such as this example.

Category : 15 - M14-17C Detumesence

MODULE 1							SER						MODULE 1 X 5						
Time	Min	Mean	Max	Stand	Area	Z	Min	Mean	Max	Stand	Area	Z	Min	Mean	Max	Stand	Area	Z	Det
Period				Dev	U. Curv	Score				Dev	U. Curv	Score				Dev	U. Curv	Score	Time
4	0	0	0	0.000	0.0	-0.20	0	0	0	0.000	0.0	-0.18	81	81	81	0.000	13.5	-0.20	59s
Average	0	0	0	0.000	0.0	-0.20	0	0	0	0.000	0.0	-0.18	81	81	81	0.000	13.5	-0.20	59s

Category : 16 - M14-17H

MODULE 1							SER							MODULE 1 X 5							
Time	Min	Mean	Max	Stand	Area	Z	Min	Mean	Max	Stand	Area	Z	Min	Mean	Max	Stand	Area	Z	Stin		
Period				Dev	U. Curv	Score				Dev	U. Curv	Score				Dev	U. Curv	Score	Time		
13 14-17	-5	-1	7	2.665	-234.2	-0.42	0	0	1	0.187	5.3	-0.18	84	97	100	4.298	13346.0	0.19	138s		
Average	-5	-1	7	2.665	-234.2	-0.42	0	0	1	0.187	5.3	-0.18	84	97	100	4.298	13346.0	0.19	138s		

Category : 16 - M14-17N Detumesence

MODULE 1							SER							MODULE 1 X 5							
Time	Min	Mean	Max	Stand	Area	Z	Min	Mean	Max	Stand	Area	Z	Min	Mean	Max	Stand	Area	Z	Det		
Period				Dev	U. Curv	Score				Dev	U. Curv	Score				Dev	U. Curv	Score	Time		
14	-4	-3	0	0.516	-134.5	-0.88	0	0	1	0.147	1.0	-0.18	95	99	100	1.448	4403.7	0.24	59s		
Average	-4	-3	0	0.516	-134.5	-0.88	0	0	1	0.147	1.0	-0.18	95	99	100	1.448	4403.7	0.24	59s		

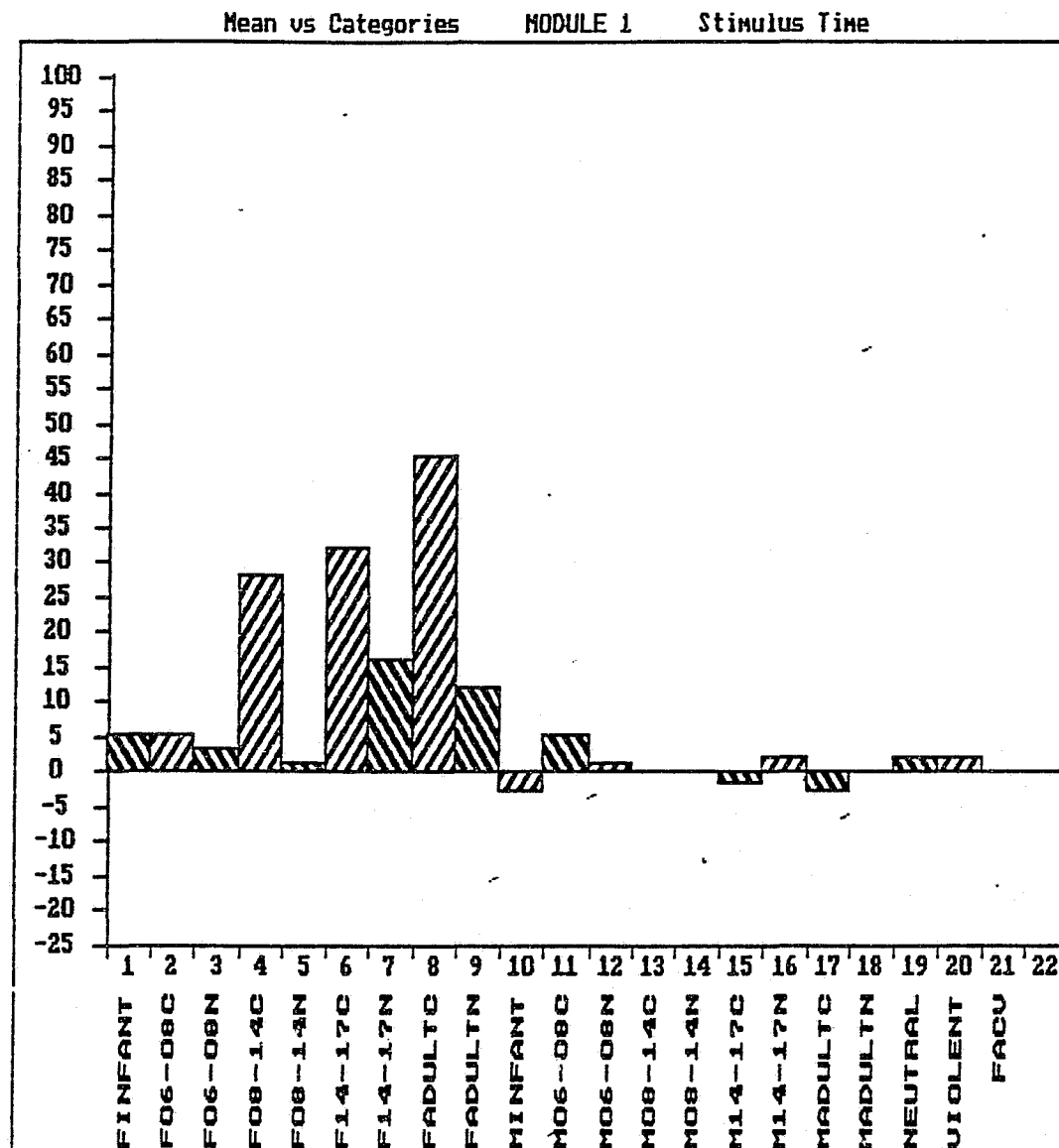
Category : 17 - MADULTC

:MODULE 1							:SER							:MODULE 1 X 5									
Time		: Min	Mean	Max	Stand	Area	Z	: Min	Mean	Max	Stand	Area	Z	: Min	Mean	Max	Stand	Area	Z	: Stin			
Period		:			Dev	U. Curv	Score	:			Dev	U. Curv	Score	:			Dev	U. Curv	Score	: Time			
9	ADULT	:	-3	0	2	1.094	-84.5	-0.28	:	0	0	1	0.285	5.0	-0.18	:	100	100	100	0.000	11300.0	0.27	113s
Average		:	-3	0	2	1.094	-84.5	-0.28	:	0	0	1	0.285	5.0	-0.18	:	100	100	100	0.000	11300.0	0.27	113s

Category : 17 - MADULTC Detumesence

	MODULE 1						SER						MODULE 1 X 5						
Time	Min	Mean	Max	Stand	Area	Z	Min	Mean	Max	Stand	Area	Z	Min	Mean	Max	Stand	Area	Z	Det
Period				Dev	U. Curv	Score				Dev	U. Curv	Score				Dev	U. Curv	Score	Time
10	-5	-3	0	1.382	-133.5	-0.88	0	0	1	0.147	1.3	-0.18	100	100	100	0.000	4433.3	0.27	58s
Average	-5	-3	0	1.382	-133.5	-0.88	0	0	1	0.147	1.3	-0.18	100	100	100	0.000	4433.3	0.27	58s

Data can be more easily understood if it is presented in a bar graph which shows the relationship of arousal to the various categories.



This is an example of a non-offender profile. NOTE: This individual is heterosexual and has his maximum arousal to adult females. His arousal to underage females increases with the age of the stimuli. Response to teenage females is often nearly as high or as high as the response to adults. This is understandable since teenagers are really miniature adults, they are capable of reproduction, have breast development, and pubic hair. The basic sex drive is to reproduce, so why shouldn't an adult man have response to a teen?

If he doesn't act on this arousal, it is because of negative consequences; going to jail, losing his wife, sin, it would be immoral or unhealthy for the teen to become pregnant. Many good reasons prevent the normal adult from having sex with a teen but that doesn't mean that teens are not stimulating to adults. The most difficult discriminate task for the plethysmograph is to sort out the hipophile; pedophile with an interest in teens.

There are several great advantages of using the penile plethysmograph in assessment and therapy of sex offenders. They can be illustrated by the following cases:

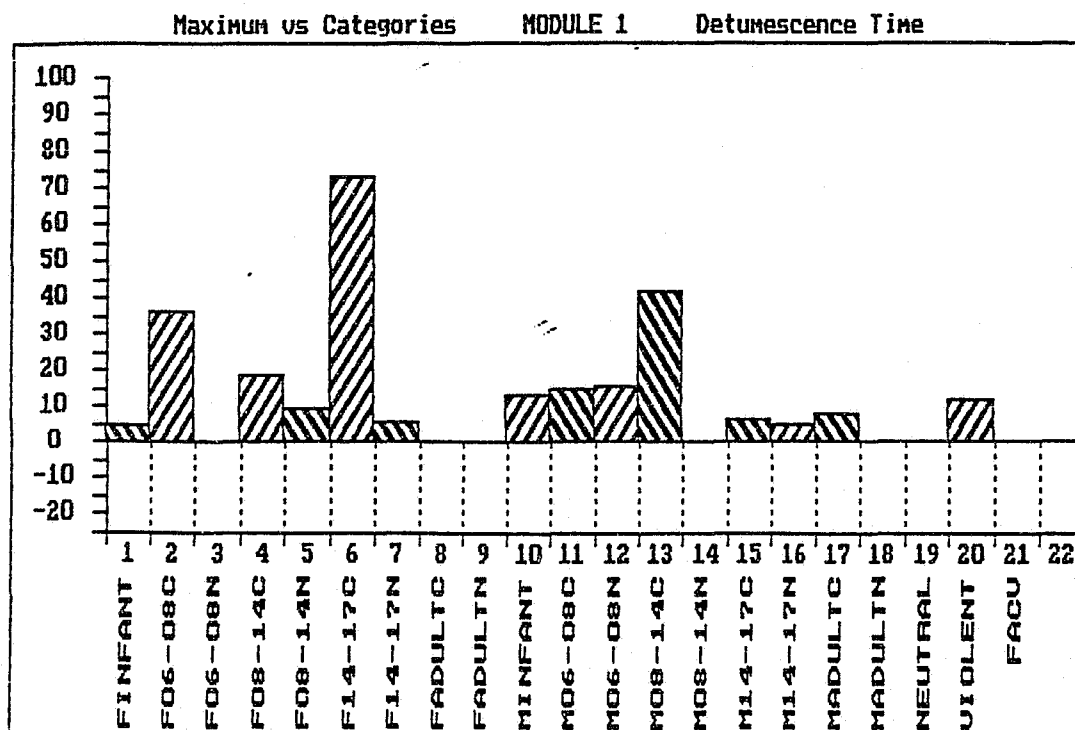
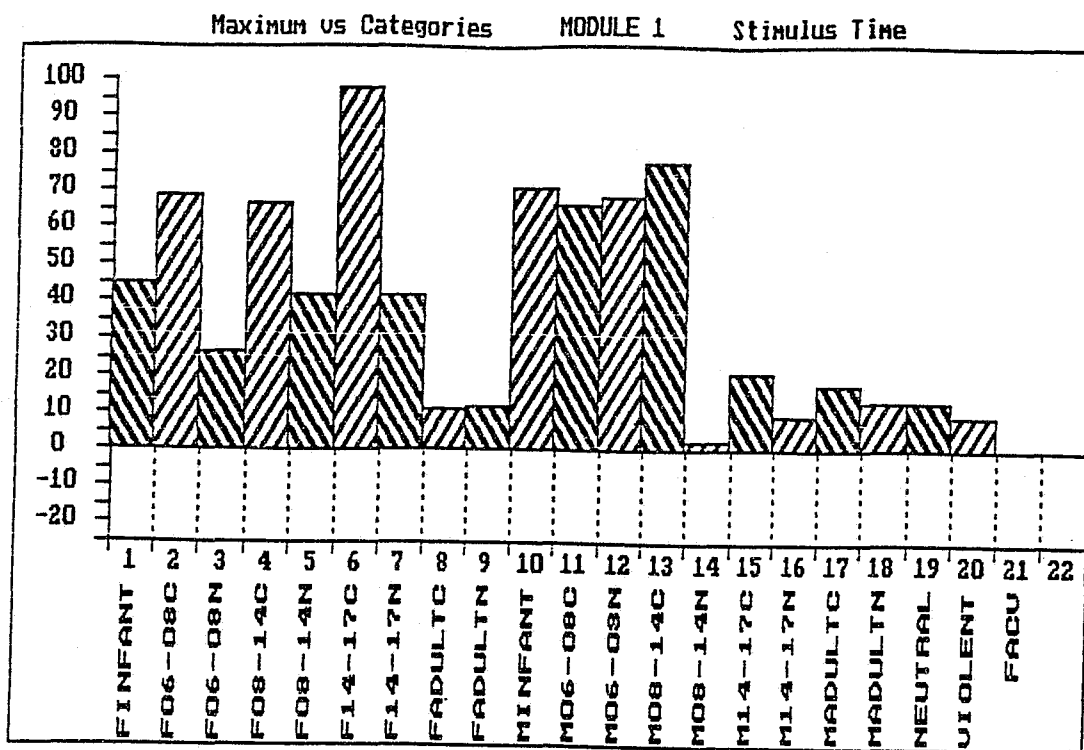
Case of the Would-be School Teacher

History

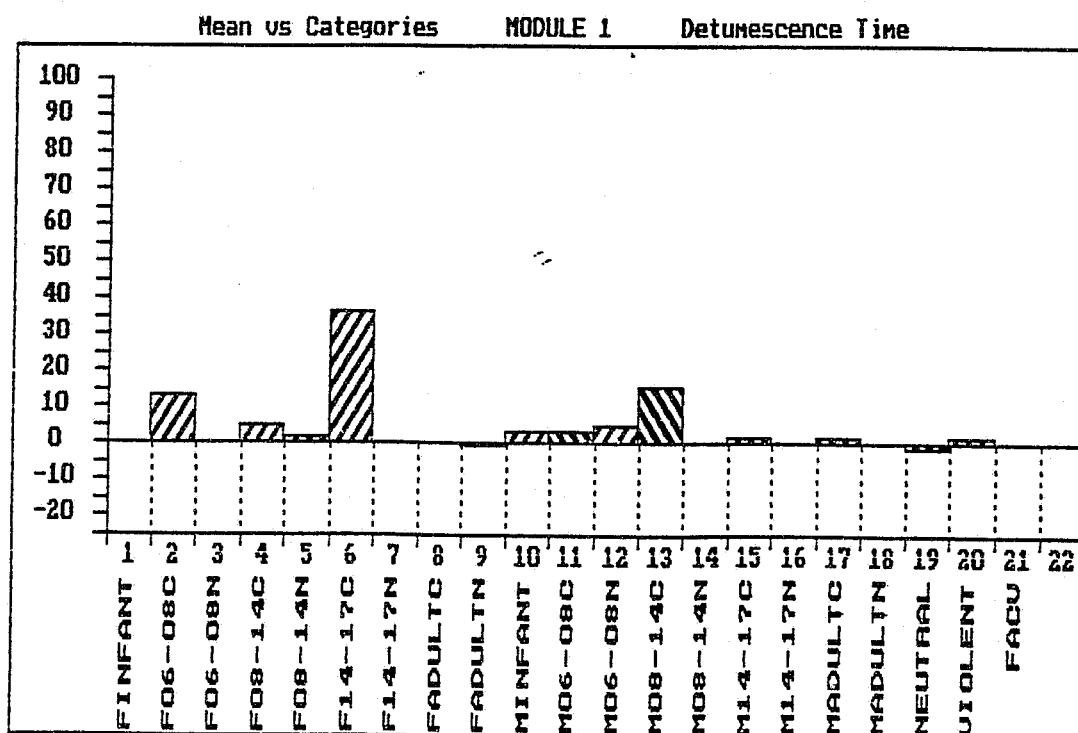
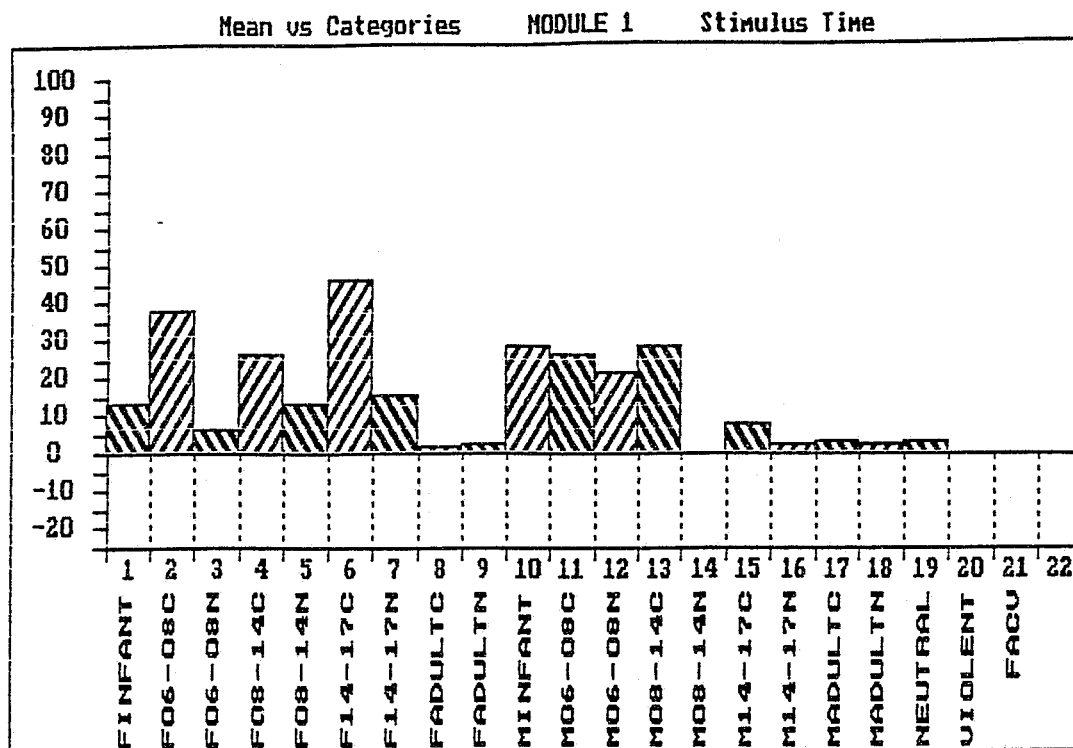
Following is a complaint history of a 38-year-old married male who has no children. The client is currently enrolled in a teacher's college in hopes to become a teacher. He was accused of fondling one of the students in the class where he was a student teacher. In a clinical interview he totally denies any interest in under-age individuals and claims to have not committed this or any other sexual crimes. He claims to have a very satisfactory sex life with his wife.

SEXUAL PERPETRATOR POTENTIAL (SPP) SCALE	<u>14</u>	145	An empirically derived scale wherein a cut-off score of 15 or higher shows scoring similarity to known child molesters
SEX AGGRESSION POTENTIAL (Agg) SCALE	<u>14</u>	150	An empirically derived scale wherein a cut-off score of 14 or higher shows scoring similarity to known rapists

CASE OF THE WOULD-BE SCHOOL TEACHER



CASE OF THE WOULD-BE SCHOOL TEACHER



The case of the student teacher was easily "sorted out" by the use of the plethysmograph. This man was denying, however he did slip up and gave some damaging information on the MSI. There is a clear interest in teens and the lack of arousal to adults, even though this man is married, indicates very serious problems which would indicate teaching in junior high or high school is a high risk environment for both the teacher and his students. Comprehensive therapy is definitely needed by him.

Case of the Lying Rape Victim

Arrest Record and History

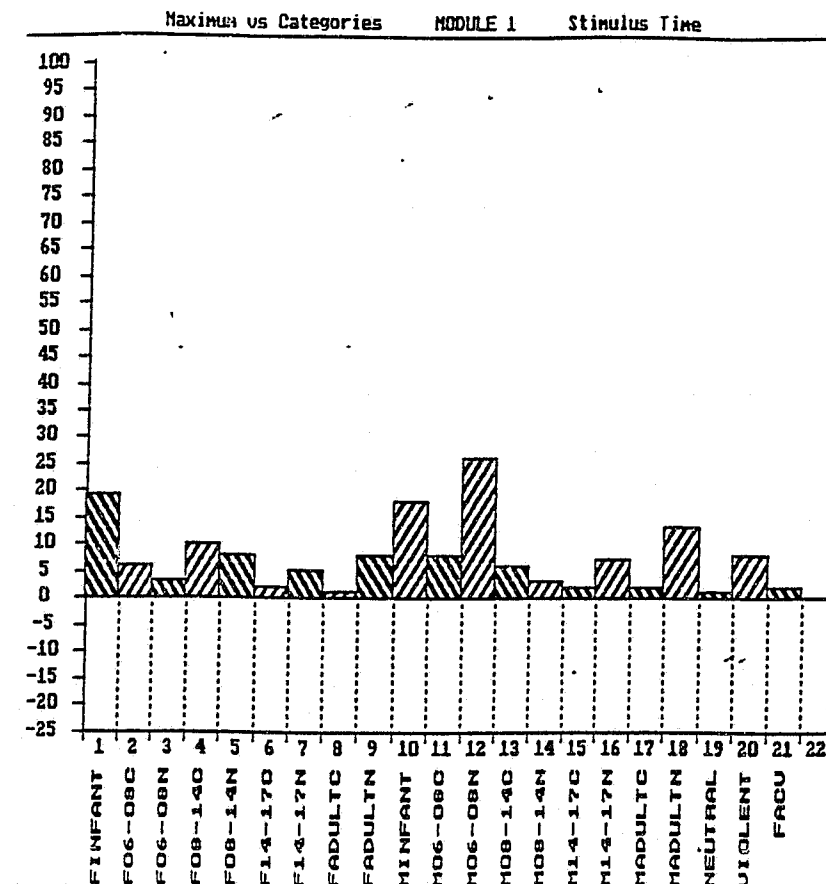
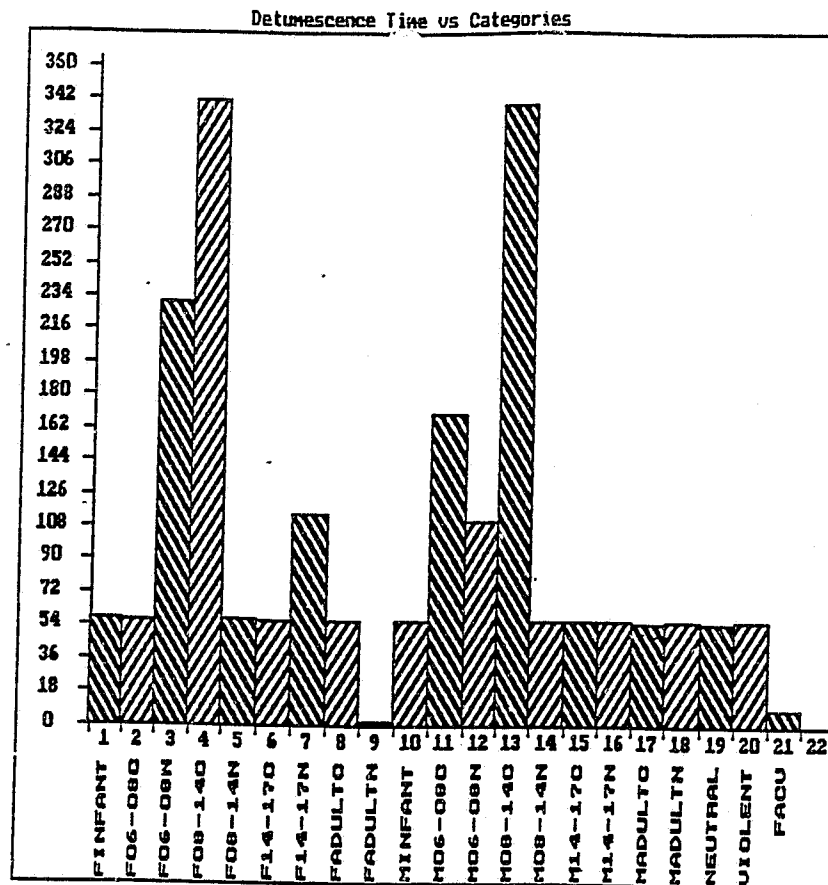
The client is a man in his middle 30s. He was arrested on a charge of incest with his 11-year-old step-daughter. The household also consisted of a wife, a 19-year-old step-daughter who had moved away from home years ago, and a 9-year-old step-son who was still in the home. The complaint was that while his 11-year-old step-daughter was sleeping on the couch in the living room in her bra and panties, he felt her breasts through her bra and snapped her panties. The 11-year-old maintained that this was a single incident that her step-father had never done anything else with her.

The girl went to school and told her classmates about this. One of the classmates called Social Services. A Social Worker talked to the girl and after confirming the story with the girl, filed charges of sexual child abuse and the man was arrested.

After this occurred and was known to the family, the 19-year-old girl made the complaint that her step-father had raped her 50 times in the last 4 years. The client admitted that he had fondled the girl and snapped her panties, claimed he knew this wasn't appropriate but had done this to wake her up and it wasn't anything that was meant to be sexual. The two of them had in the past numerous times gone horseback riding together in the early morning before he went to work and they had made plans to do this on the morning of the incident but she didn't respond to her wake-up call on this particular time.

The client was absolutely adamant that he had never done anything with the 19-year-old step-daughter.

CASE OF THE LYING RAPE VICTIM



In the case of the accused rapist, there is a little response to the age group against whom he allegedly offended, but no response to the age corresponding to his step-daughter who he was accused of raping 50 times over four years. As in the previous case, his lack of response to a consenting *male adult is not a good sign. This indicates his sexual relationship with his wife is pretty poor or nonexistent. The couple needs much work here. The elevation of response in the 9-year-old male is confusing at first, however, we are now learning that responses like these often reflect the age of the offender's own victimization. In this particular case the man denies victimization, however, the social service records state the wife reported he had been victimized at the age of nine. Armed with this information, the alleged offender's attorney requested a gynecological exam of the 19-year-old step-daughter who claimed to have been raped, and it was learned that she is a virgin. Confronted with this information, the girl confessed she had lied because she hated her step-dad.

The preceding cases are not far-fetched or made up, they are real and are good examples of situations where the arousal patterns picked up by the plethysmograph were extremely helpful in determining the exact problem facing an individual and in helping him to obtain appropriate therapy.

Using counseling and group therapy techniques, it takes a year or two to break through the offenders' denial. One of the advantages of doing a plethysmograph assessment is that the data can be presented to the offender and be asked to explain it. The face validity is so high that few offenders continue denial when faced with this type of "scientific" data.

Another great advantage of the plethysmograph is that perhaps as many as 30% of the victims are situational rather than the most desired. This was borne out on a recent study where 33 offenders were assessed to determine if their arrest record gender and age preference could be determined by the plethysmograph (Farrall, 1991).

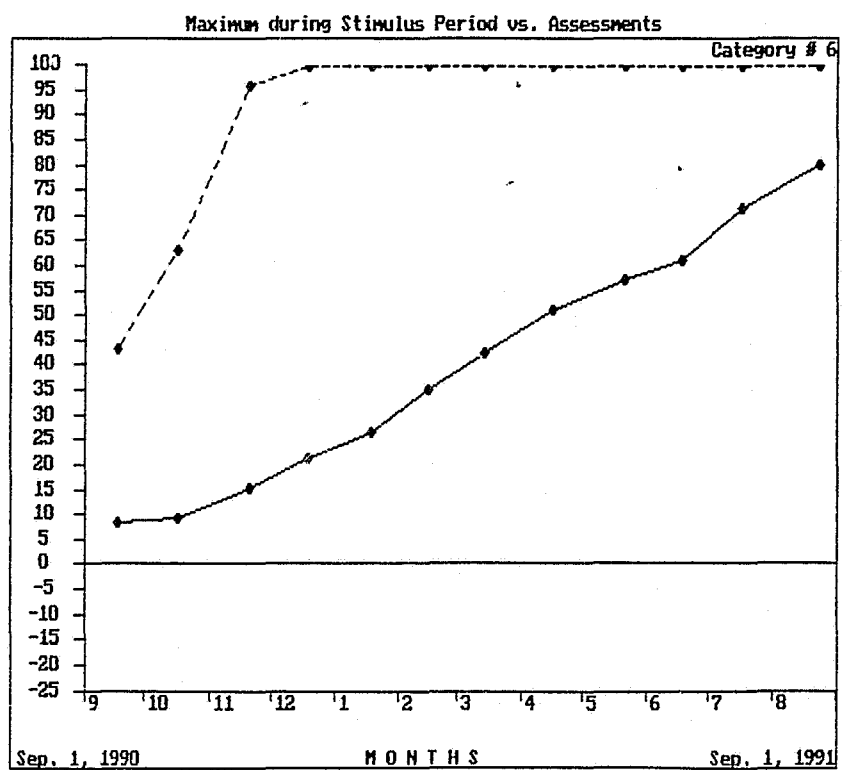
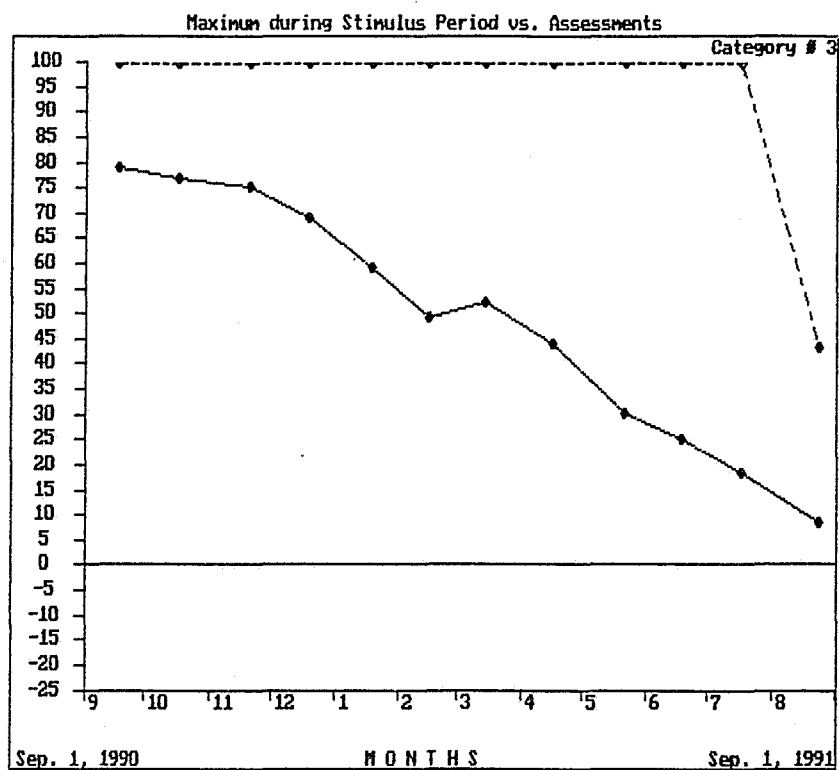
Results of this study are as follows: One of the most important uses of the plethysmograph is in following the progress of therapy. If behavior change is taking place, the arousal to deviant stimuli should diminish and the arousal to appropriate stimuli (consenting adult) should increase. Doing repeated assessments throughout therapy can provide a sort of "Quality Control" of the therapy. If arousal changes are not taking place, change the therapy.

The following chart shows the results of therapy. This is a simulated chart.

Paper prepared for the AASECT XXIV Annual Conference in Orlando, Florida,
June 3-7, 1992.

*Should read female

RESULTS OF THERAPY



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