

Psychosexual Evaluations: What Every Professional Should Know.

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I. INTRODUCTION

The goal of today's seminar is to better equip professional with a practical understanding of psychosexual evaluations and how they apply to a legal context.

- Welcome to Psychobabble Airlines.
- Better awareness of the standards of care that need to be observed in psychosexual evaluations.
- Acts of commission and omission.

Foundational Statement:

This seminar deals with complex aspects regarding a controversial topic. This includes discussing variations in degrees and types of offense; difficult questions posed by research findings, and conflicting perspectives on how to best address these issues. The student should understand with great clarity – **Dr. Simpson does not advocate for the physical, sexual, or emotional abuse of any child, adolescent or adult at any time, in any place or in any circumstance.**

The Prerequisites that Lead to a Sex Offense

1. **Stimulus Preference:** “*Who turns you on?*” The properties of persons or things that lead to sexual arousal for an individual. Men, women, teenagers (hebephilia and ephibephilia), and children (pedophilia) are typical examples.
2. **Activity Preference:** “*What turns you on?*” The sexual behaviors an individual wishes to carry out with their preferred person or object. Coitus, oral-genital, anal sodomy, voyeurism, exhibitionism, frottage, toucherism, sexual aggression, rape, and/or sadism.
3. **Motivation:** premeditation, compromised impulse control, or compromised intellect. The “*motivation-facilitation*” model of sexual offending against children suggests, however, that only those child pornography offenders who have poor self-control of their pedophilic or hebephilic interest would act on them. Poor inhibitory control is revealed in relatively high scores on measures of risk taking, impulsivity, or similar antisociality traits, or it occurs situationally because of alcohol or drug intoxication, high levels of stress, or depressed mood.

II. Types of Psychosexual Evaluations

1. **Pretrial:** Involves a psychosocial interview, general testing, and sex history. A defense attorney might consider a polygraph or plethysmograph be completed independent of the psychologist doing the evaluation. If the results are helpful to the defense, results can be submitted for consideration and possible inclusion into the final report.

2. **Presentence and post-adjudication:** (dangerousness/risk, placement and amenability to treatment). An evaluation done prior to sentencing to determine the defendant's level of danger and risk, residential needs, level of care and treatment referrals. This is also when mitigating or aggravating factors can be identified.

3. **Ongoing needs assessment:** (treatment planning, progress and continued assessment). The Offender's progress in treatment and compliance with supervision is assessed on an ongoing basis. Level of risk is assessed at transition points and includes considerations of level of functioning, monitoring and follow-up.

4. **Release/termination:** (community safety, reduced risk and successful with treatment tools). When an Offender has successfully completed a program, prior to discharge a final assessment is necessary. This can include petitioning the court for termination of registration requirements.

This also includes Sexually Violent Predator (Perpetrator, Persons) evaluations in which an Offender is petitioning the court to be discharged from a SVP program (Arizona State Hospital). The evaluation seeks to determine whether the Offender is likely to engage in future acts of sexual violence and does he have a mental disorder, as defined in A.R.S. §36-3701, that predisposes him to commit sexual acts to such a degree, as to render him a danger to the health and safety of others?

To meet the statute, the subject must have been convicted of a sexually violent act and must be diagnosed with a mental disorder that makes the person likely to engage in acts of sexual violence. For the purposes of this definition, a mental disorder is defined as a paraphilia, personality disorder or conduct disorder or any combination thereof that predisposes that individual to commit sexual acts to such a degree as to likely render the person a danger to others. The statute also requires that the respondent's likelihood of sex offense recidivism be shown to be "highly probable" and, as well, is unable to control dangerous behavior related to sexually deviant impulses.

5. **Follow-up monitoring:** (continued monitoring in the community). Monitoring the offender's post-treatment release for as long as the court retains jurisdiction.

6. **"What about the Trial phase?"**

Normally the psychosexual evaluation is not utilized in the trial phase. But . . .

- Is it possible for a defendant to introduce character trait evidence of "*sexual normalcy*" and/or lack of attraction towards deviant sexual acts?
- Can the evaluating psychologist speak to findings of healthy PPG results if that instrument is deemed Daubert qualified?

Arizona Rules of Evidence, Rule 404 states in part:

(1) *Character of accused or civil defendant. Evidence of a pertinent trait of character offered by an accused*, or by the prosecution to rebut the same, or evidence of the aberrant sexual propensity of the accused or a civil defendant pursuant to Rule 404(c);

(c) Character evidence in sexual misconduct cases

In a criminal case in which a defendant is charged with having committed a sexual offense, or a civil case in which a claim is predicated on a party's alleged commission of a sexual offense, evidence of other crimes, wrongs, or acts may be admitted by the court if relevant to show that the defendant had a character trait giving rise to an aberrant sexual propensity to commit the offense charged. In such a case, *evidence to rebut the proof of other crimes, wrongs, or acts, or an inference therefrom, may also be admitted.*

Please see **Appendix A** for the complete rule.

III. Paraphilias in the DSM-5

Pedophilic Disorder (302.2)

- A. Over a period of at least 6 months, recurrent, intense sexually arousing fantasies, sexual urges, or behaviors involving sexual activity with a prepubescent child or children (generally age 13 years or younger).
- B. The individual has acted on these sexual urges, or the sexual urges or fantasies cause marked distress or interpersonal difficulty.
- C. The individual is at least age 16 years and at least 5 years older than the child or children in Criterion A. Note: Do not include an individual in late adolescence involved in an ongoing sexual relationship with a 12- or 13-year-old.

Associated Features Supporting Diagnosis

The extensive use of pornography depicting prepubescent children is a useful diagnostic indicator of pedophilic disorder. This is a specific instance of the general case that individuals are likely to choose the kind of pornography that corresponds to their sexual interests. (DSM-5, p. 698)

Diagnostic Markers

Psychophysiological measures of sexual interest may sometimes be useful when an individual's history suggests the possible presence of pedophilic disorder but the individual denies strong or preferential attraction to children. The most thoroughly researched and longest used of such measures is *penile plethysmography*, although the sensitivity and specificity of diagnosis may vary from one site to another. *Viewing time*, using photographs of nude or minimally clothed persons as visual stimulus, is also used to diagnose pedophilic disorder, especially in combination with self-report measures. (DSM-5, p.699)

Note that pedophilia and sexual abuse of a child are not synonymous: a person can commit sex crimes against a child and not be a pedophile. This can include:

- Someone who is regressed, morally indiscriminate, or naïve/inadequate. (Holmes and Holmes, 2002)
- Someone who is a psychopathic deviate.
- A situational event/opportunity
- An adult who commits sexual crimes against an adolescent (hebephile). In most states “child” status is up to the age of 18. But for the DSM-5, a “child” is only up to the age of 13.
- An adolescent who is younger than 16 and commits a sex crime against a younger peer who is not 5 years younger.

Exhibitionism (302.4)

- A. Over a period of at least 6 months, recurrent, intense sexual arousal from the exposure of one’s genitals to an unsuspecting person, as manifested by fantasies, urges, or behaviors.
- B. The individual has acted on these sexual urges with a nonconsenting person, or the sexual urges or fantasies cause clinically significant distress or impairment in social, occupational, or other important areas of functioning. (DSM-5, p.689)

Fetishism (302.81)

- A. Over a period of at least 6 months, recurrent, and intense sexual arousal from either the use of nonliving objects or a highly specific focus on nongenital body parts(s), as manifested by fantasies, urges, or behaviors.
- B. The fantasies, sexual urges, or behaviors cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.
- C. The fetish objects are not limited to articles of female clothing used in cross-dressing (as in transvestic Fetishism) or devices designed for the purpose of tactile genital stimulation (e.g., vibrator). (DSM-5, p.700)

Frotteurism (302.89)

- A. Over a period of at least 6 months, recurrent and intense sexual arousal from touching or rubbing against a nonconsenting person, as manifested by fantasies, urges, or behaviors.
- B. The individual has acted on these sexual urges with a nonconsenting person, or the sexual urges or fantasies cause clinically significant distress or impairment in social, occupational, or other important areas of functioning. (DSM-5, p.691)

Voyeuristic Disorder (302.82)

- A. Over a period of at least 6 months, recurrent, intense sexual arousal from observing an unsuspecting person who is naked, in the process of disrobing, or engaging in sexual activity, as manifested by fantasies, urges, or behaviors.
- B. The individual has acted on these sexual urges with a nonconsenting person, or the sexual urges or fantasies cause clinically significant distress or impairment in social, occupational, or other important areas of functioning. (DSM-5, p.686)

Other Specified Paraphilic Disorder (302.89)

This category applies to presentations in which symptoms characteristic of a paraphilic disorder that cause clinically significant distress or impairment in social, occupational, or other important areas of functioning predominate but do not meet the full criteria for any of the disorders used in situations in which the clinician chooses to communicate the specific reason that the presentation does not meet the criteria for any specific paraphilic disorder. This is done by recording “other specified paraphilic disorder” followed by the specific reason (e.g., “zoophilia”).

Examples of presentations that can be specified using the “other specified” designation include, but are not limited to, recurrent and intense sexual arousal involving telephone scatologia (obscene phone calls), necrophilia (corpses), zoophilia (animals), coprophilia (feces), klismaphilia (enemas), or urophilia (urine) that has been present for at least 6 months and causes marked distress or

impairment in social, occupational, or other important areas of functioning. Other specified paraphilic disorder can be specified as in remission and/or occurring in a controlled environment. (DSM-5, p.705)

Unspecified Paraphilic Disorder (302.9)

This category applies to presentation in which symptoms characteristic of a paraphilic disorder that cause clinically significant distress or impairment in social, occupational, or other important areas of functioning predominate but do not meet the full criteria for any of the disorders in the paraphilic disorders diagnostic class. The unspecified paraphilic disorder category is used in situations in which the clinician chooses not to specify the reason that the criteria are not met for a specific paraphilic disorder, and includes presentations in which there is insufficient information to make a more specific diagnosis. (DSM-5, p.705)

IV. PSYCHOSEXUAL EVALUATION TOOLS: Psychosexual Interview

A thorough evaluation of the client's personal and sexual history is obtained through traditional interview and psychosexual surveys.

PSYCHOSEXUAL EVALUATION TOOLS: General Psychological Testing

Minnesota Multiphasic Personality Inventory - 2 (MMPI-2 at pearsonassessments.com)

The Basics: The MMPI-2 is designed to evaluate thoughts, emotions and behavioral traits. Ultimately, the results of the test seek to reflect the strengths and weaknesses of an individual's personality and in the process, help identify various mental disorders and defects. The MMPI-2 is a written test containing 567 true/false statements. The test is typically administered in writing and takes between 60-90 minutes to complete. However, the test may also be given by a computer. The test is given to adults 18 years or older, though a version of the MMPI-2, the MMPI-A has been designed for adolescents age 14-18.

Strengths and Weaknesses The MMPI-2 continues to be one of the most commonly used tests by psychologists and other mental health providers. Despite its popularity, the MMPI-2 has not been able to demonstrate consistent patterns that help predict legally relevant issues like recidivism rates and violence.

Critical Issues: Because of the tests length and breadth (567 questions!), it requires anywhere between a 5th grade to an 8th grade reading level to complete. This could present serious problems when dealing with poorly educated test takers, those suffering from a neurological injury, or those under the influence of drugs and alcohol, etc.

Million Clinical Multiaxial Inventory - IV (MCMI-IV at pearsonassessment.com)

The Basics: The MCMI-IV is a test designed to help detect personality disorders that correlate to the information found in the DSM-5 (Diagnostic and Statistical Manual of Mental Disorders, 5th edition). The test contains 195 true/false questions that are normally presented in writing or on a computer. The questions are designed to test for personality disorders as well as underlying clinical issues like drug and alcohol dependence.

Critical Issues: The test requires an 5th grade reading level. If the exam is given to someone who falls below that level, the results of the exam become easier to challenge.

Psychological Assessment Inventory (PAI at parinc.com)

The Basics: The PAI is a personality test designed to provide information relevant for a clinical diagnosis and to measure both the severity and breadth of any psychological defects discovered. The test is composed of 344 questions whose responses are rated on a 4 point scale ranging from false, not at all true, to very true. The test takes about an hour with someone with a 4th grade reading level or above to complete. The exam is designed to be given in writing with the test taker sitting in a desk or a table by himself.

Critical Issues: Requires a 4th grade reading level and may not be appropriate for people who fall below that.

PSYCHOSEXUAL EVALUATION TOOLS: Specialized Psychological Testing

Conners Continuous Performance Test 3 (CPT3)

The Conners Continuous Performance Test 3rd Edition (CPT3) assesses attention – related problems in individuals ages eight years and older. During the 14 minute, 360 – trial administration, respondents are required to respond when any letter appears, except the non—target letter “X.” By indexing the respondent's performance in areas of inattentiveness, impulsivity, sustained attention, and vigilance, the Conners CPT 3 can be a useful adjunct to the process of diagnosing Attention – Deficit/Hyperactivity Disorder (ADHD), as well as other psychological and neurological conditions related to attention.

Social Responsiveness Scale, Second Edition (SRS-2)

The SRS-2 identifies social impairment associated with autism spectrum disorders (ASDs) and quantifies its severity. It's sensitive enough to detect even subtle symptoms, yet specific enough to differentiate clinical groups, both within the autism spectrum and between ASD and other disorders. It clearly distinguishes the social impairment characteristic of ASD from that seen in ADHD, anxiety, and other diagnoses.

The SRS-2 is supported by a multitude of independent, peer-reviewed studies involving diverse populations and diagnostic groups. When the SRS-2 reveals social deficits associated with autism, it identifies where these symptoms fall on the spectrum. And when the test indicates that autism is not present, it points to other conditions in which social impairment plays a role.

Psychopathy Checklist—revised (PCL-R)

The PCL-R is the most commonly used assessment tool to identify the presence of psychopathy in individuals. It is a 20-item inventory of personality traits and behaviors, intended to be completed on the basis of a semi-structured interview along with a review of 'collateral information' such as official records. There is potential for harm if the test is administered incorrectly. Its author Robert Hare argues that the test should be considered valid only if administered by a licensed clinician under standardized conditions.

Psychopathic Personality Inventory-Revised (PPI-R)

The Psychopathic Personality Inventory (PPI-R) is a personality test for traits associated with psychopathy in adults. The PPI was developed to assess these traits in non-criminal (e.g. university students) populations, though it is still used in clinical (e.g. incarcerated) populations as well. The PPI-R is a self-report assessment. It is intended to comprehensively index psychopathic personality traits without assuming particular links to anti-social or criminal behaviors. It also includes measures to detect impression management or careless responding.

Find out more about Psychological Tests

At the **Buros Center for Testing's** website (www.unl.edu/buros), search engines allow you to examine a large amount of information on tests and testing. "Test Reviews Online" is a web-based service of the Buros Institute of Mental Measurements. Test reviews are available to individual users exactly as they appear in the Ninth through Seventeenth Mental Measurements Yearbook series. In addition, monthly updates are provided from their latest test review database. For a small fee, users may download reviews for over 2,500 tests that include specifics on test purpose, population, publication date, administration time, and descriptive test evaluations.

The **Mental Measurements Yearbook** (MMY) series is available from EBSCO and OVID/SilverPlatter at many academic libraries. Containing the text of the Ninth through the Seventeenth Mental Measurements Yearbooks, the MMYD is updated every 6 months to ensure timely access to current information. The MMYD is available to libraries and organizations by subscription and may be provided as a stand-alone service for authorized users.

The **Tests in Print** (TIP) series is currently available from EBSCO and provides up-to-date descriptive information on currently available, English language tests. Access to the electronic versions of the MMY and TIP may be combined into one product for instant access to both current descriptions of available tests and their most recent test reviews.

PSYCHOSEXUAL EVALUATION TOOLS: Sex History Questionnaires

The Multiphasic Sex Inventory – II (MSI-II, Adult Male & Female, Adolescent Male and Female forms)

The MSI-II has been researched since 1986. The client's test taking behavior and response patterns are assessed by twelve separate measures of test reliability and validity. The Molester Comparison and Rapist Comparison Scales compare the client's scores to the scores of known child molesters and rapists. Psychosexual Scales assess Social Sexual Inadequacies, Emotional Neediness and Cognitive Distortions and Behavioral Scales assess Conduct Disorder, Sociopathy, Aggressive Patterns of behavior, Family Violence, and Substance Abuse. Added to the core paraphilia scales of Child Molest, Rape, Exhibitionism and Voyeurism, there are additional paraphilia indices of

Sexual Harassment, Net Sex, Obscene Call, Pornography, Transvestism, Fetishism, Bondage/Discipline, Sexual Sadism and Masochism. Further assessment is made regarding Physiologic Dysfunction, Desire Disorder, Premature Ejaculation and Body Image. There are also a Justifications Scale, Accountability Scales of Denial, Scheming and Superoptimism. Gender Identity and Gender Orientation are also included in the *MSI II* battery. There is treatment information provided by the Treatment History and Treatment Attitudes. The Social Sexual History includes information regarding Sexual Development History (which includes past victimization), Marital History, Personal-Family History, Education History and Work History. Finally, a Critical Items List of the most pathological items are identified.

Clark Sex History Questionnaire for Males – Revised (SHQ-R)

The SHQ-R is a formal assessment of sexual offences. The three scales (including two validity scales) provide a comprehensive sexual history to help evaluate an offender's risk to others and potential for rehabilitation. The SHQ-R questionnaire determines a respondent's specific sexual experiences and also investigates his history of voyeurism, sexual dysfunction, exhibitionism, transvestism, toucheurism, fetishism, frotteurism, fantasy, sexual abuse, and exposure to pornography.

Multidimensional Inventory of Development, Sex and Aggression (MIDSA @ midsa.us)

The MIDSA is a computerized self-report inventory that provides a clinical report to support therapeutic interventions with juveniles and adults who sexually offend. It covers areas such as sexual interest, relational style, family history, sexual experience in childhood and adolescence, social history, antisocial history, sexual history, exposure to and use of pornography, sexual fantasies, attitudes and behaviors.

Abel Assessment of Sexual Interests – version 3

The AASI-3 includes an extensive psychosexual history. It is discussed in the next section.

PSYCHOSEXUAL EVALUATION TOOLS: Viewing Time Measures

Measurement of sexual interest using viewing time is based on the premise that people spend more time looking at depictions that are of personal interest than those that are not (e.g., Calvo & Lang, 2004; Lang, Greenwald, Bradley, & Hamm, 1993; Love, Sloan, & Schmidt, 1976). . . A number of studies have confirmed, in general, the positive relationship between viewing time and targets of the viewer's sexual interest (e.g., Wright & Adams, 1994). This relationship was first described by Rosenzweig (1942), who found that differences in viewing time to sexual images discriminated level of sexual interest. . . Among the possible advantages of viewing time over plethysmography as an index of sexual interest is that it may be less vulnerable to conscious manipulation because it is an indirect and unobtrusive measure of sexual interest. Another advantage of viewing time, both in research and clinical applications, is its non-invasive nature, especially compared to genital plethysmography.

Esther Israel and Donald Strassberg (2009). *Viewing Time as an Objective Measure of Sexual Interest in Heterosexual Men and Women*. Arch Sex Behav. 38:551-558

The American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM-5) has gone from not recommending physiological assessments in DSM-IV to specifically identifying its use in DSM-5. *"Psychophysiological measures of sexual interest may sometimes be useful . . . The most thoroughly researched and longest used of such measures is penile plethysmography, . . . Viewing time, . . . is also used to diagnose pedophilic disorder, especially in combination with self-report measures."* (DSM-5, pp.698-699)

LOOK

The LOOK Assessment is a computer-based ideographic assessment of sexual interests which include pedophilia. It generates data for an individual's sexual preference of age and gender in 14 different categories of infants, children, pre-juvenile, juveniles, young adults, mature adults, and the elderly. LOOK combines a participant's self-reported sexual preferences along with three (3)

covert viewing time measures (VTMs). The VTM is based upon the well-established finding that individuals spend longer time gazing at images they find sexually attractive. It has been established that these images need not be sexually explicit or arousing in any way. It was also established that this phenomenon persisted (perhaps was even potentiated) when the subject was actively engaged in rating the sexual interest of images. The delay time for a rating can thus be used as a validity measure of the rating itself.

LOOK is typically administered on two (2) occasions in effort to control for faking. Additionally, LOOK incorporates an anti-feigning tool that requires participants to look at pictures and make a decision concerning sexual attractiveness. Each administration provides a comparison between the subject's overt, stated sexual interest and the covert sexual interest viewing time.

Affinity 2.5

Affinity 2.5 is a computer based ipsative ("forced-choice") assessment of sexual interest. It combines two overt measures of sexual interest (designed to enable the subject to report the age and gender of sexual preferences in some detail) with a covert, 'viewing time measure' (VTM). The VTM is based upon the well-established finding that individuals spend longer time gazing at images they find sexually attractive. It was established using the Affinity 1.0 prototype that these images did not need to be sexually explicit or arousing in any way. It was also established that this phenomenon persisted (perhaps was even potentiated) when the subject was actively engaged in rating the sexual interest of images. The delay time for a rating can thus be used as a validity measure of the rating itself.

The ipsative ("forced-choice") construction of the Affinity 2.5 is an important feature. This is a specific type of measure in which respondents compare two or more desirable options and pick the one that is most preferred (sometimes called a "forced-choice" scale). This is contrasted with measures that use Likert-type scales, in which respondents choose the score (e.g. 1 to 5) which best represents the degree to which they agree with a given statement. While mean scores from Likert-type scales can be compared across individuals, scores from an ipsative measure cannot. A strength of ipsative measures is that it is generally more useful for evaluating traits within an individual, whereas Likert-type scales are more useful for evaluating traits across individuals. Additionally, ipsative measures can be useful in identifying faking.

Abel Assessment for Sexual Interest-3 (AASI-3)

The Abel Assessment for Sexual Interest (AASI, versions 1, 2 and 3) was developed with the hope that it could measure sexual attraction without being as invasive as the plethysmograph. The core component of the AASI is a measure of viewing time (VT), determined by the amount of time slides are retained on a computer screen by the subject being tested. In addition to the VT measure, the AASI includes a measure of self – reported sexual attraction to the VT stimuli, a self-report questionnaire and a client data form filled out by the therapist.

The first version of the AASI was the Abel Screen, published in 1994. It was designed to screen males with no known history of sexual offenses for pedophilic interests. This version eventually included a probability value that an alleged offender was a child molester. The most recent version (AASI-3) includes questionnaire items on Internet porn use and experience of sexual trauma.

Sachenmaier and Gress (2009) provide an important critique of the AASI-2.

"VT methods of measuring sexual interest have held promise for more than a half century, yet the achievement of good, stable psychometric qualities remains elusive. This is partially due to lack of published psychometric information and the confidential and proprietary nature of the AASI. . . There is a substantial amount of research still required, however, especially on the AASI to substantiate its use. First, researchers and clinicians require peer-reviewed published information on the AASI psychometric properties. This permits proper evaluation of the AASI and comparison between AASI studies and studies utilizing other VT methods. Second, there has been little to no informative research evaluating the AASI on populations exhibiting exhibitionism, frottage, voyeurism, sadism against males and females and rapists. There are scales in the AASI that assess these areas but unfortunately, there does not appear to be an evaluation of the full AASI (all self-

report scales plus all pace that scales using the full set of stimulus materials) published in peer-reviewed journals.

Third, an area that requires immediate attention is the reliability and predictability of this measure's scoring procedures. For example, Abel et.al. (2004) used raw scores (seconds) to 'increase reliability and predictive ability' that suggest that the raw score means may be more reliable and predictive than the Z score transformation (p .269). Unfortunately, the latter is what Abel Screen Incorporated provides clinicians to use in practice. Although the results of the analysis utilizing raw scores were significant, they were mediocre in strength Indicating that a discussion of the AASI's (and VT in general) clinical significance vs. statistical significance is warranted. Finally, research is required to determine the fact, if any, of a client's knowledge on the purpose and method of the AASI. This is important for all psychometric measures utilized in forensic settings, as the consequences for alleged and known sexual offenders and civil and criminal context can be substantial. Due to this increased personal risk for the client, if he or she knows that they may undergo the AASI assessment (or other psychological measures) they may attempt to learn about the test by searching online.

A search for 'Abel assessment' via a popular search engine (e.g. Google) provide a variety of informative websites, including a link to Innocent Dads, which provides a detailed description of how the Abel Assessment measures VT. The more persistent web searcher will also find a New York Times article (Berger, 2005) explaining that the AASI measures erotic preference by the amount of time a person looks at the different slides, not the self-reporting skills sexual attraction. The situation is not the fault of Abel Screen Incorporated, but it is a reality they must live and deal with.

If the accuracy of a test depends upon people's naïveté, and at this time VT measures appear to do just that, authors of these tools are ethically obligated to provide clinicians information on the effect of non-naïve clients. Abel Screening Incorporated has begun this process by including instructions that alert clinicians to the fact that VT may not accurately reflect a person's sexual interest pattern: "The integrity of the AASI-2 is dependent on the client's ability to follow instructions, have reasonable acuity to see the images and not be influenced by auditory or visual hallucinations or brain damage' (<http://abelscreen.com/products>, retrieved 12 June, 2007).

Cautions when using the AASI

Much of the integral psychometric information necessary for proper evaluation and interpretation of any psychological instrument is lacking in many of the published studies on the AASI. This includes descriptive numbers (instead of verbal descriptions alone) such as means, standard deviations, correlations and significance levels. The presentation of effect sizes would also greatly improve a reader's ability to evaluate the significance of research on the AASI. Therefore, until the authors complete the task of publishing this information, we suggest clinicians to be cautious when using and interpreting all components of the AASI. In addition, when administering this tool to special populations or in specific contexts that have not received a thorough psychometric evaluation, such as those described above, the clinician should do so with extreme caution and state the circumstances in any report of the measure's results.

Another area of concern is the clinical application of the AASI probability values (Abel et al., 2001). Importantly, the probability value should not be used due to the substantial number of false positives and false negatives, lack of cross validation, and other research weaknesses. In addition, there is the inherent potential for committing the error of reversing conditional probabilities. For example, a group of known sexual offenders can be studied and a list made of their most common characteristics, but to take this list of common characteristics and apply it to a non-offending male and use the degree to which that person has these characteristics as a probability that he is a sexual offender demonstrates flawed reasoning. To say, 'If you are a known sexual offender of boy children, we can look at characteristics a, b, and c' is not the same as saying, 'If you have characteristics a, b, and c, you are probably a sex offender of boys'.

Although Abel et al. (2001) cautioned against using either AASI VT or probability values in litigious context, this has not been heeded (see, e.g. United States v. White Horse, 2003; Ready v. Commonwealth of Massachusetts, 2002); consequently, we recommend that use in litigious context should be clearly forbidden by the test manufacturer and so stated on reports. Similarly, AASI users should be aware that the lack of published research, lack of independent cross validation and replication studies and lack of adequate statistical reliability and validity data make the AASI vulnerable to attack under judicial standards for admissibility of expert witness evidence."

(Pages 53-55 in Sachenmaier, S. and Gress, C. The Abel assessment for sexual interests -2: A critical review. Chapter in Thorton & Laws, Cognitive approaches to the assessment of sexual interest in sexual offenders. John Wiley & Sons, Malden, MA, [2009]).

Sachenmaier and Gress (2009) offer cautions regarding special populations.

Adolescents

"Abel et al. cautioned that the AASI should not be used to identify adolescent males who are accused of child molestation but are denying it, and VT alone should not be used as a classification tool. Abel et al. Suggested that the AASI might best be used to identify high-risk offenders among known adolescent child molesters to help decide who cannot be safely treated in the community. Although this appears to be a reasonable conclusion, recall that ipsative scores such as those used by the AASI do not allow for inner-individual comparisons. Additionally, while a method with a receiver operator characteristic of 0.64 does offer predictive accuracy above that of chance, it is clinically poor result and therefore not an appropriate foundation upon which to base decisions regarding a person's confinement. A risk assessment should be based on a larger body of test and other data and use methods designed specifically for risks management." (p.49)

Child Custody

"The summary reports issued by Abel Screen, Inc. indicate that the AASI probability value should not be used in disputed child custody cases. The warning states: 'You should be aware that child custody dispute cases violate some of the assumptions on which the Denier – Dissimulator probability model is based, and therefore, it should not be used in these situations.'" (p.49-50)

Intellectually Disabled

"Research has used participants were able to read the AASI questionnaire without assistance. Those whose intellectual disability prevents them from doing so should not be tested with the AASI. Abel Screening Incorporated offers for sale the Abel – Blasingame Assessment System for individuals with intellectual disabilities. It appears that the main differences are simplified instructions and a simplified questionnaire that is read to the client. Product information does not mention differences among slide sets. We can find no published research using the Abel – Blasingame Assessment System. Blasingame reported that he is gathering data (personal communication, 9 September 2007), but has not yet received permission from Abel Screening Incorporated to share preliminary results, as data are owned by Abel Screening Incorporated. Publication of this research could be an important advance in the field." (p.50)

Females

"Abel Screen Incorporated has a questionnaire for female children and female adults. (Abel et al., 2004): however, no researches been reported using female participants with the AASI." (p.50)

Minority Races

"The AASI includes African American slide stimuli that are to be used with that population. The vast majority of the participants in the research have been Caucasian. The AASI questionnaire is offered in Spanish and French, in addition to English (Abel et al., 2004). There is no published research using substantial numbers of participants from these minorities." (p.50)

Sadism/Masochism

"The AASI includes stimuli designed to identify sexual interest in sadism against females and sadism against males. The ipsative scores reflected by the AASI bar chart our score differently from the age and gender categories, in that the sadism against female score must succeed the adult

female score by full standard deviation and likewise for males, in order for further inquiry to be made of the participant. There is no report of research to support the use of these scores. Abel Screen Incorporated currently advises AASI-2 users not to report the sadism scores. Additionally, Letourneau (2002) did not support the use of the AASI with rapist." (p.50)

Incest Offenders

"It is commonly accepted that incest offenders are less likely to show sexual interest in children (Abel et al., 2001) than our other child sexual offenders. Abel et al. (2001) excluded incest offenders from the two groups of admitting sex offenders used to construct the probability models for child molesters. Letourneau (2002) speculated that the non-significant findings for sexual interest in female children may have occurred because many of the child molesters were incest offenders. Abel Screen Incorporated reports of the probability value for denier-dissimulator (formerly liar – denier) may be applied to alleged incest offenders. Abel et al. (2001) do not report how many incest offenders were used in the denier group to construct the model, they can investigation of this claim difficult. AASI's use in child custody battles where incest is alleged has recently been forbidden by Abel Screening Incorporated; this is stated on the website and on AASI summary reports." (p.51)

PSYCHOSEXUAL EVALUATION TOOLS: Measures of Sex Offending Attitudes

Bumby Cognitive Distortions screener (BCD)

Developed Karl Bumby in 1995 and is designed to elicit client self-report regarding attitudes about rape and sex with children. The Rape scale uses 36 statements and the Molest scale uses 38 statements. The test allows a range of answers: *Strongly Agree – Disagree – Agree – Strongly Agree.*

Sex with Children Scales

An 18-item questionnaire designed to screen for problematic beliefs regarding sex between an adult and a child. Research has shown the SWCH questionnaire is a helpful screening tool. However, the instrument does not account for “faking good” – someone who falsely responds to the questions in such a manner as to portray themselves as being healthier than they truly are. The present Examiner has expanded the questionnaire to include attitudes and beliefs regarding sex between an adult and an adolescent.

PSYCHOSEXUAL EVALUATION TOOLS: Projectives

Sex Offender Incomplete Sentences Blank (So-Isb).

Sentence completion tests come in a variety of forms. On each form a number of sentences begin, leaving the client to “project” himself into the response he provides at end the sentence. This sentence blank is specifically designed to explore unconscious processes involved in sex offenders and sex offending.

Sexual Projective Card Set (SPCS).

The SPCS is a projective apperception test especially developed to sample “themes” from a client's life related to sexual issues and sexual offending. A standard set of cards and instructions have been developed and these are administered to the client, who is asked to write a story about how the characters got into the situation, what they are thinking and feeling, and how the story will end. An analysis of the content of the stories often provides valuable cues to the development, attitudes, and motivations of the client.

PSYCHOSEXUAL EVALUATION TOOLS: Actuarials

A number of psychological actuarial tools have been designed to assess for future risk of sexual violence or recidivism. Typically, these instruments are comprised of a variety of risk factors which have been statistically shown to correlate to sexual re-offense. The risk factors can be "static" or "dynamic". **Static factors** are generally historical and difficult if not impossible to change. In contrast, **dynamic factors** can change over time and be used to guide rehabilitation efforts. A brief description of the more common actuarials is included later in this section. Some of the current controversies regarding the use of actuarials include: accounting for age of the

subject, questionable inter-rater reliability, limited clinical utility, limited legal relevance, unknown generalizability, and probability margins of error.

Accounting for Age

The risk of sexual recidivism declines with advancing age. Actuarials which are not stratified underestimate risk for younger offenders and overestimate risk for older offenders.

Recent research (n = 9,305) underscores the importance of using age-stratified actuarial tables in sex offender risk assessments.

Wallert, R., Cramer, E., Waggoner, J., Skelton, A., and Vess, J. (December, 2010). *Sex Abuse*. 22: 471-490

Abstract

A useful understanding of the relationship between age, actuarial scores, and sexual recidivism can be obtained by comparing the entries in equivalent cells from “agestratified” actuarial tables. This article reports the compilation of the first multisample age-stratified table of sexual recidivism rates, referred to as the “multisample age-stratified table of sexual recidivism rates (MATS-1),” from recent research on Static-99 and another actuarial known as the Automated Sexual Recidivism Scale. The MATS-1 validates the “age invariance effect” that the risk of sexual recidivism declines with advancing age and shows that age-restricted tables underestimate risk for younger offenders and overestimate risk for older offenders. Based on data from more than 9,000 sex offenders, our conclusion is that evaluators should report recidivism estimates from age-stratified tables when they are assessing sexual recidivism risk, particularly when evaluating the aging sex offender.

Improving the predictive accuracy of static-99 and static-2002 with older sex offenders.

Helmus, L., Thornton, D., Hanson, R.K., Babchishin, K.M., (Feb. 2012). *Sex Abuse*, vol. 24, no. 1, 64-101.

Abstract

Actuarial risk assessment scales and their associated recidivism estimates are generally developed on samples of offenders whose average age is well below 50 years. Criminal behavior of all types declines with age; consequently, actuarial scales tend to overestimate recidivism for older offenders. The current study aimed to develop a revised scoring system for two risk assessment tools (Static-99 and Static-2002) that would more accurately describe older offenders’ risk of recidivism. Using data from 8,390 sex offenders derived from 24 separate samples, age was found to add incremental predictive validity to both Static-99 and Static-2002. After creating new age weights, the resulting instruments (Static-99R and Static-2002R) had only slightly higher relative predictive accuracy. The absolute recidivism estimates, however, provided a substantially better fit for older offenders than the recidivism estimates from the original scales. We encourage evaluators to adopt the revised scales with the new age weights.

Questionable Inter-rater Reliability

"One should expect some inter-rater variability because many instruments did not have detailed technical manuals that would prevent examiner error when coding difficulties arise. The precision of ratings across raters is particularly important with these actuarial risk tools given even very small differences (+/- 1 point) can lead to very different estimates of risk." (Fabian, et.al., 2009, p.80)

Limited Clinical Utility

Most of the factors included in actuarial assessments are static variables that are difficult, if not impossible, to change. As such they provide little guidance regarding therapeutic change that may or may not be occurring in the course of a treatment program.

“Grisso referred to this problem as ‘tyranny of static variables,’ arguing that if actuarial instruments are the sole clinical criterion for release decisions, ‘examinees will be doomed to perpetual commitment because they will always achieve the same score.’ The measurement of change in risk for sexual reoffending is a crucial issue because once civilly committed as a SVP, or criminally as a dangerous offender, and offender’s risk level has

to decrease sufficiently before they will be released. The problem is that the majority of the sex offender risk assessment tools were based almost entirely on static risk factors that, by definition, do not change." (Fabian, et.al., 2009, p.80)

Limited Legal Relevance

Evaluators in SVP cases must determine whether an individual is at an elevated risk for sexual violence due to a mental abnormality. If the risk is not due to a mental disorder, then civil commitment is not possible. But the actuarial tools do not allow the evaluator to determine how much risk is attributable to the mental abnormality. In fact, most of the actuarial tools ignore mental disorder as a risk factor altogether. So, they do not address the fundamental legal question that must be met for a SVP evaluation.

Unknown Generalizability

Validity in the "laboratory" does not necessarily translate to validity in the field. Research on the actuarial tools have been based on small samples, use of historical information to score the measures, and retrospective designs. All of these increase the chance of making false positives in the real world.

A second issue is how well an actuarial tool's sample population resembles the characteristics of the individual being evaluated. The more representative the development sample is of the population on which the test will be used, the more generalizable the test's predictive power. One problem is that sex offenders are an extremely heterogeneous group. This is most obvious in relationship to the type of sex crime. There is some evidence that the actuarial tests are better at predicting recidivism among child molesters and incest offenders than of rapists. Other variants factors include the presence of a paraphilia or a major mental illness.

Probability Estimates Have Substantial Margins of Error

Possibly the most important limitation of use of actuarial risk assessment are the substantial margins of error in the risk estimates made using test scores, particularly when it comes to individual prediction (Fabian, et.al., 2009, p.82).

"The problem is that moving the focus of analysis from groups to individuals changes the way in which risk is conceptualized. Say we have a bag of 100 marbles, 75% of which are black and 25% of white. Each time we draw a marble, we return the marble to the basket and then draw a marble again. Say an individual does this 1000 times. The person should expect to draw a black marble 750 times (or 75% of the time), but the 95% confidence interval is 720 to 780 times. In other words, the person can be 95% certain that they will draw a black marble between 720 and 780 times (or 72% to 78% of the time). Decreased the number of draws to 100 and confidence interval gets wider – now the 95% confidence interval is 66 to 82 (or 66% to 82%). So, although the estimated probability that the individual will draw a black marble is still 75 times out of 100, the margin of error in this estimate is larger. Now, take this down to the individual level. If a person draws a marble only one time – although the best guess is that it will be black, because this is what it should be 75 times out of 100 – we cannot say this with any degree of precision. We do not have 95% confidence intervals for individual cases at this one in our science." (Fabian, et.al., 2009, p.82).

Brief Description of Various Actuarials

Child Pornography Offender Risk Tool – V2 (CPORT-V2)

The CPORT-V2 (Seto & Eke, 2015) is a structured risk checklist designed to predict sexual recidivism in adult male sexual offenders with a conviction for child pornography offenses (N = 286; follow-up M = 8.3 years). All the subjects were convicted by courts in Canada of at least one count of possession of child pornography (over 90%), accessing (21%), distribution (37%), or production (23%). A fifth (21%) had a contact sex offense against a child. The authors of the CPORT-V2 recommend using the instrument for ranking an individual's risk as compared to other non-contact child pornography offenders. Although actuarial tables are being developed, for the time being the authors recommend interpreting general rank for risk without referencing recidivism probabilities.

Correlates of Admission of Sexual Interest in Child Scale (CASIC)

In the *Scoring Guide for the Child Pornography Offender Risk Tool – v. 2* (CPORT-V2, 6/15/18), Eke, Helmus and Seto note;

“In the CPORT-V2, admission of sexual interest in child is a risk factor for predicting any sexual recidivism. The concern for this type of item is its vulnerability to faking or refusal to respond, especially in high-stakes situation such as being investigated for child pornography offenses, sentencing and so forth. This led to our interest in potential correlates of sexual interest in children (Eke & Seto, 2013) and the development of a 6-item scale we called the Correlates of Admission of Sexual Interest in Children Scale” (CASIC; Seto & Eke, 2017. p.9)

In the development of the CPORT-V2, the authors identified the following behavioral correlates of admission of sexual interest in children:

1. Never married (54%)
2. Child abuse videos (64%)
3. Content included sex stories involving children (31%)
4. Evidence of interest in child pornography spanning a time frame of two years or longer (55%)
5. Volunteered with children before or during the index offence (7%)
6. Engaged in sexual communication with a minor (or undercover officer posing) (10%)

When summed, the average score on CASIC is 2.21 out of a possible 6, and the CASIC score was significantly associated with admission of sexual interest in children (AUC=.71). Results indicate that a score of 3 or more on the CASIC can allow item #5 on the CPORT-V2 to be scored as a “yes”.

Minnesota Sex Offender Screening Tool Revised (MnSOST-R)

A 16 item rating scale designed to predict sexual recidivism among rapists and extrafamilial family child molesters. 12 items are static and four of the items are dynamic. An advantage of the MnSOST-R is its ability to produce different cut scores for different decisions to reduce the likelihood of false positives and negatives. Research on the MnSOST-R's predictive validity produces mixed results.

Rapid Risk Assessment for Sexual Offense Recidivism (RRASOR)

The RRASOR is a four-item rating scale designed specifically to predict sexual recidivism among men who have been convicted of a sexual offense. The items include number of prior sex offenses, current age, victim gender, and relationship to victim. The total score ranges from 0 to 6, with higher scores indicating higher risk. Studies have identified the RRASOR to be a better predictor of sexual recidivism than violent recidivism. In general, there is little difference in the RRASOR's predictive accuracy for child molesters versus rapists.

Sex Offender Need Assessment Rating (SONAR)

The SONAR was developed to evaluate change in risk among adult male sexual offenders. It is designed to be dynamic and capable of measuring actual change in risk. It includes five relatively stable factors (intimacy deficits, negative social influences, attitudes tolerant of sex offending, sexual self-regulation, and general self-regulation) and four acute factors (substance abuse, negative mood, anger, and victim access). Initial research shows the SONAR has good predictive accuracy.

Sex Offender Risk Appraisal Guide (SORAG)

The SORAG is a 14-item scale designed to predict violent and sexually violent recidivism in men known to have committed a sexual offense involving physical contact. The SORAG is a derivative of the VRAG developed to predict violent recidivism. The SORAG consists of 14 items that include:

- Having lived with both biological parents to the age of 16
- Elementary school maladjustment
- History of alcohol problems
- Having never lived with a partner for longer than two years
- Nonviolent criminal offenses
- Violent criminal offenses
- History of sex offenses only against girls under the age of 14
- Failure on prior conditional release
- Age at index offense
- Diagnosed with a personality disorder
- Diagnosed with schizophrenia
- Phallometric test results
- Hare Psychopathy Checklist or CATS score

Most studies have found the SORAG to be a moderate predictor of sexual recidivism. It seems to be a better predictor of sexual recidivism for child molesters than for rapists, and is better at predicting violent recidivism in general than sexual recidivism specifically. You can obtain a free copy of the SORAG at: <http://www.tn.gov/mental/policy/forms/MHDDvrag.pdf>.

Vermont Assessment of Sex Offender Risk (VASOR)

The VASOR is a 19 – item scale designed for use with adult male sex offenders to assist probation and parole officers in making placement and supervision decisions. It was designed to be scored by probation officers and correctional his work. The VASOR items were chosen on the basis of an exhaustive literature review, clinical experience, and ease of scoring. Most items are static but some are more dynamic factors. The VASOR has good interrater reliability. It also has good predictive validity.

Violence Risk Scale – Sexual Offender Version (VRS-SO)

The VRS-SO assesses for risk of sexual recidivism in forensic populations before and following treatment. It uses 24 items, 7 static and 17 dynamic, rated on a four-point scale (0-3) with 0 reflecting the "less risk" and 3 reflecting "higher risk." The VRS-SO also helps to identify treatment targets (based on dynamic factors), readiness for treatment, and can measure pre- and posttreatment risk to identify changes in risk. The predictive accuracy of the VRS-SO is better for the static score than for the dynamic score.

STABLE-2007

The STABLE-2007 measures “*stable-dynamic*” risk factors for sexual recidivism. It was developed to assess change in intermediate-term risk status, assessment needs, and help predict recidivism in convicted sex offenders. Stable-dynamic risk factors and the resulting recidivism risk can be changed through “effortful processing”, meaning treatment interventions and life changes.

Hanson and Harris (2004; Hanson et al., 2007) developed this risk assessment instrument based on a large prospective study from Canada, as well as the states of Alaska and Iowa with a total sample size of 997 sexual offenders. The STABLE-2007 consists of 13 items and produces estimates of stable dynamic risk based upon the number of stable dynamic risk factors present in any one individual. For offenders without a child victim, there are only 12 items.

Static-99 and Static-99R

The Static-99 is the most widely used sex offender risk assessment instruments among forensic evaluators in North America. It was designed to assess the long-term potential risks for recidivism of violence and sexual offenses among adult males who have been convicted of at least one sexual offense against a child or nonconsenting adult. It consists of 10 items:

- Age less than 25 years old
- Having ever lived with a lover for two continuous years
- Having committed a current non-sexual violent offense
- Having a history of non-sexual violence
- The presence of prior sexual offenses
- The number of previous sentencing dates
- Conviction for non-contact sex offenses
- Having unrelated victims
- Having stranger victims.
- Having male victims

The scored results include a general estimate of risk and probability of violence and sexual recidivism for 5, 10, and 15 years. The Static-99 predicts sexual recidivism and violent recidivism equally well. Its ability to predict noncontact sexual recidivism and violent recidivism is moderately higher than its ability to predict contact sexual recidivism. **Static-99R** is identical to Static-99, with the exception of updated age weights.

However . . .

Daubert Ruling on Static-99R: In 2012, a Wisconsin judge barred the use of the Static-99R because it did not meet the Daubert Standard. Specifically, the developers of the Static-99R refused to share their data with independent researchers and statisticians seeking to cross-check the instrument's methodology. Go to <http://forensicpsychologist.blogspot.com/2012/12/judge-bars-static-99r-risk-tool-from.html> for more detail on this. Go to www.static99.org for free copies of all the different Static measures.

Static-2002 and Static-2002R

The Static-2002 is an instrument designed to assist in the prediction of sexual and violent recidivism for adult male sexual offenders. The recidivism estimates provided by the STATIC-2002 are group estimates based upon reconvictions and were derived from groups of individuals with these characteristics. Static-2002 was created with the aim of improving the Static-99. Important differences between Static-99 and Static-2002 are that Static-2002 added 4 additional questions, altered some items, organized items into meaningful subscales to aid interpretation, and has more standardized coding rules.

Category I: AGE

1. Age at Release

Category II: PERSISTENCE OF SEXUAL OFFENDING

2. Prior Sentencing Occasions for Sexual Offenses
3. Any Juvenile Arrest for a Sexual Offense and Convicted as an Adult for a Separate Sexual Offense
4. Rate of Sexual Offending

Category III: DEVIANT SEXUAL INTERESTS

5. Any Sentencing Occasion for Non-contact Sexual Offense
6. Any Male Victim
7. Young, Unrelated Victims

Category IV: RELATIONSHIP TO VICTIMS

8. Any Unrelated Victim
9. Any Stranger Victim

Category V: GENERAL CRIMINALITY

10. Any Prior Involvement with the Criminal Justice System
11. Prior Sentencing Occasions for Anything
12. Any Community Supervision Violation
13. Years Free Prior to Index Sex Offense
14. Any Prior Non-Sexual Violence Sentencing Occasion

Research shows that the Static-2002 was more predictive of sexual, violent, and any recidivism than Static-99. Static-2002R is identical to Static-2002, with the exception of updated age weights.

Attorney's Guide to Brief Scoring of the STATIC 2002R

Category I: DEFENDANT'S AGE

Question #1. Current Age? ages 18-to-24.9 = "3" ages 25-to-34.9 = "2" ages 35-to-49.9 = "1" age 50 or older = "0"	Score
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Category II: PERSISTENCE OF SEXUAL OFFENDING

Question #2. How many <u>prior</u> sentencing occasions for sexual offenses? (<u>circle</u> a score. You'll add up the circled scores at the end of this section) "None" = a score of "0" "Once" = a score of "1" "Two or three times" = a score of "2" "Four or more times" = a score of "3"	
Question #3. Any juvenile arrest for sexual offense & convicted as adult for separate sexual offense? (circle a score) Never arrested for a sexual offense prior to age 18 = a score of "0" Arrested prior to age 18 and then convicted for that sex offense after age 18 = score of "1"	
Question #4. Rate of sexual offending (circle a score) Client has less than one sex offense conviction every 15 years = a score of "0" Client has <u>more</u> than one sex offense conviction every 15 years = a score of "1"	Score
Persistence raw score: total all <u>circled</u> scores in <u>this</u> section (questions #2, #3, and #4) "0" total raw score = a General Criminality score of "0" "1-or-2" total raw score = a Persistence score of "1" "3-or-4" total raw score = a Persistence score of "2" "5-or-6" total raw score = a Persistence score of "3"	

Category III: DEVIANT SEXUAL INTERESTS

Question #5. Any sentencing occasion for non-contact sexual offense (exhibitionism, voyeurism, possessing child pornography, froterism, stealing underwear, or sexual harassment)? No sentencing for non-contact = "0" Any sentencing for non-contact = "1"	Score
Question #6. Any male victim(s)? If "no" then score "0". If "yes" then score "1".	
Question #7. Are there two or more victims under the age of 12, and is at least one of them unrelated to your client? If "no" then score "0". If "yes" then score "1".	

Category IV: RELATIONSHIP TO VICTIMS

Question #8. Any unrelated victim (child or adult)? If "no" then score "0". If "yes" then score "1".	Score
Question #9. Any stranger victim? If "no" then score "0". If "yes" then score "1".	

Category V: GENERAL CRIMINALITY

Question #10. Any prior involvement with the criminal justice system (as an adult)? (<u>circle</u> a score. You'll add up the circled scores at the end of this section) If "no" then score "0". If "yes" then score "1".	
Question #11. Prior sentencing occasions for anything (as an adult) (circle a score) 0-to-2 prior sentencing occasions for anything = a score of "0" 3-to-13 prior sentencing occasions = "1" 14-or-more prior sentencing occasions = "2"	
Question #12. Any community supervision violation (as an adult)? (circle a score) If "no" then score "0". If "yes" then score "1".	
Question #13. Years free prior to index sex offense. (circle a score) Never been incarcerated = "0" More than 36 months free (out of prison) prior to <u>committing</u> the instant sex offense AND more than 48 months free prior to instant to <u>conviction</u> of the instant offense. = "0"	

Less than 36 months free (out of prison) prior to <u>committing</u> the instant offense OR less than 48 months free prior to <u>conviction</u> for the of the instant sex offense. = a score of “1”	
Question #14. Any prior non-sexual violence sentencing occasion. (circle a score) If “no” then score “0” If “yes” then score “1”.	Score
General Criminality raw score: total all <u>circled</u> scores in <u>this</u> section (questions #10, #11, #12, #13, and #14). “0” total raw score = a General Criminality score of “0” “1-or-2” total raw score = a General Criminality score of “1” “3-or-4” total raw score = a General Criminality score of “2” “5-or-6” total raw score = a General Criminality score of “3”	
Total Score for this defendant:	

An offender can be placed in five long-term risk categories based on their total score:

- low (0 – 2)
- low-moderate (3, 4)
- moderate (5, 6),
- moderate-high (7, 8)
- high (9+)

PSYCHOSEXUAL EVALUATION TOOLS: Structured Clinical Judgment

A newer alternative to the actuarial method is called empirically– guided clinical judgment. In this approach, evaluators base their predictions on a fixed list of risk factors that have been suggested by existing research and professional opinion. Unlike actuarial tools, there are no fixed rules for tallying risk scores. As such, the overall determination of risk remains a clinical judgment, and this is one of the most significant limitations of this approach. However, the advantage of empirically-guided clinical judgment in comparison to clinical prediction is that there is the promise of higher accuracy given the scientific evidence to support the risk factors being evaluated. Furthermore, the empirically guided approach is more systematic and should lead to better agreement among professionals.

Sexual Violence Risk-20 (SVR-20)

The SVR-20 is a 20-item checklist of risk factors for sexual violence that were identified by a review of the literature on sex offenders. The checklist was developed to improve the accuracy of assessments for the risk of future sexual violence. Factors that are predict risk for future re-offense include:

- Presence of sexual deviancy:
- History of childhood sexual abuse:
- Diagnoses as a psychopathic deviate:
- Significant mental illness.
- Excessive substance abuse / dependency.
- Suicidal / homicidal ideation.
- Lack of stable / continuous relationships.
- Unstable employment history.
- Violent (non-sexual) history.
- Other offenses (non-violent).
- Past supervision failures.
- History of “high density” sex offenses.
- Multiple forms of sex offenses.
- Physical harm to victims.
- Use of weapons or threats of death in sex offenses.
- Escalation in sex crimes:
- Extreme minimization or denial of sex offenses.
- Attitudes that support pedophilia:
- An unrealistic plan for their future.
- A negative attitude towards intervention and counseling.

Estimate of Risk of Adolescent Sexual Offense Recidivism – version 2.0 (ERASOR)

The ERASOR is designed to assist evaluators to estimate the risk of a sexual re-offense for individuals aged 12 – 18 who had previously committed a sexual assault. It is based on the same method used to develop the SVR – 20.

Structured Assessment of PROtective Factors (SAPROF)

The *Structured Assessment of PROtective Factors* (SAPROF) was developed to complement the assessment of the risk of future violent behavior or sexually violent behavior in offenders and forensic psychiatric patients. It is a structured assessment guide for use in combination with reliable and valid risk assessment tools. This is in keeping with the well-researched/validated method of “*Structured Professional Judgement*” that is used to supplement interview and psychological testing. The SAPROF is not a psychological test, but a clinical checklist used in a structured manner. Extensive research in the construction of the SAPROF produced seventeen items to be consider in three domains: Internal, Motivational, and External. These include:

Internal Items	Motivational Items	External Items
Intelligence	Work	Social Network
Secure attachment in childhood	Leisure activities	Intimate relationships
Empathy	Financial management	Professional care
Coping	Motivation for treatment	Living circumstances
Self-control	Attitudes towards authority	External control
	Life goals	
	Medication compliance	

PSYCHOSEXUAL EVALUATION TOOLS: Polygraphs

The Standard of Care that is advocated by the *Council on Sex Offender Treatment* for conducting sex offender evaluations and monitoring includes sex polygraphs. These include three types:

1. Sex history: A broad examination of “ever” sexual experiences.
2. Elaboration of the instant event: A specific elaboration.
3. Maintenance. Ongoing monitoring every 3-to-6 months.

“The Polygraph and Lie Detection.” *United States National Research Council. Board on Behavioral, Cognitive, and Sensory Sciences and Education (BCSSE) and Committee on National Statistics (CNSTAT), (2003). (Chapter 8: Conclusions and Recommendations, page 212-215)*
<http://news.bbc.co.uk/1/hi/magazine/8153539.stm>

Source of Evidence: The evidence for polygraph validity lies primarily in atheoretical, empirical studies showing associations between summary scores derived from polygraph measures and independent indicators of truth or deception, in short, in studies that estimate the accuracy of polygraph tests. Accuracy—the ability to distinguish deceptive from truthful individuals or responses—is an empirical property of a test procedure administered under specific conditions and with specific examinees. Consequently, it may vary with a number of factors, such as the population of examinees, characteristics of individual examinees or examiners, relationships established in the interview, testing methods, and the use of countermeasures. Despite efforts to create standardized polygraph testing procedures, each test with each individual has significant unique features.

Realism of Evidence: The research on polygraph accuracy fails in important ways to reflect critical aspects of field polygraph testing, even for specific-incident investigation. In the laboratory studies focused on specific incidents using mock crimes, the consequences associated with lying or being judged deceptive almost never mirror the seriousness of those in real-world settings in which the polygraph is used. Polygraph practitioners claim that such studies underestimate the accuracy of the polygraph for motivated examinees, but we have found neither a compelling theoretical rationale nor a clear base of empirical evidence to support this claim; in our judgment, these studies overestimate accuracy. Virtually all the observational field studies of the polygraph have been focused on specific incidents and have been plagued by measurement biases that favor over-estimation of accuracy, such as examiner contamination, as well as biases created by the lack of a clear and independent measure of truth.

Overestimation: For the reasons cited, we believe that estimates of polygraph accuracy from existing research overestimate accuracy in actual practice, even for specific-incident investigations. The evidence is insufficient to allow a quantitative estimate of the size of the overestimate.

Estimate of Accuracy: Notwithstanding the limitations of the quality of the empirical research and the limited ability to generalize to real-world settings, we conclude that in populations of examinees such as those represented in the polygraph research literature, untrained in countermeasures, specific-incident polygraph tests for event-specific investigations can discriminate lying from truth telling at rates well above chance, though well below perfection.

Accuracy may be highly variable across situations. The evidence does not allow any precise quantitative estimate of polygraph accuracy or provide confidence that accuracy is stable across personality types, sociodemographic groups, psychological and medical conditions, examiner and examinee expectancies, or ways of administering the test and selecting questions. In particular, the evidence does not provide confidence that polygraph accuracy is robust against potential countermeasures. There is essentially no evidence on the incremental validity of polygraph testing, that is, its ability to add predictive value to that which can be achieved by other methods.

Utility: Polygraph examinations may have utility to the extent that they can elicit admissions and confessions, deter undesired activity, and instill public confidence. However, such utility is separate from polygraph validity. There is substantial anecdotal evidence that admissions and confessions occur in polygraph examinations, but no direct scientific evidence assessing the utility of the polygraph. Indirect evidence supports the idea that a technique will exhibit utility effects if examinees and the public believe that there is a high likelihood of a deceptive person being detected and that the costs of being judged deceptive are substantial. Any technique about which people hold such beliefs is likely to exhibit utility, whether or not it is valid. For example, there is no evidence to suggest that admissions and confessions occur more readily with the polygraph than with a bogus pipeline - an interrogation accompanying the use of an inert machine that the examinee believes to be a polygraph. In the long run, evidence that a technique lacks validity will surely undercut its utility.

Jacobsen v. State of Arizona

Court of Appeals of Arizona, Division 1, Department E.

August 24, 2010

The Court finds that the Defendant has not consented, absent the Order of the Court, to answer the questions as a matter of fact in this case, except the statement or evidence may be used pursuant to Rule 404 B and C. In connection with questions that may be asked in the course of probation services, plethysmograph, or polygraph, the Court believes that the Defendant has a right to invoke Fifth Amendment privilege if to answer the question would possibly incriminate him with regard to statements that are made pertaining to activities that have or may have occurred subsequent to being placed on probation and undergoing the treatment that was prescribed by the Plea Agreement and the Court's probation terms mandated by that agreement. The Court believes that a person, without violating terms of the Plea Agreement or the probation terms, can invoke the Fifth Amendment rights with regard to those areas that are not protected, which would be the areas covered by A.R.S. § 13-4066(B). The Court believes that A.R.S. § 13-4066(B) provides protection commensurate with the Defendant's Fifth Amendment rights and that he is required to answer those questions so that treatment can occur and rehabilitation services can be provided and directed at the kind of issues that may have occurred in a particular person's history. The Court believes that the Defendant is protected in terms of the subsequent use of the information pertaining to this case or preceding cases, by the protections provided by A.R.S. § 13-4066. The Court believes that the Defendant may, without violating the conditions of his probation, invoke the Fifth Amendment with regard to questions that concern what may have occurred after the point in time where he started undergoing treatment and after the time when he was put on probation. . . .

3 We conclude that the trial court erred in ruling that A.R.S. § 13-4066 adequately protected Jacobsen's rights against self-incrimination. Jacobsen may assert the privilege against self-incrimination as to polygraph questions that may incriminate him. The trial court should apply the guidelines set out by the supreme court in *Eccles* in determining which questions are properly objectionable. Therefore, we accept jurisdiction of the petition for special action and grant relief.

Arizona Standards and Guidelines for the Effective Management of Adult Sex Offenders on Probation

May 1999 (draft version), pp. 23-24.

**3.600 - TREATMENT PROVIDERS' USE OF POLYGRAPHIC
AND PHYSIOLOGICAL TESTING**

3.601 A treatment provider should employ treatment methods that integrate the results of plethysmography or other physiological testing, as indicated. If plethysmography is used, the examiner must meet the standards for plethysmography as defined in the Association for the Treatment of Sexual Abusers (ATSA) Practitioner's Handbook and described in Section 7.00.

3.602 It is recommended that a provider employ plethysmography as a means of gaining information regarding the sexual arousal patterns of sex offenders.

Plethysmographic data can be useful in assessing a client's progress in therapy. However, physiological assessment data of this type cannot be used as the sole basis for determining an offender's risk nor for determining whether an individual has committed or is going to commit a specific deviant sexual act. Providers who utilize this data shall be aware of the limitations of plethysmography and shall recognize that plethysmographic data is only meaningful within the context of a comprehensive evaluation and/or treatment process.

3.603 In cooperation with the supervising probation officer, the provider shall employ treatment methods that incorporate the results of polygraph examinations, including specific issue polygraphs, disclosure/confirmation polygraphs and maintenance polygraphs. Exceptions to the requirements for use of the polygraph may be made only by the case management team.

3.604 The case management team shall determine the frequency of polygraph examinations and the results shall be reviewed by the team. The results of such polygraphs shall be used to identify treatment issues and for behavioral monitoring.

Because of the serious nature of sexual assault, there is a need for more and better methods to accurately assess, treat and monitor sex offenders. Polygraph testing is an effective tool for informing the case management team about the type and severity of abusive behavior patterns, and compliance with treatment and supervision conditions, and can assist in suggesting necessary levels of supervision and treatment. In addition, polygraph testing can improve treatment outcomes by shortening the denial phase. It is recommended that polygraph exams occur at least every six months, and more frequently as necessary.

Research on Sex Offender Polygraphs

"Monitor on Psychology - The polygraph in doubt". *American Psychological Association*. (July, 2004). Vol 35, No. 7. Print version: page 71. www.apa.org/monitor/julaug04/polygraph.html.

Summary: Psychologists have repeatedly told U.S. courts that polygraph tests-popularly thought to reveal a person's truthfulness through assessment of physiological states-are theoretically unsound and not valid in assessing honesty. Explains psychologist Leonard Saxe, PhD, a professor and polygraph researcher at Brandeis University, "*Because of the nature of deception, there is no good way to validate the test for making judgments about criminal behavior. There is no unique physiological reaction to deception.*" Recent formal documentation of this comes from a National Research Council (NRC) blue ribbon panel appointed a year ago to examine the scientific validity of the polygraph for national security. Many psychologists served on the panel, including Paul Ekman, PhD, a longtime researcher of deception detection (see main article). The panel's report to NRC found no evidence of polygraph validity. And theirs isn't the only scientific report to cast doubt on the measure. In fact, due to such skepticism, the U.S. Supreme Court decided in a 1998 case involving military courts that a defendant did not have a right to introduce polygraph evidence. The Supreme Court decision cited scientific first judgments about the accuracy of the test. This decision, along with a 1988 law banning the use of polygraph tests of most employees, has led to a marked reduction in reliance on polygraph testing, notes Saxe. The ruling helped to dampen the tests' use in state and federal court, where the results are rarely accepted as evidence.

Grubin, D., & Madsen, L. (2005). **Lie detection and the polygraph: A historical review.** *Journal of Forensic Psychiatry and Psychology*, 16(2), 357-369.

Abstract: The search for a reliable means to detect deception has a long history. Because of the poor ability of most people, even professional lie catchers, to identify when someone is lying, a wide range of techniques have been developed to assist in lie detection. The link between physiological arousal and deception has been recognized for centuries, and in the nineteenth century scientists began to experiment with instruments that could measure this. The modern polygraph, which recorded changes in a number of physiological parameters, was developed in the early 1920s, with instruments designed to record changes in respiration, cardiovascular activity and sweat gland activity (forerunners to the modern polygraph) appearing in the 1930s. Since then the use of the polygraph as a lie detector has been associated with controversy, with advocates and opponents exchanging blows often based on partial facts and full opinions. This article reviews the development of polygraphy, focusing on its emergence in the United States and to some extent in England, but also considers its role in newer applications, particularly sex offender treatment and supervision.

Iacono, William G. (2001). "Forensic "Lie Detection": Procedures Without Scientific Basis" (PDF). *Journal of Forensic Psychology Practice*.

Abstract: This paper provides a critical overview of the scientific status of the control question test (CQT), the type of polygraph test most likely to be used in forensic settings. The CQT is based on an implausible set of assumptions that makes it biased against innocent individuals and easy for guilty persons to defeat using countermeasures. Due to serious methodological problems that characterize research on CQT validity, it is not possible to use the existing literature to provide a satisfactory error rate estimate. Scientists, including members of the Society for Psychophysiological Research and APA Fellows, hold negative views about the CQT. They do not believe that it is based on sound theory, that it has adequate psychometric properties, or that it should be used as evidence in court.

Kokish, Ron, (2003). **The current role of post-conviction sex offender polygraph testing in sex offender treatment.** *Journal of Child Sexual Abuse: Research, Treatment, & Program Innovations for Victims, Survivors, & Offenders*, Vol 12(3-4), 2003. Special issue: Identifying and Treating Sex Offenders: Current Approaches, Research, and Techniques. pp. 175-194.

Abstract: Polygraph testing is becoming increasingly important in sex offender treatment. **Polygraph** advocates cite dramatic increases in historical disclosures that presumably allow more precise targeting of treatment interventions, earlier detection of risky behaviors that often lead to new offenses, and improved treatment and supervision compliance. Based on this, they believe the procedure supports desirable behavior that continues to various degrees after treatment and supervision end. Opponents cite ethical problems related to inaccurate results, unproven accuracy rates, and the risk that examinees may be coerced into making false admissions. To counter these criticisms, proponents have developed standards, best practices, and examiner training and certification programs intended to reduce error rates and address ethical issues. Opponents argue that these measures have not been tested and that empirically established error rates and best practices may not be possible for a variety of reasons. This article reviews the current situation, leaving readers to decide the wisdom and ethics of using **polygraph testing** in their own practices.

Kokish, Ron, Levenson, Jill S., Blasingame, Gerry D., (Apr. 2005). **Post-conviction sex offender polygraph examination: Client-reported perceptions of utility and accuracy.** *Sexual Abuse: Journal of Research and Treatment*, Vol 17(2), pp. 211-221.

Abstract: Post-conviction polygraph testing of adult sex offenders in treatment has been a somewhat controversial subject. This study (n = 95 participants who took 333 polygraph tests) explored how sexual offenders enrolled in outpatient treatment programs perceived their polygraph experience. Participants reported a relatively low incidence of false indications of both deception (22 of 333 tests) and truthfulness (11 of 333) tests, suggesting that clients agreed with examiners' opinions 90% of the time. The majority of clients reported that polygraph testing was a helpful part of treatment. Finally, about 5% of participants reported that they responded to allegedly inaccurate accusations of deception by admitting to things they had not done. The data offer encouragement for continued but cautious use of polygraphs by sex offender treatment programs.

Meijer, EH; Verschuere, B; Merckelbach, HL; Crombez, G (2008 Oct-Nov). **"Sex offender management using the polygraph: a critical review.** *International journal of law and psychiatry* **31** (5): 423-9.

Abstract: Reducing recidivism is a central goal in the treatment of sex offenders. In Europe, there is an increased interest in using the polygraph ("lie detector") as a tool in the treatment and risk assessment of convicted sex offenders. This interest originated from optimistic reports by American clinicians who argued that polygraph testing in the treatment of sex offenders is akin to urine analysis in the treatment of drug addiction. In this article, we critically examine the validity and utility of post-conviction sex offender polygraph testing. Our review shows that the available evidence for the claims about the clinical potential of polygraph tests is weak, if not absent. We conclude that portraying post-conviction polygraph testing as analogous to urine analysis is inaccurate, misleading, and ultimately, risky.

Rosky, JW (2012 Aug 22). **"The (F)utility of Post-Conviction Polygraph Testing."** *Sexual abuse: a journal of research and treatment*.

Abstract: The apparent utility of the polygraph to work both as a treatment and supervision aid and as a deterrent for future offending is cited as ample justification for its use. This article examines these claims to demonstrate that although post-conviction polygraph testing may have some utility by increasing disclosures of prior offending and, within specific cases, admissions of treatment and supervision violations, the limited evidence accumulated thus far does not adequately ascertain its accuracy nor support its efficacy or effectiveness as a deterrent. The article concludes with recommendations for creating a real evidentiary base beyond polygraph testing's apparent ability to elicit more information from offenders to evidence that can determine whether it is efficacious and effective in reducing criminality and deviance.

PSYCHOSEXUAL EVALUATION TOOLS: Penile Plethysmography (PPG)

Penile plethysmography (PPG) or **phallometry** is measurement of blood flow to the penis, typically used as a proxy for measurement of sexual arousal. The most commonly reported method of conducting penile plethysmography involves the measurement of the circumference of the penis with a mercury-in-rubber or electromechanical strain gauge. For sexual offenders it is typically used to determine the level of sexual arousal as the subject is exposed to sexually suggestive content, such as pictures or audio. A corresponding device in women is the vaginal photoplethysmograph.

The two most common commercial forms of the PPG are the Limestone System and the Monarch System. Both systems incorporate standardized, non-pornographic images of a variety of subjects across gender, age, and sexual activity. Both systems include audio presentations of erotic scenarios that involve the depicted subject. The audio material is designed to “cue in” the evaluatee to the visual stimuli. An advantage of the Limestone system is it incorporates a Real Child Voices Stimulus (RCV) Set. The RCV features both male and female voices ranging from child to adult and professionally produced sound effects. The audio recordings of children were produced in a “blind” method that meets ethical standards. Recent research is showing increased accuracy with the RCV set.

The authors of *Sexual Offending: Predisposing Antecedents, Assessments and Management* offer important descriptors.

Establishing and Administering a PPG Lab

The common theme found in each of these labs is that the physical facility maximizes privacy and minimizes distraction. Typically, the subject is placed in a separate room from the lab technician with a window that permits the technician to both observe and communicate with the subject. Some labs are including audio/ video equipment. It can be prudent to video record the administration of the PPG session to discourage false claims that the subject was embarrassed by being required to be exposed to the examiner. Also, the recorded session can be viewed afterward to look for so-called countermeasures (T. Buttle, personal communications, February 8, 2010). The need for countermeasure detection is underscored by the discovery that some males are able to bias or invalidate results by suppressing their arousal, and in some cases they are able to increase their arousal (Abel, Blanchard, & Barlow, 1981; Adams, Motsinger, McAnulty, & Moore, 1992; McAnulty & Adams, 1991). A well-trained technician pays close attention to potential cues suggesting deception such as furtive hand and arm movement, breathing rhythm changes, and unusual erectile tracing patterns displayed on the computer monitor.

The subject’s room should have a comfortable, washable chair. Covering the chair with disposable paper medical drape sheets ensures good hygiene and conveys a message that the testing is conducted in a professional environment. The visual stimuli used today are usually displayed using a full-size television or computer monitor that is sufficiently large to dominate the subject’s visual field. The room lighting should be dim and the subject should not be distracted by other objects or noises. When using audio presentations alone, you may use small computer speakers, or an audio headset that can be cleaned after each testing. Additional equipment connected to the computer includes the following:

- Mercury strain gauge, which the subject places on his penis in private outside of the view of the technician
- Visual and semantic tracking device such as a keypad, which is used to track the subject’s attentiveness, provide self-report of erectile response, and encourage compliance with testing procedures
- Pressure sensor seat pad to detect artifact movement
- Respiration measuring device to monitor breathing pattern

The subject can cover his lap with a medical drape or put on a medical gown to avoid exposure when placing the gauge on the penis and during test administration.

The technician’s room is designed to monitor and communicate with the subject during testing. Although a great deal of technological advancement has occurred since Kurt Freund developed the PPG device in 1957, fundamentally little has changed in the actual measurement of penile

tumescence. Blood flow is still measured by change in the size of the penis. Most labs use an elastic circumference mercury strain gauge such as D. M. Davis, Inc., HgPC, which is durable and reusable when washed and soaked in a 10 % mixture of chlorine and water. The gauge is connected to a computer, which records electrical impedance that occurs as the penis expands, stretching the strain gauge placed around the circumference of the penis. Typically, software programs specifically designed for PPG testing transmit video, audio/ video, or audio stimuli to the monitor and speakers.

The goal is to administer stimuli that will elicit erectile responses sufficient to discriminate between deviant and nondeviant interests. Problems can occur with stimuli such as the Auditory Stimuli for Penile Plethysmography (1993) that include vague audio stimulus descriptions such as, “You are with a young girl... the age you like the most.” The subject may visualize that the “young girl” in his mind is a 6-year-old and become sexually aroused, but then report he imaged the “young girl” to mean an 18- or 19-year-old female. To avoid this type of deception or confusion when using such audio stimuli that doesn’t clearly state the age of the sexual partner, the technician or the stimuli materials should give clear and specific instructions stating what the age category will be on each stimulus prior to beginning the assessment, and reinforcing the instructions periodically throughout the testing session.

A variety of types of stimuli have been produced over the years (film, videotapes, slides, audio recordings), but not all stimulus sets generate discriminating responses from the subject. For example, Abel and Blanchard found that videos generated the greatest levels of arousal, but that the strong arousal obscured differential responding, that is, the video overstimulated the subjects causing undifferentiated arousal to deviant and nondeviant stimuli (Marshall, 2006a, 2006b). Conversely, other stimuli sets may not be sufficiently arousing to generate meaningful erectile responses. Further, the duration of stimulus time matters. In a study of 31 child sex offenders aged 21–44, Avery-Clark and Laws (1984) reported that there was a significant difference in the arousal levels achieved between 2 and 4 min of stimulus presentations, suggesting the need for stimuli presentation longer than 2 min; a recommended stimulus time is 3 min. Another important consideration is at what point should the sexually significant event identifying the deviant or nondeviant theme occurs during the sexual vignette in the audio stimulus (Marshall, 2006a, 2006b). If the audiotaped stimulus provides over a 2-min description of sexually arousing behavior and then only toward the end reveals that the sexual partner is a prepubescent child, it is difficult to discern to what the subject is responding. Marshall’s finding suggests the introduction of the sexually deviant stimuli aspect of the vignette should occur early on in the stimulus presentation to remove doubt about what is arousing the subject.

Administration of the PPG

Once the subject is in his seat and the testing has begun, the technician observes both the subject and the computer screen tracings displaced on the monitor. The technician monitors the subject’s compliance with the testing protocol and may need to remind the subject how to correctly follow the anticountermeasure cues. For example, with the RCV stimuli the subject is required to press the OK button on the response pad when the picture shows a different person from the one shown in the previous photo.

The technician watches for a subject attempting to “beat the test” by moving, tensing his muscles, not paying attention, holding his breath, or breathing rapidly. Keen alertness to countermeasures is necessary because research has shown that the phallometric test is easy to fake (Laws, 2003; Wilson 1998). Indications of faking may also include a wavy arousal pattern viewed on the technician’s computer monitor. This pattern suggests the subject is attempting to control his arousal. Similarly, a flat tracing pattern during the presentation followed by arousal after the presentation and continuing beyond 30 seconds also suggests the subject may be suppressing his arousal. It has also been reported that high responses to neutral stimuli may be another sign of faking (Freund, Watson, & Rienzo, 1988).

Sexual Offending: Predisposing Antecedents, Assessments and Management.
Ed. Amy Phenix, Harry M. Hoberman, 2016, Springer Press, p. 340.

Criticism of Older Plethysmograph Systems

FIRST EXAMPLE

United States Court of Appeals, Ninth Circuit.

UNITED STATES of America, Plaintiff-Appellee, v. Matthew Henry WEBER, Defendant-Appellant. No. 05-50191. Decided: June 20, 2006

The Case:

- Weber was convicted of possessing child pornography.
- After a term of incarceration he was ordered to a period of supervised release.
- As part of his supervised release conditions, he was ordered to undergo sex offender treatment which included the use of PPG.
- Weber objected to submitting to a PPG exam, the judge overruled him.
- Weber appealed to the 9th Circuit.
- He contention that the PPG is not reasonably related to the purposes of deterrence, rehabilitation, or protection of the public.
- He also argued that the testing requires “a greater deprivation of liberty than is reasonably necessary” (p. 6813).

Excerpts from the 9th Circuit ruling

C. Reactions to Plethysmograph Testing

Our concerns with plethysmograph testing do not rest solely on the invasive nature of the test itself. In addition, the accuracy and reliability of penile plethysmograph testing have been severely questioned. The American Psychiatric Association has expressed reservations about the procedure, observing: “The reliability and validity of this procedure in clinical assessment have not been well established, and clinical experience suggests that subjects can stimulate response by manipulating mental images.” am. psychiatric ass'n, diagnostic and Statistical Manual of Mental Disorders: DSM-IV-TR 567 (4th ed.2000); see also W.L. Marshall & Yolanda M. Fernandez, Phallometric Testing with Sexual Offenders: Limits to Its Value, 20 Clinical Psychol. Rev.. 807, 810-13 (2000) (questioning the reliability of phallometric testing, such as plethysmograph testing); Odeshoo, supra, at 10-13 (detailing a number of problems with plethysmograph testing, among them inconsistent results as to the test's reliability and validity).

A predominant concern with plethysmograph testing is its susceptibility to manipulation via faking. Several studies have acknowledged that subjects can control their sexual arousal during the test, thereby posing a threat to the validity of plethysmograph testing. See, e.g., James G. Barker & Robert J. Howell, The Plethysmograph: A Review of Recent Literature, 20 Bull. Am. Acad. Psychiatry & L. 13, 21-23 (1992). According to one source, “[s]everal studies have shown that normal subjects can significantly inhibit their arousal by using mental activities to distract themselves, despite a clear indication that they were attending to the stimuli.” Marshall & Fernandez, supra, at 810. Because “it appears virtually impossible to prevent or detect dissimulation . faking will always constitute some undetermined degree of threat to the validity of phallometric assessments.” Id. at 811; see also Walter T. Simon & Peter G.W. Schouten, The Plethysmograph Reconsidered: Comments on Barker and Howell, 21 Bull. Am. Acad. Psychiatry & L. 505, 510 (1993) (“The vulnerability of the plethysmograph to voluntary control has been widely documented and is a major concern in the use of the test with offenders.”).

Plethysmograph testing has also been sharply criticized as lacking “uniform administration and scoring guidelines.” See Simon & Schouten, supra, at 510; see also Odeshoo, supra, at 12-13 (noting a lack of standardization in administration of plethysmograph testing). One researcher noted well over a dozen potential sources of variation among different assessments, including the type of measuring device and stimuli that are used, the characteristics of the test, and the setting in which it is conducted. See Laws, supra, at 87-88. The lack of standard procedures governing plethysmograph testing has led one pair of commentators to conclude that “research data as well as individual findings derived by plethysmograph must be considered idiosyncratic[and] unamenable to normative comparisons, if not impossible to interpret from a traditional psychometric

perspective.” Simon & Schouten, *supra*, at 511. The lack of uniform standards is compounded by reports that indicate a lack of formal training for clinicians administering the test. See Laws, *supra*, at 87 (characterizing as “truly appalling” one survey’s findings that seventy-six percent of plethysmograph technicians received one week or less of training and eighteen percent received no training whatsoever).

The supporters of plethysmograph testing acknowledge its limitations. See Barker & Howell, *supra*, at 13, 22-23 (noting that while some research supports the notion that plethysmograph testing “is a reliable and valid method of objectively measuring and assessing the erectile response in male sexual offenders,” the propensity for faking and lack of standards poses a challenge to accurate use of such testing). In addition, at least one former advocate of the procedure has since changed his tune. See Laws, *supra*, at 82-84, 99 (explaining the author’s account of why his former faith in plethysmograph testing has subsequently been “seriously eroded”).

Despite these criticisms, plethysmograph testing has been recognized by some psychologists and researchers as a useful technique in the treatment of sexual offenders. “The ideal application for the plethysmograph is the assessment and treatment of known sex offenders.” Barker & Howell, *supra*, at 18. Its role in a treatment program is to aid in identifying whether an individual exhibits a sexual response to deviant stimuli and determining whether a prescribed course of behavior modification therapy is effective in promoting “non-deviant arousal.” *Id.* In particular:

The plethysmograph can help in identifying offenders who manifest high levels of arousal to stimuli depicting inappropriate sexual activity, or those showing very low levels of arousal to stimuli that would be considered portraying appropriate sexual activity. The plethysmograph can help determine and enhance specialized behavior therapy for these offenders and evaluate therapeutic efficacy without the normal distortion evident in the subject’s self-report.

E. Conclusion

We conclude that, just as the particularly significant liberty interest at stake in Williams meant that “a thorough inquiry is required” before a district court may impose forced medication as a condition of supervised release, including “on-the-record medically-grounded findings,” Williams, 356 F.3d at 1055-57, so the particularly significant liberty interest in being free from plethysmograph testing requires a thorough, on-the-record inquiry into whether the degree of intrusion caused by such testing is reasonably necessary “to accomplish one or more of the factors listed in § 3583(d)(1)” and “involves no greater deprivation of liberty than is reasonably necessary,” given the available alternatives. *Id.* at 1057.

One critical determination that must guide a district court’s inquiry as to whether the government has met its burden to show that plethysmograph testing is a necessary condition of a defendant’s supervised release is whether such testing is reasonably necessary in that particular case to promote the goals “of deterrence, protection of the public, or rehabilitation of the offender.” T.M., 330 F.3d at 1240. Making such a determination requires consideration of evidence that plethysmograph testing is reasonably necessary for the particular defendant based upon his specific psychological profile. We expect that the probation officer or the district court will ordinarily consult the views of a psychologist or other expert as to the propriety of plethysmograph testing for the particular defendant, although there may be circumstances in which it is not necessary to do so. Cf. Williams, 356 F.3d at 1056 (requiring findings based on a “medically-informed record” before antipsychotic medication could be required as a term of supervised release).

Additionally, when engaging in this inquiry the district court must consider the particular sexual offenses committed by the defendant, as well as related offenses likely to be committed if he is not treated. Weber objects to the imposition of plethysmograph testing on the ground that his crime, possession of child pornography, does not warrant such a procedure, contending that plethysmograph testing is appropriate only for individuals who have committed, or attempted to commit, sexual acts directly against children. The district court is not, however, restricted to the crime of conviction in applying the “reasonably related” standard. Still, a generalized assessment based on the class of sex offenders generally, rather than on the particular sex offenses a defendant

has committed or related offenses he is likely to commit if not treated, cannot fulfill the mandate that a term of supervised release satisfy the “reasonably related” standard.

In response to Weber's objection to the plethysmograph testing requirement, the district court noted that if, in the future, Weber thought that such testing “was medically not necessary,” he could “ask for a hearing” or “request a modification.” As we have explained, however, the burden is on the government, not the defendant, to establish at the time of sentencing that plethysmograph testing is both reasonably necessary “to accomplish one or more of the factors listed in § 3583(d)(1)” and “involves no greater deprivation of liberty than is reasonably necessary.” Williams, 356 F.3d at 1057 (internal quotation marks omitted). On remand, if the government continues to seek submission to plethysmograph testing as a condition of supervised release, then it must meet its burden of justifying the requirement, and the district court must make on-the-record findings that it has done so.

We note that our holding does not displace Rearden's general rule that, so long as the PSR adequately explains the relationship between proposed conditions of supervised release and the purposes those conditions are designed to serve, a district court usually need not specifically articulate those reasons on the record. As we noted in Williams, however, that general rule is subject to limited exceptions. Today, we recognize that the imposition of plethysmograph testing implicates a sufficiently significant liberty interest to require heightened procedural protections similar to those established in Williams. Again, as in Williams with regard to forced medication, we are not holding that a district court may never impose plethysmograph testing as a condition of supervised release, only that “a thorough inquiry is required” before a court may do so. 356 F.3d at 1055.

SECOND EXAMPLE

Barker and Howell, **The Plethysmograph: A Review of Recent Literature**, 20 Bull. Am. Acad. of Psychiatry and Law 13 (1992) is often cited for its criticisms.

- No Standardization.
- Test Results are not sufficiently accurate.
- Results are subject to faking & voluntary control by test subjects.
- High incidence of false negatives & false positives.
- Results are open to interpretation.

THIRD EXAMPLE

In 2004 Smith argued:

Evidence of penile plethysmography, psychological profiles, inventories and other "not a pedophile" character and opinion evidence offered on behalf of a defendant in a child sexual abuse case is inadmissible under Daubert v. Merrill Dow pharmaceutical.

Smith, S.K. (6/21/04). *Journal of Child Sexual Abuse*, v.12, issue 3/4.

Abstract:

The memorandum reviews the standard of admissibility for scientific evidence as set forth in *Daubert v. Merrell Dow Pharmaceuticals*, 509 U.S. 579, 113 S. Ct. 2786, 125 L.Ed.2d 469 (1993) and adopted in *State v. Porter*, 241 Conn. 57, 698 A.2d 739 (1997). The memorandum reviews the evidence offered by the defendant in a civil child sexual abuse and argues that the defense expert's conclusions that the defendant is "not a pedophile" based on the results of a sexual behaviors assessment is inadmissible under *Daubert*. The author argues that the evidence should be excluded either due to a lack of scientific reliability of the tests in the diagnostic context (penile plethysmography), or for a failure to meet Daubert's "fit" requirement (i.e. MMPI-2 might be scientifically valid but lacks correlation to diagnosis of pedophilia). The memorandum quotes the scientific literature extensively and collects the known cases precluding the admission of penile plethysmography evidence in legal proceedings. The author also argues that the evidence should be excluded as impermissible character evidence.

FOURTH EXAMPLE

The 9th Circuit cites Odeshoo, J. (2004). "Of Penology and Perversity: The Use of the Penile Plethysmography on Convicted Child Sex Offenders" 14 Temp. Pol. & Civ. Rts. L. Rev. 1, 2.

1. The implication that a technician has visual and tactile liberties with the subject i.e. "...involves placing a pressure sensitive device around a man's penis".

Counter Response: For the modern PPG, the technician never sees or touches the subject's penis. The subject is shown videoed instructions on how to place the gauge on one's penis.

2. The implication that pornographic images are used i.e. "...presenting him with an array of sexually stimulating images."

Counter Response: The Limestone and Monarch PPG stimulus sets do not utilize pornographic pictures.

3. "He is instructed to let himself become aroused in response to any of the materials that he finds sexually exciting."

Counter Response: For the modern PPG, the examinee is not instructed to let himself become aroused but does ask for feedback as to whether or not a particular stimulus set was disgusting or arousing.

4. "He is asked to masturbate to reach a full erection."

Counter Response: This is not done with the Limestone or Monarch protocols.

FIFTH EXAMPLE

Fedoroff, et al. (2009) offers the following cautions regarding use of the PPG.

Positive Response to Sadistic Stimuli vs. Actual Criminal Activity

"Questions also remain about the relationship between response to sadistic stimuli and actual (inactive) criminal activity. Two studies examined men who 'self-reported' interest in rape (Malamuth & Check, 1983) or who said they had 'sadistic' sexual fantasies but had not acted on their interests (Seto & Kuban, 1996). Those studies found these men responded more to coercive 'stories' than to consensual 'stories.' In fact, the latter found the sexually sadistic 'admitters' to have greater responses to coercive stimuli than did rapists who had committed assaults but who denied sexually sadistic or coercive fantasies." (p. 92)

Faking and Dissimulation

"The intentional manipulation of testing, mentally or physically, certainly contributes to the acknowledged poor sensitivity of PPG in the assessment of sex offenders. This is important since the sensitivity (correct identification of true positives) of PPG testing has consistently been found to be much lower than its specificity (correct identification of true negatives). It is generally accepted that only 50% of child molesters who do not admit pedophilic interests may be correctly identified, while more than 95% of men with no known child victims are found on PPG testing to be non-pedophilic. One reason for such a low sensitivity is that penile tumescence is partially subject to voluntary control. . . In fact, voluntary suppression could be why so many subjects display very low penile responses, (roughly 1/3 in most laboratories are found to be 'low responders,' also referred to in the field as 'flat liners).

Other methods of manipulating PPG results include 'stimulus avoidance' (looking away from the visual images), 'fantasy manipulation' (thinking of arousing themes to increase penile response or thinking about sexually aversive themes to suppress penile response), 'pumping' (contracting perineal musculature in an attempt to voluntarily produce penile erection . . . Or direct manual gauge manipulation (such as pulling on the circumferential gauge)." (p.93)

Admissibility in Court

". . . The primary forensic concerns about PPG, have involved its admissibility in court. In North Carolina, the Court of Appeals considered a lower court's decision to exclude the evidence of a doctor who had argued that an accused was 'not a pedophile' on the basis of negative PPG results.

'In view of the lack of general acceptance of the plethysmograph's reliability and utility and therefore, its reliability for forensic purposes in the scientific community in which it is employed, we hold that the trial court did not abuse its discretion in finding the defendant's plethysmograph testing data insufficiently reliable to provide a basis for the opinion testimony

which defendant sought to elicit from (the doctor).’ (State of North Carolina vs. Robert Earl Spencer, 1995).

Since then many, but not all courts in the US have rejected the admissibility of the PPG evidence."

Fedoroff, et al. (2009) concludes:

"... abnormalities on PPG testing are not part of the DSM or ICD diagnostic criteria for any of the paraphilia is in many, if not most, treatment programs for sex offenders do not use PPG testing. Similarly, the trend in judicial decisions appears to be to exclude evidence based solely on PPG test results.

The reason is that in spite of a concerted research effort over the past half-century, the sensitivity of PPG testing is insufficient and the specificity while certainly higher, is not known for certain. This state of affairs should come as no surprise since PPG testing has never been intended to determine guilt or innocence in criminal matters. Nor has the potential sensitivity and specificity of PPG testing ever been established in the way most other psychological or medical tests are standardized. What would happen if the validity of blood glucose testing were based on studies of men, some with diabetes and some without, at various stages of treatment, in which blood glucose levels were compared to the self-report of the men about whether they had diabetes? What if the same men also had varying motivations to attempt to trick or mislead the lab? The problem for validation of PPG testing is further compounded by the fact that the relationship between penile tumescence and sexual arousal is far from direct, even in healthy men on no medications.

Will PPG testing go the way of dexamethasone suppression testing for mood disorders? Probably. Future research needs to focus on physiologic changes associated with sexual arousal that occur before penile tumescence results. One important candidate is nitric oxide, a gaseous neurotransmitter involved in the cascade of physiologic events that culminate in penile tumescence. In addition, work needs to be done to establish standard stimulus sets with the equivalent versions. This is important since the salience of stimulus sets decrease with repeat administration, making reliability testing problematic and decreasing the utility of PPG testing as a means to measure response to treatment. Further research on the effect of alcohol on PPG testing would also make sense since many sex offenders are intoxicated at the time of their crimes. . . Further work on the refinement of stimulus sets, especially ones that do not involve illegal images, will likely be necessary if PPG testing is to become more widely employed.

In the meantime, clinicians should be vigilant to guard against overinterpreting results. In its current form, PPG testing remains an investigational tool. Results of PPG testing in isolation will never be sufficient to prove the guilt or innocence of the suspect. As with any tool, the utility of PPG testing depends on the skill of the ones who use it. In combination with clinical judgment and other investigational procedures (e.g., psychological testing, eye tracking, polygraphy, etc.), PPG may be invaluable." (p.96-97)

Penile response in the assessment of sexual interests. Chapter in
Sex offenders: Identification, risk assessment, treatment, and legal issues. (2009).
Saleh, F.M., Grudzinskas, A.J., Bradford, J.M., and Brodsky, D.J. Oxford University Press.

Additional Critiques

Penile Plethysmography: Will we ever get it right?

Laws, D.R. (2003). In T. Ward, D.R. Laws, & S.M. Hudson (Eds)
Sexual Deviance: Issues & Controversies (pp. 82- 102).

Penile Plethysmography: Strengths, Limitations, Innovations.

Laws, D.R. (2009). In Thornton, D. and Laws, D.R. (eds) *Cognitive Approaches to the Assessment of Sexual Interest in Sexual Offenders* (pp. 7-29).

Assessment, Treatment, and Theorizing About Sex Offenders: Developments during the Past Twenty Years and Future Directions.

Marshall, W.L. (1996). *Criminal Justice and Behavior*, 23 (1), 162-199.

Counterpoint:

The Modern Plethysmograph Meets and Exceeds the Daubert Standard

- 1) Whether the theory used by the expert can be and has been tested.
- 2) Whether the theory or technique has been subjected to peer review.
- 3) The known or potential rate of error of the method used.
- 4) The degree of the methods or conclusion's acceptance within the relevant scientific community.

1) Daubert - *Whether the theory used by the expert can be and has been tested.*

A) The theory used is based on the human sexual response cycle as outline by Masters & Johnson.

- Stage I: Excitement Phase (for males includes degrees of penile erection)
- Stage II: Plateau Phase (for males includes Corona / Corpus spongiosum of further engorgement of the penis)
- Stage III: Orgasmic Phase
- Stage IV: Resolution Phase

(Masters, W. H. & Johnson, V.E. [1966]. Human Sexual Response. Lippincott Williams & Wilkins)

B) Singer's Three Stage Model of Sexual Arousal:

Stage I: Aesthetic Response--an emotional reaction to noticing an attractive face or figure

Stage II: Approach Response--progresses from the first and involves bodily movements towards the object.

Stage III: Genital Response—In this stage, one recognizes that with both attention and closer proximity, physical reactions result in *genital tumescence*. Singer also notes that there is an array of other autonomic responses, but acknowledges that the research literature suggests that the genital response is “*the most reliable and convenient to measure*” in males.

(Singer, B. Conceptualizing sexual arousal and attraction. The Journal of Sex Research. 1984; 20, 230–240)

2. Daubert - *Has the technique been subject to peer review and publication?*

The PPG has been extensively tested over decades of peer-reviewed research. Please see the Literature Review at the end of this section.

3. Daubert - *The known or potential rate of error of the method used.*

Standardization

Both Monarch Systems and Limestone Systems have research-based standardized protocols and certification programs that ensure standardization of testing conditions, test instructions, scoring and interpretation methodology, as well as report writing.

Error Rate, Validity, and Specificity

In terms of a “hit rate”, Card and Dibble (1995), correctly classified 46 out of 52 subjects, which was 88%. With a completely different sample Byrne (2000) correctly classified 82 out of 95 subjects for an 86% hit rate. The true positive rate (sensitivity) was found to be .89 and specificity, the true negative rate was .85. The ability of the assessment stimuli to predict correctly the presence of pedophilia (positive predictive power or PPP) was .78. Their ability to predict the absence of pedophilia (negative predictive power or NPP) was .93. The PPG has a known error rate with a very high NPP for predicting the absence of pedophilia.

How consistently does a test reproduce results?

Coefficient alpha varies from 0.0 to 1.0, with alphas below .70 considered low (Nunnally, 1978). Letourneau found .85 Cronbach's Alpha scores on PPG focusing on arousal to children (page 215).

- **Sensitivity** is the percentage of correctly identifying—in this case—those men who are sexually aroused to specific stimuli (i.e. child stimulus = arousal to children or rape stimulus= arousal to rape scenarios).

- **Specificity** is the percentage of correctly identified men who are not aroused to deviant stimuli (i.e. children, rape, etc.).
- **Sensitivity & Specificity** relate to single category results (i.e. male children).

The Monarch System 2003 training manual by David Byrn reports a Sensitivity rate of .71 and a Specificity rate of .94.

The Limestone training manual (current) shows a Sensitivity rate of .74 and a Specificity rate of .95. This was based on research by William Burke and Gregg Dwyer and presented at the 2006 ATSA International Conference.

Discriminate Validity

Penile responses can distinguish heterosexual and homosexual men, men who are sexually attracted to prepubescent children from those who are sexually attracted to adults, fetishists from nonfetishists, rapists from nonrapists, and sadistic men from nonsadistic men (e.g., Blanchard, Klassen, Dickey, Kuban & Blak, 2001; Freund, 1963; Freund, Seto, & Kuban, 1996; Lalumière, Quinsey, Harris, Rice, & Trautrimas, 2003; Sakheim et al., 1985; Seto & Kuban, 1996). Penile responses can also distinguish sexually functional men from men with sexual dysfunctions, such as men with premature ejaculation (Rowland, van Diest, Incrocci, & Slob, 2005).

Predictive Validity

Phallometrically-assessed sexual arousal to stimuli depicting children or sexual violence is an important predictor of sexual reoffending among sex offenders (Hanson & Morton-Bourgon, 2005). Although the predictive validity of phallometrically-assessed sexual arousal in nonforensic samples has not been systematically examined, one study found that penile responses to sexual stimuli in the laboratory were related to increases in sexual behavior on the day following the laboratory session (Both, Spiering, Everaerd, & Laan, 2004).

Countermeasures against faking & voluntary control by test subjects.

Dissimulation in Phallometric Testing of Rapists' Sexual Preferences.

Harris G.T.; Rice M.E.; Chaplin T.C.; Quinsey V.L. (1999). Archives of Sexual Behavior, Volume 28, Number 3, 1 June 1999, pp. 223-232(10)

Preventing faking in phallometric assessments of sexual preference.

Quinsey & Chapman (1988). Annals of the New York Academy of Sciences, Vol 528, Issue 1 49-58, Copyright © 1988 by New York Academy of Sciences.

The experiment was to test the efficacy of a tracking task during a ppg study in which the participants were instructed to attempt to fake or suppress their arousal. Group data indicated that subjects could fake inappropriate preferences when instructed to do so without the semantic tracking task but could not when the task was required.

Phallometric Nonresponding in Sexual Offenders.

Looman J.; Abracen J.; Maillet G.; DiFazio R. (1988).

Sexual Abuse: A Journal of Research and Treatment, Volume 10, Number 4, pp. 325-336(12).

4. Daubert - The degree of the methods or conclusion's acceptance within the relevant scientific community.

- a) The American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM-5) has gone from not recommending physiological assessments in DSM-IV to specifically identifying its use in DSM-5. "*Psychophysiological measures of sexual interest may*

sometimes be useful . . . The most thoroughly researched and longest used of such measures is penile plethysmography, . . . Viewing time, . . . is also used to diagnose pedophilic disorder, especially in combination with self-report measures.” (DSM-5, pp.698-699)

- b) The Association for the Treatment of Sexual Abusers publishes a Standards of Care document. Phallometry is considered a necessary component of an evaluation that meets the standards of care established by ATSA. PPG is referenced as a part of an evaluation that meets the Standards of Care on page 16 and in Appendix A.
- c) The FDA considers the PPG to be a Class II medical device. The PPG is not 510(k) exempt. The 510(k) submission allows the FDA to determine whether a device is generally equivalent to a similar one already on the market. The PPG is also not exempt from the FDA’s GMP (good manufacturing practice) regulations.
- d) Hanson and Bussiere, (1998) published a comprehensive meta-analysis of 61 scientific reports on the prediction of sexual offenses spanning more than 40,000 individual cases. They ascertained that of all the methods attempted and reported, penile phethysmographic responses to imagery depicting children was the single most accurate predictor of sexual re-offense across 7 studies reporting data from phallometric testing. *“Deviant sexual arousal as measured by phallometry was found to be the single best predictor of sexual recidivism among child molesters.”*

Predicting relapse: A meta-analysis of sexual offender recidivism studies.
Journal of Consulting and Clinical Psychology. Hanson R. K.; Bussière M. T. (1998). **66:** 348–362.

- e) *“PPG remains the single best measurement of deviant arousal.”* (page 203)
A Comparison of Objective Measures of Sexual Interests and Arousal: Visual Reaction Time and Penile Plethysmography. Sexual Abuse: A Journal of Research and Treatment. Vol 14, No. 3 (2002).
- f) A meta-analysis in 2005 of 13 studies and 2,180 individual cases repeated the finding that phallometric responses to children was a strong predictor of sexual re-offense.
The characteristics of persistent sexual offenders: A meta-analysis of recidivism studies. Hanson R. K.; Morton-Bourgon K. E. (2005). *Journal of Consulting and Clinical Psychology.* **73:** 1154–1163.
- g) A more recent meta-analysis that included 16 samples and 2,709 sexual offenders replicated and extended the previous findings that phallometric responding to children is a predictor of sexual re-offence. This meta-analysis extended previous meta-analytic research by showing phallometric responding to both male and female pedophilic and hebephilic stimuli predict sexual re-offence. Further, this meta-analysis showed that phallometric testing predicts sexual re-offence in distinct subgroups of sexual offenders against children.

Validity in phallometric testing for sexual interests in children: A meta-analytic review.

Ian V. McPhail, et.al., Assessment, March 2017

Abstract

Valid assessment of pedohebephilic interests (i.e., sexual interest in children) is fundamental to forensic clinical practice. Phallometric testing – which measure changes in penile circumference or volume while stimuli depicting different ages and sexual activities are presented – is widely used in clinical and research settings to detect such interests. This meta-analysis summaries studies comparing sexual offenders against children and various types of controls on phallometric tests for pedohebephilic interests (37 samples; N = 6,785) and studies examining the relationship between phallometric test scores and sexual re-offending (16 samples, N = 2,709). The findings suggest that **several phallometric testing procedures are**

valid indicators of pedohebephilic interest. Certain methodological features of phallometric tests were associated with greater validity, such as slide or audio-plus-slide stimuli and z-score based indices. In addition, phallometric tests for pedohebephilic, pedophilic, and hebephilic interests predicted sexual re-offending which provides further evidence that phallometric test scores are valid indicators of sexual interest in children. In general, the interpretation of phallometric test scores as indicators of pedohebephilic interests is supported.

h) Arizona District Court decision

Olmos v. Ryan
No. CV-11-00344-PHX-GMS
United State District Court, D. Arizona
June 24, 2013

Olmos contends that his counsel should have argued that the requirement that he submit to penile plethysmograph testing violated the Eighth Amendment's prohibition on cruel and unusual punishment. "Penile plethysmograph testing is a procedure that involves placing a pressure-sensitive device around a man's penis, presenting him with an array of sexually stimulating images, and determining his level of sexual attraction by measuring minute changes in his erectile responses." *United States v. Weber*, 451 F.3d 552, 554 (9th Cir. 2006) (quoting Jason R. Odeschoo, *Of Penology and Perversity: The Use of Penile Plethysmography on Convicted Child Sex Offenders*, 14 Temp. Pol. & Civ. Rts. L. Rev. 1, 2 (2004)). The Ninth Circuit has upheld the use of penile plethysmograph in certain instances as a condition of supervised release. *See id.* Numerous other courts have also so held. *See id.* at 566 (collecting cases).⁸ Plethysmograph testing has been recognized by some psychologists and researchers as a useful technique in the treatment of sexual offenders. *Id.* at 565. In light of the substantial weight of caselaw upholding the requirement of penile plethysmograph testing as a condition of supervised release, the Court cannot say counsel's refusal to raise an Eighth Amendment challenge to the practice fell below an objective standard of reasonableness. Olmos has failed to show cause to excuse his procedural default of Claim Ten.

i) Eighteenth Judicial Circuit, in and for Seminole County, Florida found:

"PPG evidence is admissible in this case both under Frye and Daubert. Such evidence is neither new nor novel, so a Frye inquiry would be improper. *State v. Fulwood*, 22 So.3d 655 (Fla. 3d DCA 2009). That determination is binding on this Court. *Conley v. State*, 129 So. 3d 1120, 1121 (Fla. 1st DCA 2013). Thus, under the Frye framework, PPG evidence is admissible.

Based upon the evidence presented, the results of the PPG testing would also be admissible under Daubert. Drs. Wilson and Deitchman both testified about the usefulness of PPG testing based upon their substantial experience with conducting the tests and their familiarity with the literature and studies regarding those tests. . . As to PPG testing, then, this Court finds that the underlying principals and methods are scientifically reliable and Dr. Deitchman conducted the test in a scientifically reliable manner as applied to the facts of this case. As such, the expert opinion testimony on PPG testing is admissible under Daubert.

Re: the commitment of Jeff C. Rivers-Finney
Eighteenth Judicial Circuit, in and for Seminole County, Florida.
December 16, 2015

Research on the PPG

Measurement of sexual arousal in several paraphilias: The effects of stimulus modality, instructional set and stimulus content on the objective.

Abel, Gene G., et al.

Behaviour Research and Therapy, Vol 19(1), 1981. pp. 25-33.

Abstract:

Determined the effects of instructional set (become aroused or suppress arousal), stimulus modality (videotape, audiotape, slides, free fantasy), and deviant or nondeviant (i.e., paraphilic or nonparaphilic) stimulus content on sexual arousal (measured by penile plethysmograph) of 6 different groups of paraphilics—pedophiles, rapists, exhibitionists, homosexuals, sado-masochists, and fetishists. Results from 48 males (ages 16–52 yrs) show significant main effects of instructional set and stimulus modality (videotape was more arousing), as well as several complex interactions of diagnostic group with the other independent variables.

Inhibiting sexual arousal to children: Correlates and its influence on the validity of penile plethysmography.

Babchishin, Kelly M., Kelly, Babchishin., Curry, Susan D., Fedoroff, J. Paul., Bradford, John., Seto, Michael C..

Archives of Sexual Behavior, Vol 46(3), Apr, 2017. pp. 671-684.

Abstract:

The current study examined the extent to which 1136 men were able to inhibit their sexual arousal on a phallometric assessment, when instructed to do so. Although the observed changes between the two conditions (i.e., Normal and Suppression) were small to moderate in magnitude, the change was not more than what would be expected by measurement error for most participants (e.g., 83% of pedophilic sex offenders against children did not successfully inhibit their sexual arousal in the Suppression condition). There were very few variables that were associated with the ability to suppress. Higher Pedophilia Index scores in the Suppression condition predicted a greater likelihood of sexual recidivism among sex offenders (hazard ratio = 1.17, 95% CI [1.04, 1.32]), but the ability to suppress sexual arousal was not found to predict sexual recidivism. The current study highlights the importance of accounting for measurement error and found that, when doing so, **most sex offenders against children are unable to successfully inhibit their sexual arousal to children when instructed to do so, and that the ability to suppress sexual arousal is not associated with recidivism.**

Erectile responses among heterosexual child molesters, father-daughter incest offenders, and matched non-offenders: Five distinct age preference profiles.

Barbaree, H. E., & Marshall, W. L. (1989). *Canadian Journal of Behavioural Science*, 21, 70-82.

The differentiation of intrafamilial and extrafamilial heterosexual child molesters.

Barsetti, I., Earls, C., Lalumière, M. L., & Bélanger, N. (1998). *Journal of Interpersonal Violence*, 13, 275-286.

Deviant sexual behavior: Differentiating sex offenders by criminal and personal history, psychometric measures, and sexual response.

Baxter, D. J., Marshall, W. L., Barbaree, H. E., Davidson, P. R., & Malcolm, P. B. (1984). *Criminal Justice and Behavior*, 11, 477-501.

Sensitivity and specificity of the phallometric test for pedophilia in nonadmitting sex offenders.

Blanchard, R., Klassen, P., Dickey, R., Kuban, M. E., & Blak, T. (2001). *Psychological Assessment*, 13, 118-126.

Phallometric comparison of pedophilic interest in nonadmitting sexual offenders against stepdaughters, biological daughters, other biologically related girls, and unrelated girls.

Blanchard, R., Kuban, M. E., Blak, T., Cantor, J. M., Klassen, P., & Dickey, R. (2006). *Sexual Abuse: A Journal of Research and Treatment*, 18, 1-14.

What is “Deviant?” An Examination of Three Distinct Groups' Penile Plethysmograph Responses.

Byrne, P.M. & Card, R.D. A paper presented at the 18th Annual Research & Treatment Conference of the Association for the Treatment of Sexual Abusers (ATSA), Orlando, Florida, October 1999.

The reliability and validity of less explicit audio and 'clothed' visual penile plethysmograph stimuli with child molesters and nonoffenders.

Byrne, Peter M.

Dissertation Abstracts International: Section B: The Sciences and Engineering, Vol 61(12-B), Jun, 2001. pp. 6753.

Abstract:

A well-documented predictor of the sexual recidivism of child molesters is deviant responding on the penile plethysmograph (PPG). However, the routine use of explicit audio and nude child visual stimuli in PPG have created ethical and legal barriers for practitioners treating this population. It was hypothesized that an alternative set of less explicit audio and 'clothed' visual stimuli would be valid at discriminating between high- and low-risk child molesters and nonoffenders. It was also hypothesized that responses to the stimuli by nonoffenders would represent their self-reported sexual preference. **Results showed adequate initial indications of reliability. The discriminant validity hypotheses with child molesters and nonoffenders were supported.** Nonoffender results were partially supported. The results are discussed with attention to the prior PPG research with offenders and nonoffenders, the criteria used for grouping child molesters, scoring procedures, and implications for clinical assessment and practice.

Research methods, statistical analysis, and the phallometric test for hebephilia: Response to fedoroff.

Cantor, James M. *Journal of Sexual Medicine*, Vol 12(12), Dec, 2015. pp. 2499-2500.

Abstract:

Reply by the James M. Cantor to the comments made by P. Fedoroff (see record 2015-43698-005) on the article *Sensitivity and Specificity of the Phallometric Test for Hebephilia*. (see record 2015-37962-001). Fedoroff expressed skepticism regarding my team's analysis of the sensitivity and specificity of phallometry for distinguishing hebephilic from teleiophilic men. Despite its confident tone, however, the commentary simply misunderstands how to analyze and interpret phallometric data. Fedoroff's fundamental misunderstanding here is that sensitivity/specificity research does not—indeed cannot—be conducted with representative samples. Sensitivity/specificity research is a test of the test, not a test of the samples. Thus alerted to the correct procedure, one can readily recognize Fedoroff's errors. Fedoroff next claimed that the results were 'meaningless' because it rejected the 5% of cases who did not show 1.0 cc or greater penile volume increase, a claim that is also in error. Indeed, rejection of low-responders does not pertain to validity at all; it pertains to generalizability. Finally, despite multiple readings, Fedoroff's last point remains entirely obscure. The age group he mentioned ('14 – 17') is incorrect: Men interested most in 14-year-olds were actually included in the hebephilic group, and men most interested in 17-year-olds, in the teleiophilic group.

Detecting faked penile responses to erotic stimuli: A comparison of stimulus conditions and response measures.

Card, Robert D., Farrall, William
Annals of Sex Research, Vol 3(4), 1990. pp. 381-396.

Abstract:

18 male clients at a counseling and psychotherapy clinic were told to fake penile responses to discrete sexual stimuli presented auditorily or visually. The same stimuli were presented a 2nd time following instruction on faking. Sexual responses were monitored using a penileplethysmograph (PPG); measures to detect faking attempts included galvanic skin response (GSR) and respiration (RESP). Faking attempts were more successful in response to audio than visual stimuli, especially if the stimuli were relatively weaker. Arousal was much more difficult to fake than suppression. The more intense the efforts to fake, especially following instructions, the more transparent the faking efforts. **GSR and RESP added measurably to the detection of faked PPG responses that otherwise would have appeared to be genuine.**

Stimulus Choice in Phallometric Assessments.

Card, R.D. & Byrne, P. M. (1996). A paper presented at the 15th Annual Research and Treatment Conference of the Association for the Treatment of Sexual Abusers (ATSA), Chicago, IL, November 1996.

Standardization, Ethics, and Faking.

Card, R.D. & Byrne, P. M. (1997). *ATSA Forum*, 9, 3, pp. 3-4.

Predictive value of the Card/Farrall stimuli in discriminating between gynephilic and pedophilic sexual offenders.

Card, R.D., & Dibble, A. (1995). *Sexual Abuse: A Journal of Research and Treatment*, 7, 129-141.

Detecting faked responses to erotic stimuli: A comparison of stimulus conditions and response measures.

Card, R.D., & Farrall, W.R. (1990). *Annals of Sex Research*, 3, 381-396.

Salient victim suffering and the sexual responses of child molesters.

Chaplin, T. C., Rice, M. E., & Harris, G. T. (1995).
Journal of Consulting and Clinical Psychology, 63, 249-255.

Relationship between key variables in penile plethysmograph and viewing time measures of sexual arousal in sex offending adult males.

Cloyd, Lisa Loewinger.

Dissertation Abstracts International: Section B: The Sciences and Engineering, Vol 68(12-B), 2008. pp. 8440.

Abstract:

Penile plethysmography is amongst the best measures for prediction of sexual recidivism and has been extensively researched. However, there are a variety of criticisms regarding use of penile plethysmography (PPG), including financial investment, significant training needs, lack of standardization, intrusive nature of the measure, extensive time for testing, and inability to use PPG with all groups of sexual offenders (e.g., women and adolescents). Viewing time has been studied, though not as extensively as PPG, regarding detection of sexual interest. This study examined the relationship between Monarch 21 PPG and Affinity viewing time variables, including responses to individual stimuli, a sex deviance differential, and a sex deviance ratio. It was predicted that there would be a significant positive correlation between key variables of the Monarch 21 PPG and Affinity. Overall, the associations found between the Monarch 21 PPG and the Affinity were significant, although the magnitudes of the associations were modest. When considering sexual deviance ratios and differentials (as is typically utilized in PPG literature), there was a small, but significant association between the Monarch 21 PPG and the Affinity. Consequently, it is recommended that more research be done comparing these two sets of measures, further evaluating the Affinity and its' predictive validity, and examining the complex arousal pattern shapes, rather than focusing only on a series of discrete variables.

Development of a stimulus set for assessing the arousal patterns of sex offenders using a visual format with audio stories and still photographs.

Farrall, W.R. (1991).

Unpublished doctoral dissertation, the Institute for Advanced Study of Human Sexuality, San Francisco.

Advancements in physiological evaluation of assessment and treatment of the sexual aggressor.

Farrall, W.R., & Card, R.D. (1988).

In R.A. Prentky & V.L. Quinsey (Eds.) Human sexual aggression: Current perspectives (pp. 261-273). New York: New York Academy of Sciences.

Regression to the mean or the Semmelweis reflex?

Fedoroff, J. Paul., et.al.

Archives of Sexual Behavior, Vol 45(7), Oct, 2016. pp. 1869-1870.

Abstract:

Comments on an article by Andreas Mokros and Elmar Habermeyer (see record 2015-53261-001). Mokros and Habermeyer claimed that 'regression to the mean in combination with low reliability does indeed provide an exhaustive explanation for the results [of our study].' The authors respectfully respond that invoking two phenomena (regression to the mean and reliability) to explain an observation is not the same as refuting the alternative explanation, which is that sexual arousal patterns as measured by phallometry can change in the same way that the performance of cadets can change.

Diagnosing heterosexual pedophilia by means of a test for sexual interest.

Freund, K. (1965). *Behaviour Research and Therapy*, 3, 229-234.

Erotic preference in pedophilia.

Freund, K. (1967). *Behaviour Research and Therapy*, 5, 339-348.

Phallometric diagnosis of pedophilia.

Freund, K., & Blanchard, R. (1989). *Journal of Consulting and Clinical Psychology*, 57, 100-105.

Assessment of the sensitivity and specificity of a phallometric test: An update of phallometric diagnosis of pedophilia.

Freund, K., & Watson, R. J. (1991). *Psychological Assessment*, 3, 254-260.

The effects of secondary stimulus characteristics on men's sexual arousal.

Gaither, George A., Plaud, Joseph J. *Journal of Sex Research*, Vol 34(3), 1997. pp. 231-236.

Abstract:

Examined the effects of 2 stimulus characteristics that may greatly influence the measurement of male sexual arousal: (1) the type of sexual behavior depicted, and (2) the presence of accompanying audio cues. The

sexual arousal of 18 male college students (mean age 23.68 yrs) was individually assessed via penile plethysmograph and self-report while they viewed 60-sec erotic video clips. Each video clip depicted a single sexual behavior; half of the clips were presented with accompanying audio. Repeated ANOVAs revealed **significant main effects for sound and behavior for both the physiological and self-report data, as well as a significant sound by behavior interaction for the self-report data. The physiological data and self-report data were also highly correlated.** Results are discussed in the context of implications for male sexual arousal research and penile plethysmographic assessments.

Dissimulation in Phallometric Testing of Rapists' Sexual Preferences.

Harris G.T.; Rice M.E.; Chaplin T.C.; Quinsey V.L. (1999). *Archives of Sexual Behavior*, Volume 28, Number 3, 1 June 1999, pp. 223-232(10)

Aggression and erotic attraction toward children in incestuous and pedophilic men.

Lang, R. A., Black, E. L., Frenzel, R. R., & Checkley, K. L. (1988). *Annals of Sex Research*, 1, 417-441.

A survey of plethysmographic assessment in North America.

Howes, Richard J.

Sexual Abuse: Journal of Research and Treatment, Vol 7(1), Jan, 1995. pp. 9-24.

Abstract:

Surveyed North American plethysmographic assessment centers to examine the extent to which variability exists among them. 48 of 153 plethysmograph assessment centers in North America responded to a mail questionnaire. Data show that 75% of men tested at these centers were incarcerated sex offenders and sex offenders on parole or probation. Results reveal a field in which there is abundant inconsistency in both plethysmographic assessment procedures and data interpretation. A critical need for standardization was identified if plethysmographic assessment is to develop its potential in the assessment and treatment of sex offenders. The validity of penile measurement in light of predictive uses is discussed, and the issue of whether volumetric or circumferential measurement is superior is addressed.

The sensitivity and specificity of phallometric assessment and the Abel assessment for sexual interest among a group of sexual offenders against children and other sexual offenders.

Lanham, Debra

Dissertation Abstracts International: Section B: The Sciences and Engineering, Vol 73(7-B) (E), 2013.

Abstract:

This study sought to examine the validity of the Penile Plethysmograph and the Abel Assessment for Sexual Interest. Specifically, the PPG and the AASI were examined in terms of their ability to distinguish sexual offenders against children from other offenders and to see if the newer screening instrument, the AASI, was able to perform as well as the PPG at distinguishing between the two groups. Results of this study revealed limited evidence that either the PPG or the AASI could distinguish between the two groups in terms of concurrent validity, although results indicate that the PPG was approaching significance ($p = .09$). Both the PPG and the AASI had good sensitivity (96.7%, 91.7% respectively); however, specificity was low (10.5%, 24.3%, respectively). A secondary analysis examined atypical sexual interest variables that are associated with increased risk for re-offense, such as having multiple child victims, having any male victims, and having any extrafamilial victims to determine if these variables were associated with greater deviance on the PPG and the AASI. This hypothesis was not supported with the PPG. Having any male victims and having extrafamilial victims were both associated with greater AASI viewing time scores in the Young Female (ages 4–6) category only. A final analysis examined the convergent validity of the two measures and found that the PPG 8–10 year old stimulus category was moderately correlated with the AASI 8–10 year-old stimulus category ($r = .34$ for young females, $r = .40$ for young males). Neither the 4–10 year-old stimulus categories nor the adult categories were significantly correlated.

Classification of child molesters by plethysmographic assessment of sexual arousal and a self-report measure of sexual preference.

Laws, D. R., et al.

Journal of Interpersonal Violence, Vol 15(12), Dec, 2000. pp. 1297-1312.

Abstract:

The present study examined the extent to which the use of multiple measures of pedophilic interest improved on the diagnostic accuracy of any single measure. Seventy-two child molesters completed a self-report card-sort measure of sexual interest, as well as direct monitoring of penile response (penile plethysmograph-PPG) when presented with erotic slides or audio material. **The reliability of all measures was high. All three measures of pedophilic interest (i.e., card sort, PPG slides, PPG audio) significantly differentiated boy-**

object and girl-object child molesters. The card-sort measure showed the greatest classification accuracy and was the only measure to significantly improve accuracy, once the other two modalities were considered. Consideration of all three modalities provided classification accuracy greater than any single measure.

Plethysmography: Will we ever get it right?

Laws, D.R. (2003). In T. Ward, D.R. Laws, & S.M. Hudson (Eds)
Sexual Deviance: Issues & Controversies (pp. 82- 102).

Penile Plethysmography: Strengths, Limitations, Innovations.

Laws, D.R. (2009). In Thornton, D. and Laws, D.R. (eds) *Cognitive Approaches to the Assessment of Sexual Interest in Sexual Offenders* (pp. 7-29).

A Comparison of Objective Measures of Sexual Arousal and Interest: Visual Reaction Time and Penile Plethysmography.

Letourneau, Elizabeth J.

Sexual Abuse: Journal of Research and Treatment, Vol 14(3), Jul, 2002. pp. 207-223.

Abstract:

This study assessed the reliability and validity of a visual reaction time (VRT) measure of sexual interest (G. G. Abel, J. Huffman, B. Warberg, & C. L. Holland, 1998) and the penile plethysmograph (PPG) with audio stimuli. A sample of 57 sex offenders incarcerated at a high-security military prison completed physiological and self-report measures of sexual interest, including the VRT and the PPG. Results indicated adequate internal consistency for both measures. Convergent validity and an assessment of clinical usefulness for both measures indicated that (a) both measures accurately identified offenders against young boys; (b) the VRT, but not the PPG, significantly identified offenders against adolescent girls; (c) neither measure reached statistical significance in identifying offenders against adult women; and (d) the VRT did not reach statistical significance in identifying offenders against young girls and the PPG did reach statistical significance but in the opposite direction as was expected (i.e., men with female child victims had significantly lower arousal to female child stimuli than did men in other victim choice categories).

Phallometric Nonresponding in Sexual Offenders.

Looman J.; Abracen J.; Maillet G.; DiFazio R. (1988).

Sexual Abuse: A Journal of Research and Treatment, Volume 10, Number 4, pp. 325-336(12).

Discriminant and predictive validity of phallometrically measured sexual age and gender preference

Malcolm, P. B., Andrews, D. A., & Quinsey, V. L. (1993). *Journal of Interpersonal Violence*, 8, 486-501.

Sexual offenders against male children: Sexual preferences.

Marshall, W. L., Barbaree, H. E., & Butt, J. (1988). *Behavior Research and Therapy*, 26, 383-391.

Sexual offenders against female children: Sexual preferences for age of victims and type of behaviour.

Marshall, W. L., Barbaree, H. E., & Christophe, D. (1986).

Canadian Journal of Behavioural Science, 18, 424-439.

Assessment, Treatment, and Theorizing About Sex Offenders: Developments during the Past Twenty Years and Future Directions.

Marshall, W.L. (1996). *Criminal Justice and Behavior*, 23 (1), 162-199.

Relationship between MMPI and penile plethysmograph in accused child molesters.

McAnulty, Richard D., et al. *Journal of Sex Research*, Vol 31(3), 1994. pp. 179-184.

Abstract:

Investigated the relationship between the MMPI and penile plethysmograph in 90 alleged child molesters. Men who had been accused of molesting a prepubertal child were divided into 2 groups based on penile plethysmograph results (Deviant and Non-Deviant Profiles). The MMPI scales were used to predict group membership using discriminant function analysis. The results revealed that the MMPI scores were statistically related to the penile plethysmographic profiles. However, MMPI code types were equally distributed across groups, and no single profile could be described as characteristic of men who exhibited pedophilic arousal using the penile plethysmograph results. Approximately one-third of Ss were misclassified on the basis of MMPI scores alone.

Validity in Phallometric Testing for Sexual Interests in Children: A meta-analytic review.

McPhail, Ian. 2017. Assessment March 2017

Abstract

Valid assessment of pedohebephilic interests (i.e., sexual interest in children) is fundamental to forensic clinical practice. Phallometric testing – which measures changes in penile circumference or volume while stimuli depicting different ages and sexual activities are presented – is widely used in clinical and research settings to detect such interests. This meta-analysis summarizes studies comparing sexual offenders against children and various types of controls on phallometric tests for pedohebephilic interests (37 samples; N = 6,785) and studies examining the relationship between phallometric test scores and sexual re-offending (16 samples; N = 2,709). **The findings suggest that several phallometric testing procedures are valid indicators of pedohebephilic interest.** Certain methodological features of phallometric tests were associated with greater validity, such as slide or audio-plus-slide stimuli and z-score based indices. In addition, **phallometric tests for pedohebephilic, pedophilic, and hebephilic interests predicted sexual re-offending which provides further evidence that phallometric test scores are valid indicators of sexual interest in children.** In general, the interpretation of phallometric test scores as indicators of pedohebephilic interests is supported.

Agreement of Self-Reported and Genital Measures of Sexual Arousal in Men and Women: A Meta-Analysis

Meredith L. Chivers, et al

Archives of Sexual Behavior, 2010, Feb. 39(1): 5-56

Abstract:

Various physiological parameters, such as pupil dilation, heart rate, and galvanic skin response, have been examined as potential objective measures of sexual arousal, but changes in penile erection, assessed using penile plethysmography, are the most specific measure of sexual response in men (Zuckerman, 1971). An objective method of measuring penile erection was developed by Freund (1963). Changes in penile circumference, measured using a gauge placed around the shaft of the penis, or changes in penile volume (assessed using gas displacement in a sealed cylinder placed over the penis) are the most commonly used methods in sexual arousal research. Increases in penile circumference or volume are interpreted as evidence of greater genital sexual arousal. Circumferential and volumetric measurements are highly correlated when men show at least 2.5 mm of penile circumference change in the laboratory (Kuban, Barbaree, & Blanchard, 1999).

Regression to the mean mimicking changes in sexual arousal to child stimuli in pedophiles.

Mokros, Andreas., Habermeyer, Elmar.,

Archives of Sexual Behavior, Vol 45(7), Oct, 2016. pp. 1863-1867.

Abstract

The sexual preference for prepubertal children (pedophilia) is generally assumed to be a lifelong condition. Müller et al. (2014) challenged the notion that pedophilia was stable. Using data from phallometric testing, they found that almost half of 40 adult pedophilic men did not show a corresponding arousal pattern at retest. Critics pointed out that regression to the mean and measurement error might account for these results. Müller et al. contested these explanations. The present study shows that regression to the mean in combination with low reliability does indeed provide an exhaustive explanation for the results. Using a statistical model and an estimate of the retest correlation derived from the data, the relative frequency of cases with an allegedly non-pedophilic arousal pattern was shown to be consistent with chance expectation. A bootstrap simulation showed that this outcome was to be expected under a wide range of retest correlations. A re-analysis of the original data from the study by Müller et al. corroborated the assumption of considerable measurement error. Therefore, the original data do not challenge the view that pedophilic sexual preference is stable.

Accuracy is important—Re: Sensitivity and specificity of the phallometric test for hebephilia.

Moser, Charles.

Journal of Sexual Medicine, Vol 12(12), Dec, 2015. pp. 2501.

Standardization of penile plethysmography testing in assessment of problematic sexual interests.

Murphy, Lisa., Ranger, Rebekah., Fedoroff, J. Paul., Stewart, Hannah., Dwyer, R. Gregg., Burke, William. Journal of Sexual Medicine, Vol 12(9), Sep, 2015. pp. 1853-1861.

Abstract:

Penile plethysmography (PPG) is an objective measure of sexual arousal for men, commonly used to assess sexual arousal to both abnormal (i.e., paraphilic) and normal stimuli. While PPG has become a standard measure in the assessment and treatment of male sex offenders and men with paraphilic interests in both Canada and the United States, there is a lack of standardization of stimulus sets and interpretation of results between sites. The current article critically reviews the current state of the art while highlighting clinical and research efforts that may be undertaken in an attempt to reduce issues arising from lack of standardization across sites. Types and themes of stimulus sets, assessment apparatuses, laboratory preparation, and testing

procedures are discussed. The continued development of standardized testing protocol and procedures across multiple international sites continues to be encouraged to promote unified PPG administration and interpretation, thus further enhancing the practical utility of the measurements and decreasing inter-rater discrepancies and error.

Penile circumference, skin conductance and ranking of child molesters and normals to sexual and non sexual visual stimuli.

Quinsey, V. L., Steinman, C. M., Bergensen, S. G., & Holmes, T. F. (1975). *Behaviour Therapy*, 6, 213-219.

Sexual preferences among incestuous and nonincestuous child molesters.

Quinsey, V. L., Chaplin, T. C., & Carrigan, W. F. (1979). *Behavior Therapy*, 10, 562-565.

Penile responses of child molesters and normals to descriptions of encounters with children involving sex and violence.

Quinsey, V. L., & Chaplin, T. C. (1988a). *Journal of Interpersonal Violence*, 3, 259-274.

Preventing faking in phallometric assessments of sexual preference.

Quinsey & Chapman (1988). *Annals of the New York Academy of Sciences*, Vol 528, Issue 1 49-58, Copyright © 1988 by New York Academy of Sciences .

Summary:

The experiment was to test the efficacy of a tracking task during a PPG study in which the participants were instructed to attempt to fake or suppress their arousal. Group data indicated that **subjects could fake inappropriate preferences when instructed to do so without the semantic tracking task but could not when the task was required.**

An analysis of four sexual offenders' arousal in the natural environment through the use of a portable penile plethysmograph.

Rea, Jerry A., et al. *Sexual Abuse: Journal of Research and Treatment*, Vol 10(3), Jul, 1998. pp. 239-255.

Abstract:

Reports the development of a technology for measuring sexual arousal in the natural environment. Ss were 5 male residents of a state hospital for persons with mental retardation, aged 17–37 yrs, who had committed sexual offenses. Exp 1 with 3 of the Ss demonstrated that levels of sexual arousal obtained in the laboratory when a participant was wearing underwear and trousers were similar to arousal levels obtained without underwear and trousers. In Exp 2, 4 Ss' arousal was measured in the natural environment using a portable penile plethysmograph. Measures were taken in 3 different settings: a setting in which only adults were present, a setting with children present, and a setting with no person other than the data collector present. In each setting, arousal was measured when the data collector was both near and away from the offender. For 3 of 4 offenders, patterns of arousal were consistent with previous laboratory assessments and/or previous offenses. Moreover, arousal was greatest when the data collector was away from the participant.

A reliable digital plethysmograph for measuring penile circumference change: A preliminary report.

Regan, Maurice, Nelan, James

The Behavior Therapist, Vol 2(3), May-Jun, 1979. pp. 16.

Assessment of deviant arousal in adult male sex offenders with developmental disabilities.

Reyes, Jorge R., et al.

Journal of Applied Behavior Analysis, Vol 39(2), Sum 2006. pp. 173-188.

Abstract:

Ten individuals, residing in a treatment facility specializing in the rehabilitation of sex offenders with developmental disabilities, participated in an arousal assessment involving the use of the penile plethysmograph. The arousal assessments involved measuring change in penile circumference to various categories of stimuli both appropriate (adult men and women) and inappropriate (e.g., 8-to 9-year-old boys and girls). This approach extends the existing assessment literature by the use of repeated measurement and single-subject experimental design. Data from these assessments were analyzed to determine if clear and informative outcomes were obtained. Overall, three general patterns of results emerged. Some participants showed differentiated deviant arousal or higher levels of arousal to specific inappropriate stimuli (*deviant* is a term used in the existing sex-offender literature to describe this type of arousal). Other participants showed undifferentiated deviant arousal, in which case they showed nonspecific arousal to inappropriate stimuli. The remaining participants showed no arousal to inappropriate stimuli but did show arousal to appropriate stimuli. Implications for assessment, treatment, and future directions are discussed.

The influence of pre-session factors in the assessment of deviant arousal.

Reyes, Jorge R., et al.

Journal of Applied Behavior Analysis, Vol 44(4), Win 2011. pp. 707-717.

Abstract:

Three adult male sex offenders with developmental disabilities participated in an evaluation of pre-session factors that may influence levels of sexual arousal measured with a penile plethysmograph. We evaluated the effects of pre-session masturbation (1 participant) and arousal suppression strategies (2 participants). Results showed that pre-session masturbation lowered arousal levels and both participants suppressed arousal to varying degrees. These outcomes suggest the potential for consideration and manipulation of pre-session factors as treatment components for sex offenders with developmental disabilities.

Comparison of arousal and preference assessment outcomes for sex offenders with intellectual disabilities.

Reyes, Jorge R., et al.

Journal of Applied Behavior Analysis, Vol 50(1), Win 2017. pp. 27-37.

Abstract:

We compared outcomes of arousal and preference assessments for five adult male alleged sexual offenders with intellectual disabilities. Arousal assessments involved the use of the penile plethysmograph to measure changes in penile circumference to both deviant (males and females under the age of 18) and nondeviant (males and females over the age of 18) video clips. Paired-stimulus preference assessments were arranged to present still images from the video clips used in the arousal assessments. Results showed correspondence between the assessments for four out of the five participants. Implications are discussed for the use of preference assessment methodology as a less intrusive assessment approach for sexual offender assessments.

Evidence of Penile Plethysmography, Psychological Profiles, Inventories and Other "Not a Pedophile" Character and Opinion Evidence Offered on Behalf of a Defendant in a Child Sexual Abuse Case is Inadmissible Under *Daubert v. Merrell Dow Pharmaceutical*

Susan K. Smith. Journal of Child Sexual Abuse: research, treatment, and program innovations for victims, survivors, and offenders. Volume: 12 Issue: 3/4, 6/21/2004

Abstract:

The memorandum reviews the standard of admissibility for scientific evidence as set forth in *Daubert v. Merrell Dow Pharmaceuticals*, 509 U.S. 579, 113 S. Ct. 2786, 125 L.Ed.2d 469 (1993) and adopted in *State v. Porter*, 241 Conn. 57, 698 A.2d 739 (1997). The memorandum reviews the evidence offered by the defendant in a civil child sexual abuse and argues that the defense expert's conclusions that the defendant is "not a pedophile" based on the results of a sexual behaviors assessment is inadmissible under *Daubert*. The author argues that the evidence should be excluded either due to a lack of scientific reliability of the tests in the diagnostic context (penile plethysmography), or for a failure to meet *Daubert*'s "fit" requirement (i.e. MMPI-2 might be scientifically valid but lacks correlation to diagnosis of pedophilia). The memorandum quotes the scientific literature extensively and collects the known cases precluding the admission of penile plethysmography evidence in legal proceedings. The author also argues that the evidence should be excluded as impermissible character evidence.

The penile plethysmograph, Abel Assessment for Sexual Interest, and MSI-II: Are they speaking the same language?

Tong, Dean. American Journal of Family Therapy, Vol 35(3), May-Jun, 2007. pp. 187-202.

Abstract:

This study investigated chiefly whether there was a relationship between sexual interest and sexual arousal in an outpatient sample of men, all of whom were accused of incest within divorces and/or child custody battles. Regardless of the problem of unreliable eyewitness evidence from children, there is always a need for more persuasive evidence in the courtroom to corroborate or impeach allegations of child sexual abuse. The current study under examination is important as validation research in cases where men are accused of incest within contested divorces, visitation disputes, and custody battles. Method: This within-subject correlational study examined the presence or absence of sexual arousal, sexual interest, and cognitive distortions among a random sample of men accused of incest within acrimonious divorces and child custody battles. The study was specific to men accused of molesting their own biological children at the pre-trial, pre-adjudication court phase of litigation. It tested the association, if any, of the Abel Screen VRT, Abel Questionnaire for Men, and MSI-II (independent variables), in relation to the Penile Plethysmograph (dependent variable).

PSYCHOSEXUAL EVALUATION TOOLS: Towards the Future – Neuroimaging for Sex Offense

A Multimodal Examination of Sexual Interest in Children: A Comparison of Sex Offenders and Nonsex Offenders

Kelly M. Babchishin¹, Kevin L. Nunes¹, and Nicolas Kessous¹

Abstract

Research and theoretical models have consistently identified sexual interest in children as a key factor involved in child sexual offending. However, there is only moderate agreement in the diagnosis of pedophilia and different assessment methods identify different offenders as pedophiles. The current study examined the discriminative and convergent validity of three different measures of sexual interest in children. Participants included sex offenders and nonsex offenders recruited from federal prisons (i.e., offenders serving sentences of more than 2 years) in Ontario, Canada. Child molesters' responses ($n = 35$) were not significantly different from nonsex offenders ($n = 21$) on an implicit measure of sexual interest in children (Sexual Attraction to Children Implicit Association Test [SAC-IAT] $d = 0.44$, 95% CI $[-0.11, 0.99]$), but differed on the self-report (Sexual Interest Profiling System; $d = 0.83$, 95% CI $[0.27, 1.39]$) and viewing time ($d = 1.15$, 95% CI $[0.54, 1.75]$) measures. Findings did not provide clear support for the superiority of a multimodal approach, possibly due to the relatively small sample. More often than not, convergence between the three measures was observed ($n = 74$). Findings from the present study are an important step toward understanding the relationship between different measures of sexual interest in children and establishing their validity.

A Neuropsychological Assessment of Adult Sex Offenders

Megan Deutsher

Abstract

There is widespread concern within at least Western cultures of the potential damage that sex offenders may cause to society. The government statistics highlight a frightening pattern of sexual abuse in Australia, with the trend implicating that sexual assault is on the rise and that children are the predominant victims (ABS, 2003b). Specifically, 17,850 reports of sexual assault were recorded in 2002, a 6% increase since 2001. Further to this, there is still no universal agreement as to the extent to which treatment effectively reduces sexual recidivism. Therefore, there is an urgent need for research into this problem behaviour. Research examining the causes of sexual offending has examined a biological hypothesis that sex offenders have functional brain impairment. However, the results of neuropsychological assessments of various sex offender populations are inconsistent and inconclusive. The aim of this study was to investigate the brain function of males convicted and incarcerated for sexual offences against children using neuropsychological assessment. Specifically, it was hypothesised that the sex offenders would show functional impairment in their frontal and temporal lobes. A battery of neuropsychological tests was compiled to assess the functions of these regions including four WAIS-III subtests (Arithmetic, Vocabulary, Block Design and Picture Arrangement), Rey Auditory Verbal Learning Test (RAVLT), Rey Complex Figure (RCF), Wisconsin Card Sorting Test (WCST) and the FAS Test. These tests were administered to 25 incarcerated male sex offenders, 25 incarcerated male non-sex offenders and 25 men with no criminal history. Although attempts were made to match these groups on age, level of education and level of intelligence, statistical analyses revealed that there were significant differences between the groups on these variables. These differences were statistically controlled using analyses of covariance (ANCOVAs) and factorial analyses of variance (ANOVA). The results indicated that the sex offenders performed significantly worse than the controls on all neuropsychological tests. However, statistically significant differences were only found between the sex offenders and control group on the immediate recall trials of the RAVLT and RCF. These observed differences did not change when age, level of education and level of intelligence were statistically controlled. **It was concluded that there is insufficient evidence from this study to support the hypothesis that sex offenders have functional impairment in their frontal and temporal lobes.** However, given the relevance of potential brain impairment to both the biological and social-cognitive perspectives of sexual offending, future research in this field is warranted.

Gender differences in response to pictures of nudes: a magnetoencephalographic study

Marco Costa

Abstract

The magnetic equivalent of the contingent negative variation (CMV) and visual evoked magnetic fields (VEF) in anticipation of pictures of opposite-sex nude, same-sex nude, and neutral photographs has been recorded with whole-head MEG in 12 males and 12 females. Subjective ratings of valence indicated a strong gender effect. While females rated both male and female nudes as neutral, males rated male nudes similar to

neutrals but female nudes received higher scores of pleasantness. Gender differences were also found for ratings of picture-induced arousal. While females rated male and female nudes as equally arousing, males attributed more arousal to opposite-sex nudes. The CMV instead revealed, for both male and female participants, higher amplitudes for opposite-sex nudes. VEF in response to nudes revealed two components with mean latencies of 126 and 203 ms. The amplitude of the first component was stronger in males than in females, and only in males the magnetic activity was increased in response to male and female nudes compared to neutral pictures. For the second component the mean magnetic activity was higher in response to nudes than to neutral contents for both male and female participants. The results are discussed in terms of an evolutionary view of sexual selection, which predicts a greater response in male subjects to stimuli relevant for mate choice.

Neurodevelopmental Correlates of Paraphilic Sexual Interests in Men

Qazi Rahman

Abstract

The etiology of anomalous, or paraphilic, sexual preferences in men is unclear although a growing literature points to their prenatal neurodevelopmental ontogenesis. The present study explored whether this was also apparent in a community sample of 200 heterosexual men by examining their sexual fantasies using the Wilson Sex Fantasy Questionnaire (WSFQ) and several demographic and somatic neurodevelopmental markers, including sibling sex composition, handedness, maternal and paternal age at birth, second to fourth finger length ratios, and fluctuating asymmetry of finger lengths and wrist widths. Responses to the WSFQ were used to quantify the extent of paraphilic interest by computing a variance-quotient (or VQ) previously shown to differentiate paraphilic from conventional heterosexual males. **High paraphilic scorers had a significantly greater number of older brothers, higher right-hand 2D:4D, and a trend for lower Edinburgh Handedness Inventory (EHI) scores compared to low-paraphilic scorers.** Correlational analysis revealed a significant positive association of VQ scores with number of older brothers and significant negative associations with number of younger brothers and EHI scores (elevated paraphilic interests were correlated with elevated non-right handedness). Correlations between VQ scores and other variables were not significant. It is suggested that processes such as developmental instability and maternal immunity may play a role in variant sexual preferences among otherwise healthy heterosexual men.

Neuroimaging in Pedophilia

Christine Wiebking

Abstract

Paraphilia is a set of disorders characterized by abnormal sexual desires. Perhaps most discussed amongst them, pedophilia is a complex interaction of disturbances of the emotional, cognitive and sexual experience. Using new imaging techniques such as functional magnetic resonance imaging, neural correlates of emotional, sexual and cognitive abnormalities and interactions have been investigated. As described on the basis of current research, **altered patterns of brain activity, especially in the frontal areas of the brain, are seen in pedophilia.** Building on these results, the analysis of neural correlates of impaired psychological functions opens the opportunity to further explore sexual deviances, which may contribute ultimately to the development of tools for risk assessment, classification methods and new therapeutic approaches.

Using a pictorial modified Stroop task to explore the sexual interests of sexual offenders against children

Caoilte Ó Ciardha

Abstract

The results of two studies are reported examining the utility of a pictorial modified Stroop task in the assessment of sexual interest in a sample of non offending participants and of sexual offenders against children. A mixed factorial design was adopted for both. Nine gay and twelve straight participants took part in the first study which found that participants typically had attentional bias on the pictorial modified Stroop task that was in line with their stated sexual interests. Twenty four sexual offenders against children and twenty four control participants took part in the second study. Again results indicated that the task was tapping into the participants' stated sexual interests. Furthermore extrafamilial offenders and offenders with an admitted sexual interest in children demonstrated the greatest mean bias for child stimuli relative to adult stimuli. A cautious interpretation of the results was recommended, given the sample size in the study, the heterogeneity of the sample, differences in cognitive speed among offenders and controls and other methodological caveats.

Functional Cortical and Subcortical Abnormalities in Pedophilia: A Combined Study Using a Choice Reaction Time Task and fMRI

Timm B. Poeppel

Abstract

Introduction. Pedophiles show sexual interest in prepubescent children but not in adults. Research into the neurofunctional mechanisms of paraphilias has gathered momentum over the last years.

Aim. To elucidate the underlying neural processing of sexual interest among pedophiles and to highlight the differences in comparison with nonparaphilic sexual interest in adults.

Methods. Nine pedophilic patients and 11 nonpedophilic control subjects underwent functional magnetic resonance imaging (fMRI) while viewing pictures of nude (prepubescents, pubescents, and adults) and neutral content, as well as performing a concomitant choice reaction time task (CRTT).

Main Outcome Measures. Brain blood oxygen level-dependent (BOLD) signals and response latencies in the CRTT during exposure to each picture category.

Results. Analysis of behavioral data showed group differences in reaction times regarding prepubescent and adult but not pubescent stimuli. During stimulation with pictures displaying nude prepubescents, pedophiles showed increased response in brain areas known to be involved in processing of visual sexual stimuli. Comparison of pedophilic patients with the control group discovered differences in responses with respect to prepubescent and adult but not to pubescent stimuli. Differential effects in particular occurred in the cingulate gyrus and insular region.

Conclusions. The brain response of pedophiles to visual sexual stimulation by images of nude prepubescents is comparable with previously described neural patterns of sexual processing in nonpedophilic human males evoked by visual stimuli depicting nude adults. Nevertheless, group differences found in the cingulate gyrus and the insular region suggest an important role of these brain areas in pedophilic sexual interest. Furthermore, combining attention-based methods like CRTT with fMRI may be a viable option for future diagnostic procedures regarding pedophilia.

Enhanced Attentional Bias towards Sexually Explicit Cues in Individuals with and without Compulsive Sexual Behaviours

Daisy J. Mechelmans

Abstract

Compulsive sexual behaviour (CSB) is relatively common and has been associated with significant distress and psychosocial impairments. CSB has been conceptualized as either an impulse control disorder or a non-substance 'behavioural' addiction. Substance use disorders are commonly associated with attentional biases to drug cues which are believed to reflect processes of incentive salience. Here we assess male CSB subjects compared to age-matched male healthy controls using a dot probe task to assess attentional bias to sexually explicit cues. We show that compared to healthy volunteers, CSB subjects have enhanced attentional bias to explicit cues but not neutral cues particularly for early stimuli latency. Our findings suggest enhanced attentional bias to explicit cues possibly related to an early orienting attentional response. This finding dovetails with our recent observation that sexually explicit videos were associated with greater activity in a neural network similar to that observed in drug-cue-reactivity studies. Greater desire or wanting rather than liking was further associated with activity in this neural network. These studies together provide support for an incentive motivation theory of addiction underlying the aberrant response towards sexual cues in CSB.

Pedophilia is Linked to Reduced Activation in Hypothalamus and Lateral Prefrontal Cortex During Visual Erotic Stimulation

Martin Walter

Background: Although pedophilia is of high public concern, little is known about underlying neural mechanisms. Although pedophilic patients are sexually attracted to prepubescent children, they show no sexual interest toward adults. This study aimed to investigate the neural correlates of deficits of sexual and emotional arousal in pedophiles.

Methods: Thirteen pedophilic patients and 14 healthy control subjects were tested for differential neural activity during visual stimulation with emotional and erotic pictures with functional magnetic resonance imaging.

Results: Regions showing differential activations during the erotic condition comprised the hypothalamus, the periaqueductal gray, and dorsolateral prefrontal cortex, the latter correlating with a clinical measure. Alterations of emotional processing concerned the amygdala–hippocampus and dorsomedial prefrontal cortex.

Conclusions: Hypothesized regions relevant for processing of erotic stimuli in healthy individuals showed reduced activations during visual erotic stimulation in pedophilic patients. This suggests an impaired recruitment of key structures that might contribute to an altered sexual interest of these patients toward adults.

Abnormal amygdala activation profile in pedophilia

Alexander Sartorius

Abstract

Despite considerable public interest research in neurobiological correlates of pedophilia is scarce. Since amygdala activation is central for emotional valuation, arousal, and salience, we investigated the activation profile of this structure in 10 male subjects with pedophilia (exclusively attracted to boys), all convicted sex-offenders and sentenced to forensic psychiatric treatment along with ten male heterosexual matched controls. We used a sexually non-explicit functional Magnetic Resonance Imaging (fMRI) paradigm with images of men, women, boys or girls randomly embedded in neutral target/non-target geometrical symbols. We applied statistical parametric mapping (SPM2) and SPSS 14 for image processing and analysis. **While controls activated significantly less to pictures of children compared to adults, the activation profile was reversed in subjects with pedophilia, who exhibited significantly more activation to children than adults.** The highest activation was observed for boys in the patient group, and for women in control participants. Our data show enhanced activation to children's pictures even in an incidental context and suggest the provocative hypothesis that a normally present mechanism for reduced emotional arousal for children relative to adults is reversed in pedophilia, suggesting a neural substrate associated with deviant sexual preference in this condition. More extensive research in this field would be of benefit for both the victims and the offenders.

V. SPECIAL POPULATIONS: Child Sex Offenders (contact)

Clinically and scientifically defined as a sexual attraction to prepubescent children— that is, children who are not showing any signs of pubertal development. This can be distinguished from hebephilia, a sexual attraction to pubescent children (i.e., children who are showing some signs of pubertal development such as breast budding, genital changes, and the development of axillary hair but who are clearly not physically mature). Seto, Michael C. (2013-06-30). Internet Sex Offenders. American Psychological Association.

Child sexual abuse or child molestation is a form of child abuse in which an adult or older adolescent uses a child for sexual stimulation. Forms of child sexual abuse include asking or pressuring a child to engage in sexual activities (regardless of the outcome), indecent exposure (of the genitals, female nipples, etc.) to a child with intent to gratify their own sexual desires or to intimidate or groom the child, physical sexual contact with a child, or using a child to produce child pornography.

Child sexual abuse can occur in a variety of settings, including home, school, or work (in places where child labor is common). Child marriage is one of the main forms of child sexual abuse; UNICEF has stated that child marriage *"represents perhaps the most prevalent form of sexual abuse and exploitation of girls"*. The effects of child sexual abuse can include depression, post-traumatic stress disorder, anxiety, complex post-traumatic stress disorder, propensity to further victimization in adulthood, and physical injury to the child, among other problems. Sexual abuse by a family member is a form of incest and can result in more serious and long-term psychological trauma, especially in the case of parental incest.

The global prevalence of child sexual abuse has been estimated at 19.7% for females and 7.9% for males. Most sexual abuse offenders are acquainted with their victims; approximately 30% are relatives of the child, most often brothers, fathers, uncles, or cousins; around 60% are other acquaintances, such as "friends" of the family, babysitters, or neighbors; strangers are the offenders in approximately 10% of child sexual abuse cases. Most child sexual abuse is committed by men; studies on female child molesters show that women commit 14% to 40% of offenses reported against boys and 6% of offenses reported against girls.

The word pedophile is commonly applied indiscriminately to anyone who sexually abuses a child, but child sexual offenders are not pedophiles unless they have a strong sexual interest in prepubescent children. Under the law, child sexual abuse is an umbrella term describing criminal / civil offenses in which an adult engages in sexual activity with a minor or exploits a minor for the purpose of sexual gratification. The American Psychological Association states that *"children cannot consent to sexual activity with adults"*, and condemns any such action by an adult: *"An adult who engages in sexual activity with a child is performing a criminal and immoral act which never can be considered normal or socially acceptable behavior."* (Wikipedia, 2015)

DSM-5

The *Diagnostic and Statistical Manual of Mental Disorders* 5th edition (DSM-5) has a significantly larger diagnostic features section for pedophilia than the previous DSM version. A portion states, *"The diagnostic criteria for pedophilic disorder are intended to apply both to individuals who freely disclose this paraphilia and to individuals who deny any sexual attraction to prepubertal children (generally age 13 years or younger), despite substantial objective evidence to the contrary."*

DSM-5 diagnosis of Pedophilic Disorder includes:

- A. Over a period of at least 6 months, recurrent, intense sexually arousing fantasies, sexual urges, or behaviors involving sexual activity with a prepubescent child or children (generally age 13 years or younger).
- B. The individual has acted on these sexual urges, or the sexual urges or fantasies cause marked distress or interpersonal difficulty.
- C. The individual is at least age 16 years and at least 5 years older than the child or children in Criterion A. Note: Do not include an individual in late adolescence involved in an ongoing sexual relationship with a 12- or 13-year-old.

Specify whether:

Exclusive type (attracted only to children)

Nonexclusive type
Specify if:
Sexually attracted to males
Sexually attracted to females
Sexually attracted to both
Specify if:
Limited to incest

“The extensive use of pornography depicting prepubescent children is a useful diagnostic indicator of pedophilic disorder. This is a specific instance of the general case that individuals are likely to choose the kind of pornography that corresponds to their sexual interests. . . (DSM-5, pp.698-699)

ICD-10

The ICD-10 definition of pedophilia is “*A sexual preference for children, usually prepubertal or early pubertal age.*”

Types of Child Sex Offenders

Holmes and Holmes (2002) identified types of child sex offenders and their psychological profiles. They are divided as follows:

- Situational – do not prefer children, but offend under certain conditions.
 - *Regressed* – Typically have relationships with adults, but stressors causes them to seek children as a substitute.
 - *Morally Indiscriminate* – General sexual deviants, who may commit other sexual offenses unrelated to children.
 - *Naive/Inadequate* – Often mentally disabled in some way, find children less threatening.
- Preferential – have true sexual interest in children.
 - *Mysoped* – Sadistic and violent, target strangers more often than acquaintances.
 - *Fixated* – Little or no activity with own age, described as an "overgrown child".

Note that pedophilia and sexual abuse of a child are not synonymous;

- A person can be a pedophile and not violate the law. Their actions can be limited to masturbating to fantasies of sex with children and/or viewing legal depictions of minors.
- A person can commit sex crimes against a child and not be a pedophile.
 - Someone who is regressed, morally indiscriminate, or naïve/inadequate. (Holmes and Holmes, 2002)
 - Someone who is a psychopathic deviate.
 - A situational event/opportunity
 - An adult who commits sexual crimes against an adolescent (hebephile). In most states “*child*” status is up to the age of 18. But for the DSM-5, a “*child*” is pre-pubertal (only up to the age of 13).
 - An adolescent who is younger than 16 and commits a sex crime against a younger peer who is not 5 years younger.

Risk Assessment: Offender characteristics that increase future risk

Quantitative reviews of sex offender follow-up research have confirmed that many risk factors for sexual recidivism fall into one of the two major risk dimensions of antisociality and sexual deviance (Doren, 2004; Hanson & Bussiere, 1998; Hanson & Morton-Bourgon, 2005; Quinsey et al., 2006).

Antisocial

- Younger age at first contact with the criminal justice system
- Extent of prior criminal history
- Failure on conditional release
- Substance abuse
- Antisocial personality traits – particularly psychopathy
- Lifestyle instability

Sexual Deviance

- Sexual paraphilias. Those with multiple paraphilic interests pose the greatest risk of sexually reoffending (Hanson & Morton-Bourgon, 2004, 2005). Significant minorities of sex offenders with child victims have also engaged in exhibitionistic or voyeuristic behavior or sexually assaulted adults as well (Abel, Becker, Cunningham-Rathner, Mittleman, & Rouleau, 1988; Bradford, Boulet, & Pawlak, 1992)
- Sexual arousal to children or sexual violence

Socially Incompetent

Carl Hansen suggests there is a third dimension – poor interpersonal competence that contributes to sex offender risk for recidivism. (Hanson & Morton-Bourgon, 2004, 2005). This third dimension can include;

- Disrupted attachment
- Failure at adult relationships
- Emotional congruence with children - feeling more comfortable and preferring the company of children.

Criminal History - Child pornography offenders with any kind of prior criminal history - including nonsexual offenses such as theft, possession of narcotics, or assault - were at a significantly greater risk of sexual recidivism during the average follow (approximately 30 months). (Seto & Eke, 2005). The researchers repeated this study in 2011 to extend the time follow-up. In the second study (Eke, Seto, & Williams, 2011), a third of the total sample of child pornography offenders committed any kind of new offense during follow-up. 4% of offenders committed new contact sex offenses. An additional 2% of offenders were charged with historical contact sex offense (i.e., previously undetected offending that came to light following the index child pornography conviction, or what is called “*pseudo-recidivism*”). Seven percent of offenders committed a new child pornography offense. As in the previous study, the authors found criminal history variables predicted recidivism. They also found younger age at first charge predicted sexual recidivism. This is consistent with general forensic psychology that finds that young offender age and criminal history are two of the best established risk factors for future offense.

The research suggests that age at first contact with the criminal justice system is a better predictor of recidivism than age at time of release, suggesting that age at release is less important than some researchers have argued.

Child pornography offenders who already had a history of contact sexual offending have higher sexual recidivism rates than the expected base rates for typical sex offenders reported by A.J.R. Harris and Hanson (2004). Those who have no history of contact offending almost never committed such offenses during the follow-up, despite the fact that a majority were likely to be sexually interested in children (Seto, Cantor, & Blanchard, 2006).

Poor Impulse Control - In the context of online sexual offending, the fact that child pornography offenders are likely to be pedophiles may cause evaluators to assume they are at high risk of contact sexual offenses involving children in the future, because pedophilia is a strong predictor of sexual recidivism among identified sex offenders (Hanson & Morton-Bourgon, 2005). The “*motivation-facilitation*” model of sexual offending against children suggests, however, that only those child pornography offenders who have poor self-control of their pedophilic or hebephilic interest would act on them. Poor inhibitory control is revealed in relatively high scores on measures of risk taking, impulsivity, or similar antisociality traits, or it occurs situationally because of alcohol or drug intoxication, high levels of stress, or depressed mood.

Static Variables - Structured or actuarial risk assessments are recommended as best practice guidelines by the Association for the Treatment of Sexual Abusers. The developers of the Static 99R/2002R have suggested that solicitation offenders who had attempted to meet a minor in real life (even if they actually met an undercover police officer) can be scored using their instrument.

“The developers of the Static–99 have suggested that solicitation offenders who have attempted to meet a minor in real life (even if they actually met an undercover police officer) can be scored using this measure, though users are cautioned in the Static–99 guidelines that there were few such offenders in the development samples, and it is unclear whether the probabilistic estimates would apply (A. J. R. Harris, Phenix, Hanson, & Thornton, 2003). Any dual offender can be confidently scored using the Static–99 or another established actuarial risk measure because they already have a contact sexual offense in their history, and such offenders comprised most of the development samples.

The Static–99 includes a “noncontact offense history” item that would apply to online offenders and individuals who have committed exhibitionism or voyeurism offenses. This is similar to the Risk Matrix 2000 (Thornton et al., 2003), a risk measure widely used in the United Kingdom and discussed in more detail in Applying Established Risk Measures later in this chapter.

It is not yet clear how to proceed in the risk assessment of pornography offenders with no history of contact or attempted contact offending, or in the assessment of fantasy-driven solicitation offenders.” (Seto, 2013, p.203)

Dynamic Factors - In contrast to static risk factors, dynamic risk factors can change over time and may therefore be more effective in assessing shorter-term fluctuations in risk to reoffend. Dynamic factors may also be more amenable to intervention. Alcohol use can illustrate the distinction between static and dynamic risk.

The most prominent dynamic sex offender measure is the Stable – 2007. This assesses 16 factors that can change over time (months or years) that are related to the probability of officially detected recidivism (Hansen et al., 2007). Each of these 16 factors is rated on a three-point scale, with zero indicating no problem, one indicating some concern, and two indicating but the problem is present. The 16 Stable-2000 risk factors can be rationally organized into six domains;

- The **significant social influences** domain represents the balance of positive and negative influences in the person's social world, particularly family and friends.
- The **intimacy deficit domain** represents the stability of intimate relationships, including loneliness or social rejection, a lack of concern for others, emotional identification with children, or hostility towards women.
- The **sexual self-regulation domain** represents problems in regulating sexual behavior, including high sex drive or sexual preoccupation common maladaptive use of sex as a way of coping with negative mood or other concerns, and deviant sexual interest.
- The **attitudes supportive of sexual assault domain** represents offense supportive attitudes and beliefs, including sexual entitlement, attitudes tolerant of rape and adult-child sex.
- The **cooperation with supervision domain** represents compliance and cooperation with supervision requirements.
- The **general self-regulation domain** represents problems with general regulation of behavior, including impulsivity, poor cognitive problem-solving skills, and negative emotionality or hostility.

First, Webb, Craissati, and Keen (2007) found the Stable-2007 significantly predicted probation failure and “risky sexual behavior” after a follow-up period of 18 months. Risky sexual behaviors included accessing adult pornography on a daily basis but did not include new sexual offenses because none were observed in this study during this timeframe.

Internet Content - There is some evidence that offending specific variables predict child pornography and any sexual recidivism (Seto, 2009). These factors include the ratio of greater boy-to-girl child pornography content and having non-digital child pornography. Other Internet specific variables have

been proposed, i.e., total amount of child pornography and time spent online.

Seto (2013) remarks;

Glasgow (2010, 2012) commented in more detail on the kinds of digital evidence that can be available to police through forensic computer analysis and that could be useful for both research and applied purposes. Though the amount of potential information is large and the forensic analysis can be time-consuming, especially with the pressures of limited resources and long waiting lists, some of it can be automated, and it could present useful clinical data (Fortrell, Debrot, & Hakes, 2012). Glasgow proposed the following list of digital evidence: (a) a record of online search terms (He specifically mentions search engines, but searches on peer-to-peer networks might be even more helpful); (b) details about the timing and duration of use of Internet pornography (both illegal and legal); and (c) chat logs (which could be helpful in attempting to distinguish between fantasy-driven and contact-driven solicitation of offenders and also the degree of active involvement in trading child pornography and pedophile subcultures).

Stabenow (2010) wrote about how, as a prosecutor, he analyzed digital evidence to make decisions. First, he reviewed the entire shop pornography collection to see the scope of the content. He then examined metadata from a forensic digital analysis to identify patterns in when the files were created, accessed, or modified. Last, he would review what he described as 'secondary materials,' including online chat logs, emails, and other information that might help put the online sexual offending in context. He acknowledged that this approach was more labor and resource intensive than a simple count of image types, so it is likely only suitable for a subset of cases where the information is particularly salient.

Like Stabenow (2011), von Dornum (2012) also noted that providing such detailed analysis of computer evidence in every case would be too resource intensive to be tenable - for example, if more detailed forensic analysis results were required for sentencing guidelines. At the federal level, there are enhancements simply if there are more than 600 images, there is any content depicting sadistic or violent images, or if there is content depicting a child under the age of 12. The sentencing guidelines should be as simple as possible, yet still capture important variation in dangerousness and culpability. Note that a five second video is arbitrarily assigned a value of 75 images. So a single video can meet the sentencing enhancement threshold.

Details about child pornography collections and other pornography use are not usually available through court documents because police and prosecutors need only to prove possession, distribution, or production of child pornography to make the conviction. The prosecution might only need to show the worst 10 images to the judge and/or jury to make the connection. Whether the images are of boys or of girls is not legally pertinent, but it does appear to be relevant to the risk of further child pornography offenses (Eke & Seto, 2012). Similarly, the police and prosecutors are not usually concerned about legal pornography or even obscene material (e.g., content depicting bestiality) that carries a less serious penalty than child pornography. However, this information can be helpful in understanding the online pornography use and sexual interests of offenders. Without details from police or court documents, clinicians may have to rely on offender self-report, which can be misleading or incomplete. Seto, 2013, pp. 222-223

SPECIAL POPULATIONS: Non-Contact Child Pornography Offenders

Child pornography is pornography that exploits children for sexual stimulation. It may be produced with the direct involvement or sexual assault of a child (also known as child sexual abuse images) or it may be simulated child pornography. Abuse of the child occurs during the sexual acts or lascivious exhibitions of genitals or pubic areas, which are recorded in the production of child pornography. Child pornography may use a variety of media, including writings, magazines, photos, sculpture, drawing, cartoon, painting, animation, sound recording, film, video, and video games.

Laws regarding child pornography generally include sexual images involving prepubescents, pubescent or post-pubescent minors and computer-generated images that appear to involve them. Most possessors of child pornography who are arrested are found to possess images of prepubescent children; possessors of pornographic images of post-pubescent minors are less likely to be prosecuted, even though those images also fall within the statutes.

Producers of child pornography try to avoid prosecution by distributing their material across national borders, though this issue is increasingly being addressed with regular arrests of suspects from a number of countries occurring over the last few years. Prepubescent pornography is viewed and collected by pedophiles for a variety of purposes, ranging from private sexual uses, trading with other pedophiles, preparing children for sexual abuse as part of the process known as "child grooming", or enticement leading to entrapment for sexual exploitation such as production of new child pornography or child prostitution. (Wikipedia, 2015)

"The extensive use of pornography depicting prepubescent children is a useful diagnostic indicator of pedophilic disorder. This is a specific instance of the general case that individuals are likely to choose the kind of pornography that corresponds to their sexual interests. . . (DSM-5, pp.698-699)

Online Offender Typologies

(Seto, 2013, p. 163)

Elliott & Beech (2009)

Reviewed offender typologies proposed by Krone (2004) and Sullivan and Beech (2003), integrating them with a contact offender typology developed by Lanning (2001).

- **Periodically Prurient**: Access child pornography sporadically, impulsively, and/or opportunistically.
- **Fantasy-only**: Sexual interest in children, but have no known history of contact offending.
- **Direct victimization**: Use online technologies as part of a broader involvement with offending, including viewing child pornography and soliciting minors.
- **Commercial exploitation**: Use the Internet to make money, e.g., selling child pornography or facilitating prostitution involving minors.

Fortin & Roy (2007, Translated from French. Labels were created by Seto.)

- **Explorers**: young, with little or no criminal history.
- **Solo purchasers**: purchased or sold commercial content.
- **Communal traders**: trade with others and who are involved in online communities.
- **High-risk offenders**: those with more extensive criminal history, including shopping auger fee and/or contact offending.
- **Collectors**: no interactions with others online and did not use commercial resources (this was the largest group in their sample).
- **Groomers**: use child pornography instrumentally, attempting to meet or engage in cyber sex with minors. This can include Internet blackmail.

Hartman, Burgess, & Lanning (1984)

Off-line child pornography offender typology.

- **Closet collectors**: secretly obtain child pornography without contact sexual offending or communication with others.
- **Pedophile collectors**: sexually preferred children and likely to committed contact offenses.
- **Cottage collectors**: engage with other offenders.
- **Commercial collectors**: are motivated by financial gains rather than sexual interests.

Henry, Mandeville, Norden, Hayes & Egan (2010)

Regarding Internet offenders;

- **Apparently normal:** near or within the normal range on all tests.
- **Inadequate:** significant social-affective problems such as loneliness and under assertiveness, without serious problems with offensive supportive attitudes and beliefs, callousness, or emotional identification with children.
- **Deviant:** social – affective deficits as well as very poor victim empathy and the endorsement of offense supportive attitudes and beliefs.

Krone (2004)

Distinguish between the following types of online child pornography offenders.

- **Browsers:** encountered child porn accidentally but decide to save it.
- **Private fantasy offenders:** fantasize about children and may seek out corresponding text/images.
- **Trawlers:** involved in a variety of pornography and engage in curious or experimental viewing of child pornography.
- **Nonsecure collectors:** download, trade, or purchase child pornography through open sources.
- **Secure collectors:** collect child pornography and use security countermeasures to avoid detection.
- **Groomers:** focus on soliciting minors for cybersex or real-life meetings but who use child pornography as part of online interactions.
- **Physical abusers:** have committed contact offenses and for whom child pornography is supplemental, e.g., for fantasies or as record of offending.
- **Producers:** record child pornography images or videos and distribute them to others.
- **Distributors:** possess child pornography for the purpose of selling or distributing with no imputation about sexual motives.

Lamb (1998)

Characterize persons frequenting youth gay chat rooms.

- **Cruisers:** misrepresented themselves online and were primarily interested in cybersex.
- **Browsers:** genuinely curious and interested in meeting people.
- **Pornographers:** gathered and traded pornography.

McLaughlin (2000)

Distinguish between child pornography collectors, travelers, and producers.

O'Connell (2003)

Described proposed typology of online interactions rather than online offenders.

O'Connor (2005)

Regarding child pornography possession.

- **Accidental:** had accidental access, e.g., downloading large blocks of pornography and not realizing some of the files depict child pornography.
- **Curious:** view child pornography because it can be found and curious, typically have small collections.
- **Morally indiscriminate:** a wide range of pornography, including paraphilia or extreme contents.
- **Entrepreneurial:** collect child pornography, possibly for financial gain and may have committed contact offenses.
- **Addicted/problem-aware:** aware of their addiction to child pornography or sexual attraction to children but who are unable to control their sexual fantasies.

Sullivan and Beech (2003)

Distinguished between three types of offenders.

- **Type 1:** offenders collect child pornography as part of a broader pattern of sexual offending, including sexual contacts with children.
- **Type 2:** offenders collect child pornography to fuel their sexual interest in children.
- **Type 3:** offenders collect child pornography out of curiosity.

Child Pornography in the General Population

In a small study researching child pornography (CP) use in the general population, Bogarett, et. al. (2001) found that 6% of subjects preferred CP porn titles. Their characteristics included:

- Antisocial personality traits
- Low social desirability
- Greater pornography experience
- Erotophilia– (obsessive interest in sexuality)
- Expressed appeal for having sex with a child

Seigfried, Lovely, and Rogers (2008) did an online survey of the general population showed 10% had ever-used CP. This study also found that those who had accessed CP scored higher on antisocial personality traits.

Seto, Kjellgren, et. al. (2010), found that CP use was predicted by:

- Self-reported likelihood of having had sex with a minor 14 or younger when the person was an adult
- Having friends who think sex with children is acceptable
- Having friends who have viewed CP
- Frequent pornography use
- Watching violent pornography

Ray, Kimonis, and Seto (2014), did a study of pornography users who were at pedophilic sites or seeking help for Internet compulsions:

- 21% had viewed CP
- CP users were higher on sensation seeking and more likely to report interest and experience in sexual contacts with a minor

Online Pedo-hebephilia Subcultures

Online sites include themes of:

- a) Promotion of rationalizations for why sex with children is beneficial, i.e., “view evil, do no evil.”
 - b) Condemnation of condemners, where the focus is on those who condemn pedophilia or adult-child sex, including police, clinicians and society.
 - c) Denial of injury
 - d) Claims of benefits to children
 - e) Appeals to children’s rights with regards to their sexuality
 - f) Basking in the “reflected glow”– discussing famous individuals who were purported or known to be pedophiles or hebephiles. (Durkin and Bryant, 1999, Jenkins, 2001, O’Halloran and Quayle, 2010)
- A “boy-moment” or “girl-moment” refers to viewing legal depictions of children and gaining an emotional or sexual high.
 - “*Boylove is a natural thing, like being born gay or even straight. It’s something you can’t control or choose. Only thing you can control is your actions.*” Holt, 2010, p.10.
 - There is a strong association between offense-supportive attitudes and beliefs and recidivism among identified offenders (Hanson, Harris, Scott, & Helmus, 2007; Helmus, Babchishin, & Mann, 2012).

Criminal Prosecution of Child Pornography

Wolak, Finkelhor, and Mitchell (2011) found that in 2009, 70% of online offending cases involved CP only, no charges for solicitation or contact.

- Almost all were male, Caucasian
- Younger – between 18-25 years-of-age
- Few had prior arrests, history of mental illness, substance use, or violence
- Less were employed full-time
- 70% had CP mostly of girls
- 15% had mostly boys
- 15% had both

The most common characteristics of seized CP: (Baartz, 2008, Oosterbaan & Ibrahim, 2009; Quayle & Jones, 2001; Wolak, Finkelhor, & Mitchell, 2011).

- Prepubescent children
- Girls
- Sexually explicit activities
- Smiling (Taylor and Quayle, 2003)
- One in five had bondage or sexual violence (Wolak, Finkelhor, & Mitchell, 2005)
- 10% were suggestive of rape
- 20% were suggestive of sadism (Eke & Seto, 2012; Seto, 2009)

A study conducted by Family Safe Media (2010) found that of those arrested for possessing CP:

- 83% were images of children 6-12 years old
- 43% were images of children 3-6 years old
- 19% were of children 3 years and younger (Notice due to overlap, the numbers do not add up to 100%)

Kuhle, Konrad, and Beier (2011) reported that hebephilic participants use more child pornography (of young adolescents, presumably) than pedophilia participants. The greatest use of child pornography was reported by nonexclusive pedophiles or hebephiles, probably because their sexual interests are broader than those of an exclusive pedophile or an exclusive hebephile.

Virtual child pornography

- There is a legal distinction in the United States between virtual child pornography and the depictions of real, identifiable children. This was determined after the United States Supreme Court decision on *Ashcroft vs. Free Speech Coalition* in 2002.
- Not Real People (NRP) stimulus set was digitally created as a substitute for stimulus sets using images of real children in research studies.

Adolescent Pornography (Hebephilic)

An analysis of online searches of large data sets indicated that content depicting 16 year olds is the number one age-related search (Ogas & Gaddam, 2011).

Prichard et al. (2011): Examined the top 300 publicly accessible search terms in peer-to-peer networks including *BitTorrent*, *Gnutella*, *Limewire*, and *isoHunt*. Three of the top search terms referred to hebephilic pornography - *Pthc* (pre-teen hardcore), *Lolita*, and *Teen*.

Criminal Recidivism Risk in Child Pornography Offenders

Research shows the viewing of child pornography (non-contact) is not a strong predictor of future sexual violence (recidivism). The *Association for the Treatment of Sexual Abusers* cautions:

“There is currently no risk measure specifically developed for use with Internet-facilitated offenders who have no official history of contact sexual offenses. Several overlapping, follow-up studies of child pornography offenders suggest these individuals present less risk for future hands-on offenses, on average, than undifferentiated samples of contact sex offenders. . . Child pornography offenders also presented a relatively low risk to commit another child pornography offense. . . Studies that have compared Internet-facilitated sex offenders to contact sex offenders have found consistent differences. These studies suggest Internet-facilitated sex offenders are less antisocial and are; therefore, less of a risk to commit a new offense or a probation violation than contact sex offenders. These studies also suggest Internet-facilitated sex offenders are similar to or score lower than contact sex offenders on measures of clinical needs including offense-supportive attitudes and beliefs, intimacy deficits, and emotional problems. At the same time, child pornography offenders are more likely to show pedophilic sexual arousal on penile plethysmograph assessment than are contact sex offenders.”

Although researchers have suggested several typologies of Internet-facilitated offenders, we currently know very little about the treatment and supervision needs of Internet-related sex offenders. These typologies include individuals who are sexually interested in children, those who are more sexually indiscriminate, those who are curious, and those who opportunistically engage in Internet-facilitated offending (e.g., an adult male who uses the Internet to gain sexual access to adolescents). Effective intervention will need to be tailored to the type of offender and the risk they present. For example, an individual who viewed child pornography out of curiosity and is a low risk to offend in the future might require little (or no) treatment and minimal supervision while a pedophilic individual who opportunistically used the Internet to gain access to victims and who is a higher risk to offend in the future would require more intensive treatment and supervision. Regulation of access to the Internet would be expected to be a central consideration in treatment or supervision. Methodologically sound evaluation research is needed to develop effective treatment programs for Internet-facilitated sex offenders.”

ATSA Policy Statement on Internet-Facilitated Sex Offending, September 7, 2010
<http://www.atsa.com/internet-facilitated-sexual-offending>

Please see Appendix B (p.126) in this handout for the full ATSA statement.

Seto and Eke (2005) in a sample of 541 male adult child pornography offenders found that 4% committed new contact sexual offenses and 7% committed new child pornography offenses. However, it should be noted that this sample was of significantly greater recidivism risk than is evident in Mr. (ln) (ln)’s case with 56% having a prior criminal record, 24% having prior contact sexual offenses, and 15% having prior child pornography offenses.

Seto, Hanson, and Babchishin (2011) conducted two meta-analyses looking at the sexual offense history of online offenders and the second looking at recidivism rates in the online offenders. Again, interpretation of the data from these two meta-analyses requires extrapolation as the samples used were of considerably higher recidivism risk than is evident in this individual case. This is demonstrated by study samples containing significant percentages of offenders with known contact sexual offenses. In the first meta-analysis (N = 4,697) 17.3% of online offenders were known to have committed a contact sexual offense, most of them against a child. It should be noted that self-report studies included in this meta-analysis showed much higher levels of sexual contact with children (Seto et al., 2011). In the second meta-analysis (N = 2,630; follow-up 1.5 to 6 years) 4.6% recidivated with another sexual offense. For a subsample of these (N = 1,247) the type of re-offense was known and it was found that 2% of online offenders recidivated with a contact sexual offense and 3.4% recidivated with a child pornography offense.

In the Scoring Guide for the Child Pornography Offender Risk Tool (CPORT-V2, 6/15/18), Eke, Helmus and Seto note;

“A meta-analysis of 9 recidivism studies found that approximately 5% of online (mostly child pornography) offenders were known to have committed a new sexual offense of some kind during a follow-up period ranging from 1.5 to 6 years; 2% committed a contact sexual offense and 3% committed a new child pornography offense (Seto, Hanson, & Babchishin, 2011). Recidivism studies published since the meta-analysis continue to report similar rates of sexual reoffending.” (p.4)

Some of these study results are listed here:

- 3.4% new CP viewing, 2% contact (Seto, 2011)
- 1.6% new CP viewing, 3% contact (Faust, 2015)
- 7% new CP viewing, 3% contact (Seto & Eke, 2015)
- 2.9% new CP viewing, .5% contact (Schuhmann)
- 2.3% new CP viewing, 3.6% contact offense (from the US Sentencing Commission, Saris, 2012)

To put Seto’s work and the recidivism percentages he and his team found into context, Harris and Hanson (2012; See also Hanson, Harris, Helmus, & Thornton, 2014, and Hanson, Harris, Letourneau, Helmus, & Thornton, 2017) reviewed data showing that when non-sexual criminals are followed for protracted periods that about 2% of these offenders (median value) will spontaneously commit their first sexual offense in follow-up.

Seto (2011) and his group found that “online offenders who had no history of contact offenses almost never committed contact sexual offenses” (p. 137) and conclude that there may be “a distinct subgroup of online only offenders who pose relatively low risk of committing contact sexual offenses in the future” (p. 124). Mr. (In) falls clearly within this group.

Finally, Henshaw, Ogloff, and Clough, (2017) findings note that “the available evidence does not appear to support the idea of a direct causal relationship between child pornography and contact sexual offending” given what is presently known from the follow-up periods available in the literature (p. 432). They provide a compelling rationale, “if child pornography directly promoted contact sexual offending, one would reasonably expect rates of contact sexual offending to have similarly increased over the last two decades” (p. 432). During the past two decades the Internet has increased availability and ease of access to child pornography. In contrast, during this period there has been a marked decline in the incidence of contact sexual offending in the United States (Planty et al., (2013) U. S. Department of Justice Special Report – Female Victims of Sexual Violence 1994 – 2010 (2013) – Figures 1, and 2).

Characteristics of Online Offenders (non-contact) vs. Contact Offenders

A summary of the studies

	Characteristic	Online Offenders (child porn and/or soliciting)	Contact Offenders (Attempted or actual online interactions)
General Characteristics	Male	Same	Same
	Age	Younger	Older
	Intelligence	More	Less
	Education	More	Less
	Caucasian	More	Less
	Childhood abuse compared to gen population	More	More
	History of childhood abuse between 2 groups	Less	More
	Cognitive impulsivity	Less	More
	Emotional disorders / Psychiatric diagnoses	Same	Same
	Externalized Locus of Control	Less	More
Social Isolation	Socially isolated	Same	Same
	Emotional loneliness	More or Same	Less or Same
	Involved in intimate adult relationships	Less	More
	Ever have been married	Less	More
Criminal	Criminal history	Less	More
	Previous sexual convictions	Less	More
	Disclosed previous undetected sex offenses	More	Less
	Offense-supportive attitudes	Less	More
	Psychopathy traits / antisocial	Less	More
Sexual	General measures of sexual deviance	More	Less
	Phallometrically assessed arousal to children	More	Less
	Sex drive / preoccupation	More	Less
	Problems with sexual self-regulation	More	Less
	Admit sexual interest in pre/post-pubescents	More	Less
	Fantasizing about children	More	Less
	Fantasies that include non-consent	Less	More
	Emotional identification with children	Less or Same	More or Same
	Empathy for children	More	Less
	Perspective-taking	More	Less
	Identified as a pedophile	More	Less
	Identified as a hebephile	Less	More
	Clinicians rate as sexually deviant	More	Less

Findings from Various Studies

Babchishin, Hanson, & Hermann (2011)

- More than 99% of online sex offenders (non-contact) are male, with few cases of female online offenders. Those that occur appear to be in coordination with a male co-offender (boyfriend).
- Online-only offenders are less antisocial than contact offenders. They have less criminal history and lower scores on psychopathy measures.
- Online offenders (non-contact) more likely to be sexually deviant in terms of phallometrically assessed sexual arousal to children, self-reported sexual fantasies, and clinician ratings.

Bates and Metcalf (2007). **Child pornography offenders (non-contact)** scored:

- higher in emotional loneliness
- lower in emotional identification with children
- lower in empathy deficits for children
- lower in offense supportive attitudes and beliefs

Elliott, Beech, Mandeville-Norden, and Hayes (2009). **Contact sex offenders** had:

- greater offense-supportive cognitions
- greater victim empathy deficits
- greater perspective-taking deficits

- lower in fantasy
- higher in cognitive impulsivity
- more external in their perceived locus of control.

Babchisin et. al. (2011). **Online offenders** are:

- less antisocial, on average, than contact offenders
- have less criminal history
- lower scores on psychopathy measures
- have greater victim empathy
- scored higher on sex drive/preoccupation and sexual deviance than contact offenders.
- more likely to be sexually deviant in terms of phallometrically assessed sexual arousal to children, self-reported sexual fantasies, and clinician ratings. Child porn offenders with and without victims score higher on phallometric measures than do sex offenders with only child victims (no child pornography), adult victims, or general psychology students.
- Online and dual offenders were more likely to report sexual fantasies about girls under age 15 than contact offenders. In contrast, contact offenders were more likely to report sexual fantasies involving some form of confrontation and nonconsent.
- younger on average than contact sexual offenders in six separate studies that compared the two groups. Online offenders are also younger in comparison with the general male population. This is most directly tied to the fact that younger age males have greater Internet involvement.
- better-educated than contact sexual offenders in comparison studies.
- scored higher in intelligence than did Contact sexual offenders, with an average IQ score close to the population average of 100. Whereas contact sexual offenders are typically 10 points below the population average, consistent with research showing that offenders generally score lower on intelligence tests than the general population (White, Moffitt, & Silva, 1989). Pedophilic sex offenders (contact offenders with child victims below the age of 12) scored lower in intelligence than non-pedophilic sex offenders or other kinds of offenders (Cantor, Blanchard, Robichaud, & Christensen, 2005).
- are significantly more likely to be Caucasian than contact sexual offenders. The proportion of Caucasians among online offenders is also greater than the proportion among general offenders or the general population.
- online offenders in nine samples were less likely to have ever been married than the general population.
- There is theorizing that those who sexually act out online are more socially isolated than the general population. However, there were no group differences in loneliness from four studies. This is in contrast to the findings of Bates and Metcalf (2007).
- There was no difference between online and contact offenders regarding emotional identification with children. This is in contrast to the findings of Bates and Metcalf (2007).

Webb, Craissati, and Keen (2007). **Child pornography offenders (non-contact):**

- fewer previous sexual convictions
- more likely to have problems with sexual self-regulation (as compared to a sample of child sexual abuse / contact offenders.
- less likely to express offense-supportive attitudes about children
- less likely to be involved in an adult intimate relationship.
- scored lower on psychopathy.

Seto, Cantor, & Blanchard (2006); Seto, Reeves, & Jung (2010), Wolak, Finkelhor, Mitchell, & Ybarra (2008).

- The majority of child pornography offenders are likely to be pedophiles or hebephiles, according to their sexual arousal patterns and self-report.
- In contrast, most solicitation offenders are unlikely to be pedophiles because they focus on adolescents between the ages of 13 and 15.

Seto et al, 2012

- Child pornography offenders scored higher on sexual deviance than solicitation offenders.
- Overall, 61% of child pornography offenders show a preference for depictions of children over depictions of adults.
- But an important contradiction is that solicitation offenders are consistently found to be more antisocial/psychopathic.

Hanson, Harris, Scott, & Helmus, (2007)

- Fewer solicitation offenders admitted sexual interest in prepubescent or pubescent children or disclosed undetected sexual offenses.
- Solicitation offenders received lower clinician ratings on sexual deviance items of the Stable – 2007 as compared to online child pornography offenders.

Psychiatric symptoms (Seto, 2013)

- Some psychology models suggest emotional dysregulation plays a role in sexual offending (Finkelhor, 1984; Hall & Hirschman, 1991; Ward et al., 2009) and some studies suggest a link between disturbed mood and compulsive or excessive sexual behavior (Kafka, 1997).
- Kruger, Kaplan, and First (2009) found no differences in psychiatric diagnoses between their groups of solicitation offenders and child pornography-only offenders.

Antisociality (Seto, 2013)

Criminal history is an established risk factor for recidivism among every offender population that has ever been studied and this is highly likely to be relevant for online offenders as well. Criminal history is also important because it is an indicator of anti-sociality (antisocial tendency)

- Several studies found that online offenders are less likely to have a prior criminal history and they score lower on measures of antisocial tendencies than contact offenders. Motivans and Kyckelhahn (2007) found that child pornography offenders were less likely to have a prior felony conviction than contact offenders.
- In United Kingdom, Webb (2007) found child pornography offenders had less extensive criminal histories and lower scores on psychopathy than child contact offenders. Child pornography offenders also scored lower on offense supportive attitudes and beliefs and negative peers.
- McWhaw (2001) found that contact-only offenders had more extensive sexual/nonsexual criminal histories and were more likely to have conditional release violations than online-only offenders.
- Babchishin et al. (2011) found that online offenders scored higher on measures of victim empathy than did contact offenders. They also found that online offenders were unlikely to have a prior criminal history involving nonsexual offenses.
- Jung, Ennis, Stein, Choy, and Hook (2013) found that a group of child pornography offenders had a less extensive criminal history than a group of contact offenders. (Page 159)
- Magaletta, Faust, Bickart, and McLearn (2012) compared contact sex offenders with child pornography offenders using the personality assessment inventory (PAI). Pornography offenders were similar to male norms but significantly lower than contact offenders on scales tapping into anti-sociality, including dominance aggression, antisocial features, alcohol use problems, and drug use problems.

Sexual or physical history abuse (Seto, 2013)

- Both adolescent and adult sex offenders are significantly more likely to have histories of sexual abuse than their non-sexually offending counterparts (Jespersen, Lalumiere, & Seto, 2009; Seto & Lalumiere, 2010).
- There is longitudinal evidence that childhood abuse and other forms of maltreatment predict later delinquency, including sexual offending (Maxfield and Widom, 1996). Salter (2003) found that approximately 10% of children who'd been sexually abused were later detected for sexual offending. Research supports the notion that sexual offenders are more likely to have been sexually abused themselves. This is often referred to as the “*abused-abuser*” or the “*cycle of abuse*” hypothesis.
- Babchishin et al. (2011) found that online and contact offenders were both more likely to have a history of sexual abuse than men in the general population. There was a trend for online offenders to be less likely to have physical abuse histories compared with contact offenders.

Factors Aggravating or Mitigating Risk in Online Offenders (non-Contact)

Seto (2009) has identified certain factors indicating sexual deviance regarding attraction to underage pornography. This includes:

1. “*evidence of actively searching for images of prepubescent children.*” The police reports in this case indicates they discovered images of prepubescent girls on Mr. (In)’ computer. In contrast, there are admissions by Mr. (In) that he did indeed seek out images of pubescent girls but did not actively seek out prepubescent images. His CASIC score is consistent with this claim.
2. Seto’s research shows that a second indicator is “*collecting larger amounts of prepubescent pornography relative to adolescence or adult pornography.*” The police reports suggest that the majority of the pornography confiscated on Mr. Scoggins’ computer contained pubescent adolescents and adult females. However, the Evaluators have not been provided a specific breakdown of the contents discovered.
3. A third indicator is “*sorting and organizing files versus random downloading.*” The police reports

did not indicate the manipulation, cataloging, and organizing of images in this case. Nor did Mr. (In) describe these patterns for his downloaded pornography images.

4. A forth indicator of sexual deviance is a pornography collection “*primarily focusing on child pornography depicting boys or a higher boy to girl ratio in a collection.*” Seto’s (2009) research suggests that having more boy pornography images than girl-images may predict sex offense recidivism. In this case, the images were all of females.
5. A fifth factor to consider is whether there were attempts to communicate online with underage persons. In this case there is no indication that Mr. (In) was communicating with underage individuals.
6. Finally, attempts at online solicitation of youth is an important aggravating factor. There is no indication that Mr. (In) engaged in solicitation.

Another possible legal distinction might be made between those who record secretly (called “*secretive producers*”) and those who record contact sexual offenses that they or their accomplices commit.

- Some researchers have proposed those who actively distribute should be held more culpable, then those who passively distribute, and then those who possess images without distribution.
- Researchers have also suggested that sentences should be more severe for those individuals who record their sexual offenses then for those who covertly produce images.

The Evaluators do not have a descriptive analysis of the confiscated images from Mr. (In)’ laptop. Without knowing the specifics of his collection, there are additional factors that the Trier-of-Fact may consider as to aggravation or mitigation.

- Is the material primarily of children or adolescents?
- Are there sadistic elements?
- Is there solicitation?
- Is there attempted contact?
- Is there actual contact?
- Is there distribution?
- Is distribution passive or active?
- Is there production?
- Is it secretive production or recordings of actual offenses?

“Continuum of Culpability”

This phrase is first described in written submissions to the US sentencing commission prior to its public hearing on federal child pornography sentencing guidelines on February 15, 2012. There is a range of culpable behaviors, ranging from possession of child pornography (Receipt) - to distribution - to production.

- Legal and computer experts make a further distinction between *passive* and *active* distribution. Passive distribution refers to files that can be shared (perhaps inadvertently because a person was unaware of how the software works) in peer-to-peer file sharing networks, the highest volume method for distribution at this time. This is “*passive*” because often the possessor of the traded files doesn’t know that hundreds or thousands of files can be accessed through their personal computer sharing.
- In contrast, *active* distributors interact with other individuals, often through sites dedicated to pedophilic topics, and making contacts with other possessors in online forums and then arranging private trades of child pornography content.

Research Regarding Child Pornography and Re-offense

Online child pornography offenders are different: a meta-analysis of the characteristics of online and offline sex offenders against children.

Babchishin Kelly M., Hanson, R. Karl, VanZuylen, Heather. (3/2014). Archives of Sexual Behavior, 03/2014.

Abstract:

The current meta-analysis compared the characteristics of online child pornography-only offenders, typical (off-line) sex offenders against children, and offenders with both child pornography and contact sex offenses against children (mixed). Based on 30 unique samples (comparisons ranging from 98 to 2,702), the meta-analysis found key differences between groups. Offenders who committed contact sex offenses were more likely to have access to children than those with only child pornography offenses. In contrast, offenders who used the internet to commit sexual offenses had greater access to the internet than those with contact sex offenders. Differences between the groups, however, were not limited to differential opportunities. Sex offenders against children and mixed offenders were found to score higher on indicators of antisociality than online child pornography offenders (CPOs). CPOs were also more likely to have psychological barriers to sexual offending than sex offenders against children and mixed offenders (e.g., greater victim empathy). Mixed offenders were found to be the most pedophilic, even more than CPOs. The findings suggest that offenders who restricted their offending behavior to online child pornography offenses were different from mixed offenders and offline sex offenders against children, and that mixed offenders were a particularly high risk group.

Examining the criminal history and future offending of child pornography offenders: An extended prospective follow-up study.

Eke, Angela W., Seto, Michael C., Williams, Jennette.
Law and Human Behavior, Vol 35(6), Dec, 2011. pp. 466-478.

Abstract:

We examined police occurrence and criminal records data for a sample of 201 registered male child pornography offenders originally reported by **Seto and Eke** (Sex Abus J Res Treat 17:201–210, 2005), extending the average follow-up time for this sample to 5.9 years. In addition, we obtained the same data for another 340 offenders, increasing our full sample to 541 men, with a total average follow-up of 4.1 years. In the extended follow-up of the original sample, 34% of offenders had new charges for any type of reoffense, with 6% charged with a contact sexual offense against a child and an additional 3% charged with historical contact sex offenses (i.e., previously undetected offenses). For the full sample, there was a 32% any recidivism rate; 4% of offenders were charged with new contact sex offenses, an additional 2% of offenders were charged with historical contact sex offenses and 7% of offenders were charged with a new child pornography offense. Predictors of new violent (including sexual contact) offending were prior offense history, including violent history, and younger offender age. Approximately a quarter of the sample was sanctioned for a failure on conditional release; in half of these failures, the offenders were in contact with children or used the internet, often to access pornography again.

Regarding recidivism, this study found:

For CP, but non-violent (non-contact) (n=108)

- Any re-offense = 40.2%
- Release failure = 30.8%
- Violent/sex = 5.6%
- Contact sex = 1.9%
- Noncontact sex/CP = 10.3%
- CP = 8.4%

In contrast, for CP that includes contact (n=163)

- Any re-offense = 50.5%
- Release failure = 35.4%

- Violent/sex = 12.1%
- Contact sex = 8.7%
- Noncontact sex / CP = 11.2%
- CP = 8.7%

The consumption of Internet child pornography and violent and sex offending.

Endrass, Jérôme, et. al. (2009, July 14). BMC Psychiatry, Vol 9, *ArtID* 43.

Abstract:

Background: There is an ongoing debate on whether consumers of child pornography pose a risk for hands-on sex offenses. Up until now, there have been very few studies which have analyzed the association between the consumption of child pornography and the subsequent perpetration of hands-on sex offenses. The aim of this study was to examine the recidivism rates for hands-on and hands-off sex offenses in a sample of child pornography users using a 6 year follow-up design. Methods: The current study population consisted of 231 men, who were subsequently charged with consumption of illegal pornographic material after being detected by a special operation against Internet child pornography, conducted by the Swiss police in 2002. Criminal history, as well as recidivism, was assessed using the criminal records from 2008. Results: 4.8% (n = 11) of the study sample had a prior conviction for a sexual and/or violent offense, 1% (n = 2) for a hands-on sex offense, involving child sexual abuse, 3.3% (n = 8) for a hands-off sex offense and one for a nonsexual violent offense. When applying a broad definition of recidivism, which included ongoing investigations, charges and convictions, 3% (n = 7) of the study sample recidivated with a violent and/or sex offense, 3.9% (n = 9) with a hands-off sex offense and 0.8% (n = 2) with a hands-on sex offense. Conclusion: Consuming child pornography alone is not a risk factor for committing hands-on sex offenses—at least not for those subjects who had never committed a hands-on sex offense. The majority of the investigated consumers had no previous convictions for hands-on sex offenses. For those offenders, the prognosis for hands-on sex offenses, as well as for recidivism with child pornography, is favorable.

Child pornography possessors and child contact sex offenders: A multilevel comparison of demographic characteristics and rates of recidivism.

Faust, Bickart, Renaud.

Sexual Abuse: Journal of Research and Treatment, Vol 27(5), Oct, 2015. pp. 460-478.

Abstract:

Considerable debate surrounds the topic of whether possessing or distributing online images of childpornography (CP) represents a new type of crime perpetrated by conventional sex offenders (e.g., childcontact [CC] sex offenders), or whether individuals who commit these crimes differ from contact sex offenders in meaningful ways. The current study compares groups of Internet (CP) and CC sexual offenders, with each group's sexual offending history exclusively confined to its offense category. T tests were used to conduct bivariate comparisons of group demographics and criminal histories. Rates of recidivism were examined using survival curves and Cox proportional hazard regression models. Results showed significant differences on demographic and criminal history variables, with CP offenders demonstrating a lower frequency of prior criminal offending and substance abuse, and higher rates of pre-incarceration employment and level of education. Rates of recidivism were significantly different between the two groups, with CP offenders showing lower rates of re-offense for most measures of recidivism. When controlling for background characteristics and the timing of the event, CC offenders were at much greater risk for having an arrest for a new crime or a non-sexual violent crime than CP offenders. Treatment and policy implications are discussed, along with suggestions for future research.

Specifics included:

For Non-contact CP (n=428)

- 19.2% had probation violations
- 1.6% had noncontact sex offense / CP
- 3.0% had contact offense

For contact offenders (n=210)

- 38% had probation violations
- 14.3% had nonsexual/violence
- 5.7% had contact sex offense

The use of actuarial risk assessment measures with UK internet child pornography offenders.

Osborn, Jody; Elliott, Ian A.; Middleton, David.; Beech, Anthony R..

Journal of Aggression, Conflict and Peace Research, Vol 2(3), Jul, 2010. pp. 16-24.

Abstract:

The present study investigates the use of two actuarial assessment measures—Risk Matrix 2000 and Static 99—with individuals convicted of downloading child pornography on the internet. A UK community-based sample of convicted internet sex offenders was assessed using both a standard and a revised version of RM2000 and Static 99 and assessed for rates of reconviction. None of the offenders in the sample were convicted of a further sexual crime between a one-and-a-half and four-year follow-up. These results suggest reconviction rates for internet sex offenders are lower than for contact child sex offenders. It was found that both the standard version of RM2000 and Static-99 overestimate the risk levels posed by internet offenders and that an adapted version of RM2000 may be a more realistic measure of risk level in this population. In addition, it was noted that a higher frequency of low-risk offenders appeared to be accessing images of younger children and images depicting more serious victimization than high-risk offenders.

2012 Report to the Congress: Federal Child Pornography Offenses

Saris, et al. (2012) United States Sentencing Commission

http://www.ussc.gov/sites/default/files/pdf/news/congressional-testimony-and-reports/sex-offense-topics/201212-federal-child-pornography-offenses/Chapter_11.pdf

“...the general recidivism rate was 30.0 percent (183 of 610 offenders). . . failures were almost evenly split between arrests or convictions for new crimes and arrests or revocations for others violations of the conditions of their supervision:

- *15.9 percent (97 of 610 offenders) were arrested for (and in some cases convicted of) a new criminal offense; and*
- *14.1 percent (86 of 610 offenders) violated the conditions of their supervision or failed to register or report as sex offenders without an arrest for any other new criminal offense.*
- *The sexual recidivism rate for all offenders was 7.4 percent (45 of the 610 cases). Of those 45 offenders:*
 - *22 offenders (or 3.6% of all 610 cases) were arrested for or convicted of sexual “contact” offenses (e.g., rape or sexual assault of a child or adult);*
 - *14 offenders (2.3% of the 610 cases) were arrested for or convicted of a subsequent child pornography offense; and*
 - *the remaining nine offenders (1.5% of the 610 offenders) were arrested for or convicted of a non-contact sex offense involving obscenity or commercial sex.*

Of the 97 offenders who were arrested for any type of new offense during the eight-and- one-half-year follow-up period, the vast majority (77, or 79.4%) were arrested once during the period. Twenty offenders (20.6%) were arrested more than once during the follow-up period. Similarly, of those 86 offenders whose recidivism was limited to violating the conditions of their supervised release or probation, 67 (77.9%) did so once, while the remaining 19 offenders (22.1%) violated their conditions more than once. Furthermore, of the 97 offenders who committed new criminal offenses, 41 (42.3%) were both arrested for a new criminal offense and also had at least one other violation of the conditions of their supervision.

The period of time between reentry into the community and the recidivism event is measured as the “street time” that the offender was at risk until the first arrest, conviction, or revocation time in six month increments. As shown, recidivism increased at a relatively steady rate for approximately the first three years following release and then grew at a much slower rate thereafter. The statutory maximum period of supervised release for the vast majority of this thirds of offenders recidivated during their terms of

supervision, and one-third recidivated after their supervision ended. A small number of offenders recidivated for the first time after being in the community for more than five years.” (pp. 300-301)

The criminal histories and later offending of child pornography offenders.

Seto, Michael C., et.al., (April 2005). Sexual Abuse: Journal of Research and Treatment, Vol 17(2), pp. 201-210.

Abstract:

The likelihood that child pornography offenders will later commit a contact sexual offense is unknown. In the present study, we identified a sample of 201 adult male child pornography offenders using police databases and examined their charges or convictions after the index child pornography offense(s). We also examined their criminal records to identify potential predictors of later offenses: 56% of the sample had a prior criminal record, 24% had prior contact sexual offenses, and 15% had prior child pornography offenses. One-third were concurrently charged with other crimes at the time they were charged for child pornography offenses. The average time at risk was 2.5 years; 17% of the sample offended again in some way during this time, and 4% committed a new contact sexual offense. Child pornography offenders with prior criminal records were significantly more likely to offend again in any way during the follow-up period. Child pornography offenders who had committed a prior or concurrent contact sexual offense were the most likely to offend again, either generally or sexually.

Contact sexual offending by men with online sexual offenses.

Seto, M., et.al., (2011, March). Sexual Abuse: Journal of Research and Treatment, Vol 23(1), pp. 124-145.

Abstract:

There is much concern about the likelihood that online sexual offenders (particularly online child pornography offenders) have either committed or will commit offline sexual offenses involving contact with a victim. This study addresses this question in two meta analyses: the first examined the contact sexual offense histories of online offenders, whereas the second examined the recidivism rates from follow-up studies of online offenders. The first meta-analysis found that approximately 1 in 8 online offenders (12%) have an officially known contact sexual offense history at the time of their index offense ($k = 21$, $N = 4,464$). Approximately one in two (55%) online offenders admitted to a contact sexual offense in the six studies that had self-report data ($N = 523$). The second meta-analysis revealed that 4.6% of online offenders committed a new sexual offense of some kind during a 1.5- to 6-year follow-up ($k = 9$, $N = 2,630$); 2.0% committed a contact sexual offense and 3.4% committed a new child pornography offense. The results of these two quantitative reviews suggest that there may be a distinct subgroup of online-only offenders who pose relatively low risk of committing contact sexual offenses in the future.

Predicting Recidivism Among Adult Male Child Pornography Offenders: Development of the Child Pornography Offender Risk Tool (CPORT-V2)

Seto, M. C., & Eke, A. W. (2015, April 6). Law and Human Behavior. Advance online publication. <http://dx.doi.org/10.1037/lhb0000128>

Abstract

In this study, we developed a structured risk checklist, the Child Pornography Offender Risk Tool (CPORT-V2), to predict any sexual recidivism among adult male offenders with a conviction for child pornography offenses. We identified predictors of sexual recidivism using a 5-year fixed follow-up analysis from a police case file sample of 266 adult male child pornography offenders in the community after their index offense. In our 5-year follow-up, 29% committed a new offense, and **11% committed a new sexual offense, with 3% committing a new contact sexual offense against a child and 9% committing a new child pornography offense.** The CPORT-V2 items comprised younger offender age, any prior criminal history, any contact sexual offending, any failure on conditional release, indication of sexual interest in child pornography material or prepubescent or pubescent children, more boy than girl content in child pornography, and more boy than girl content in other child depictions. The CPORT-V2 was significantly associated with any sexual recidivism, with moderate predictive accuracy, and thus has promise in the risk assessment of adult male child pornography offenders with further cross-validation.

Specifics included:

For CP only offenders (n=135)

- Any re-offense = 24%
- Release failure = 14%
- Violent (including sex) = 4%
- Contact sex = 3%
- CP = 7%

But: for CP & non-violent and/or violent (n=90)

- Any re-offense = 49%
- Release failure = 40%
- Violent/sex = 10%
- Contact sex = 3%
- CP = 12%

Correlates of Admitted Sexual Interest in Children Among Individuals Convicted of Child Pornography Offenses.

Seto, Michael C., Eke, Angela W.

Law and Human Behavior, Apr 06, 2017.

Abstract:

Recent research on a risk assessment tool for child pornography offending suggests that admission of sexual interest in children is a risk factor for any sexual recidivism. Admission is easily vulnerable to lying, however, or to refusals to respond when asked about sexual interests. This may become a particular issue when individuals are concerned about the potential impact of admission of sexual interest on sentencing and other risk-related decisions. In this study, we identified the following behavioral correlates (coded yes/no) of admission of sexual interest in children in the risk tool development sample of 286 men convicted of child pornography offenses: (a) never married (54% of sample), (b) child pornography content included child sexual abuse videos (64%), (c) child pornography content included sex stories involving children (31%), (d) evidence of interest in child pornography spanned 2 or more years (55%), (e) volunteered in a role with high access to children (7%), and (f) engaged in online sexual communication with a minor or officer posing as a minor (10%). When summed, the average score on this Correlates of Admission of Sexual Interest in Children (CASIC) measure was 2.21 (SD = 1.22, range 0–6) out of a possible 6, and the CASIC score was significantly associated with admission of sexual interest in children, area under the curve (AUC) = .71, 95% CI [.65, .77]. The CASIC had a stronger relationship with admission in a small cross-validation sample of 60 child pornography offenders, AUC = .81, 95% CI [.68, .95]. CASIC scores may substitute for admission of sexual interest in risk assessment involving those with child pornography offenses.

Multiple Indicators of Sexual Interest in Prepubescent or Pubescent Children as Predictors of Sexual Recidivism.

Stephens, Skye. Cantor, James M., Goodwill, Alasdair M., Seto, Michael C.

Journal of Consulting and Clinical Psychology, Mar 13, 2017.

Abstract (English):

Objective: Sexual interest in children is a well-known risk factor for sexual reoffending (recidivism). The present study examined the relationship between sexual interest in prepubescent children (pedophilia) or pubescent children (hebephilia) and sexual recidivism. It extended previous work by using multiple indicators of sexual interest, using a more sensitive phallometric procedure that measures change in penile blood volume, and examining both hebephilia alongside pedophilia, as well as noncontact sexual recidivism. Method: Six hundred fifty-six men who had committed a sexual offense underwent a comprehensive sexological assessment that included multiple sexual interest measures: volumetric phallometry, self-report, and sexual behavior. Criminal record data were acquired to examine recidivism. Offenders were followed for an average

of 10 years of opportunity. Results: Indicators of hebephilia and pedophilia were significantly associated with noncontact sexual recidivism, but inconsistently associated with contact recidivism. The relationship with phallometrically assessed pedophilia and contact sexual recidivism was significant after controlling for offender age statistically. Phallometrically assessed sexual arousal to children did not add to risk appraised by an actuarial measure. Conclusion: Both hebephilia and pedophilia were predictive of noncontact sexual recidivism. The results for contact sexual recidivism are discussed, including a potential confound in previous work on the assessment of sexual interest in children.

SPECIAL POPULATIONS: Soliciting / Luring

Online solicitation offenders, also known as “luring” or “traveler offenders”, involves sexual interactions with a minor without physical contact.

Hebephilia / Ephebophilia

- “*Hebephilia*” (pronounced *hebe-philia*) is a primary sexual interest in early pubescent adolescents, ages 11-14.
- “*Ephebophilia*” (*e-phe-bo-phil-i-a*) is a primary sexual interest in later pubescent adolescents, ages 14-19.

Hebephilia is the strong and persistent adult sexual interest in pubescent (early adolescent) individuals, typically ages 11–14 (see the Tanner stage). It differs from *ephebophilia*, which is the strong and persistent sexual interest to those in later adolescence, approximately 15–19 years old, and differs from pedophilia, which is the primary or exclusive sexual attraction to prepubescent children. While individuals with a sexual preference for adults may have some sexual interest in pubescent-aged individuals, researchers and clinical diagnoses have proposed that hebephilia is characterized by a sexual preference for pubescent rather than adult partners.

Hebephilia is approximate in its age range because the onset and completion of puberty vary. Partly because of this, some definitions of chronophilias (sexual preference for a specific physiological appearance related to age) show overlap between pedophilia, hebephilia and ephebophilia; for example, the DSM-5 extends the prepubescent age to 13, the ICD-10 includes early pubertal age in its definition of pedophilia, and some definitions of ephebophilia include adolescents aged 14 to late adolescents. On average, girls begin the process of puberty at age 10 or 11; boys at age 11 or 12, and it is argued that separating sexual attraction to prepubescent children from sexual attraction to early-to-mid or late pubescents is clinically relevant.

According to research by Ray Blanchard et al. (2009), sex offenders could be separated into groups by victim age preference on the basis of penile plethysmograph response patterns. Based on their results, Blanchard suggested that the DSM-5 could account for these data by subdividing the existing diagnosis of pedophilia into hebephilia and a narrower definition of pedophilia. Psychologist Bruce Rind and sociologist Richard Yuill have published criticism of the classification of hebephilia as a mental disorder, though their view is that Blanchard et al. successfully established hebephilia as a “genuine sexual preference”; they suggested that if hebephilia were listed in the DSM-5, that it be coded as a condition that results in significant social problems today. Blanchard's proposal to add hebephilia to the DSM-5 proved controversial, and was not adopted. (text from Wikipedia, 2015)

Dr. Michael Seto defines *hebephilia* and *ephebophilia* as;

Clinically and scientifically defined as a sexual attraction to pubescent children— that is, children who are showing some signs of pubertal development such as breast budding, genital changes, and the development of axillary hair, but who are clearly not physically mature. Can be distinguished from pedophilia, a sexual attraction to prepubescent children (i.e., children who are not showing any signs of pubertal development). Hebephilia does not refer to sexual attraction to older adolescents who appear to be physically mature and who could be mistaken by naive observers to be 18 or older.

Seto, Michael C. (2013-06-30). Internet Sex Offenders. American Psychological Asso.

Research suggests 3% upper limit for pedophilia and hebephilia, and 1% for strictly pedophilia. (Santilla, et al., 2010)

Evidence of construct validity in the assessment of hebephilia.

Stephens, Skye., Seto, Michael C., Goodwill, Alasdair M., Cantor, James M..
Archives of Sexual Behavior, Nov 29, 2016.

Abstract:

Hebephilia refers to a persistent intense sexual interest in pubescent children. Although not as widely studied as pedophilia, studies of hebephilia have indicated convergence in self-report and sexual arousal. The present study expanded on previous work by examining convergent and

divergent validity across indicators of hebephilia that included self-report, sexual behavior, and sexual arousal in a sample of 2238 men who had sexually offended. We included men who denied such interest and specifically examined the overlap between hebephilia and pedophilia and examined pedohebephilia (i.e., sexual interests in both prepubescent and pubescent children). Results indicated that there was considerable convergence across indicators of hebephilia. The results suggested poor divergent validity between hebephilia and pedophilia, as there was substantial overlap between the two constructs across analyses. Finally, a distinct pattern of sexual arousal was found in offenders with pedohebephilia. The results of the present study were discussed with a focus on implications for the assessment of sexual interest in children and the conceptualization of pedohebephilia.

Solicitation Laws

- Solicitation laws prohibit the use of electronic means to communicate with minors for the purpose of facilitating a sexual offense.
- Generally, adolescents who engage in solicitation with one another are treated differently. For instance, Wolak (2012) found that the majority of adolescents involved in sexting cases were not criminally charged. Conservative estimates of sexting amongst adolescents show a prevalence rate ranging from 1% to 4% (Lenhart, Ling, Campbell, & Purcell, 2010; Wolak et al., 2012)

Two Types of Soliciting Offenders:

- The “Novus” - a casual consumer who is enticed by the Internet (properties). Internet technologies may have created a new type of offender, in the form of fantasy-driven solicitation offenders (Seto and Hansen, 2011)
- The “Predator” – pre-existing pedophilic/hebephilic using the Internet to extend his reach.

Legal Aspects of Solicitation

- A “*takeover investigation*” is when the police step in on an actual solicitation case.
- A third of solicitation offenders wondered if the minor they were interacting with was actually an undercover police officer. (Briggs et al., 2011)
- Solicitation in the U.S. has three unique elements:
 1. encouraging, bribing, requesting, or commanding a person
 2. to commit a substantive crime,
 3. with the intent that the person solicited actually commit the crime.

There is no overt step necessary for solicitation, one person can be a defendant, and it merges with the substantive crime. It is not necessary that the person actually commit the crime, nor is it necessary that the person solicited be willing or able to commit the crime (such as if the “solicitee” were an undercover police officer).

Online sexual solicitation of minors: How often and between whom does it occur?

Schulz, Anja; Bergen, Emilia; Schuhmann, Petya; Hoyer, Jürgen; Santtila, Pekka.
Journal of Research in Crime and Delinquency, Vol 53(2), Mar, 2016. pp. 165-188.

Abstract:

Objectives: This study examined how frequently online sexual solicitation of adolescents and children by adults occurs and what characteristics the perpetrators have using a novel methodological approach. Method: In an online survey, we investigated the frequency of online sexual solicitation exhibited by adult Internet users (N = 2,828), including a subgroup recruited on pedophilia-related websites. Perpetrators soliciting adolescents were compared to those soliciting children concerning solicitation outcomes (e.g., cybersex) and demography. Results: In total, 4.5 percent reported soliciting adolescents and 1.0 percent reported soliciting children. Most solicitors of adolescents and children were from pedophilia-related websites (49.1 and 79.2 percent). Solicitation frequently involved sexual outcomes (47.5 percent), which also followed nonsexual interaction. The minors’ age did not affect the odds of sexual outcomes. A substantial proportion of perpetrators were female. Conclusions: This study offers unprecedented data on the number of adults soliciting minors. Although adolescents were more often target of solicitation, the risk of

sexual outcomes was equally high in solicitation of children, suggesting younger children to be considered in prevention efforts as well. Nonsexual interactions resulting in sexual outcomes need to be more closely examined to inform appropriate prevention efforts. Moreover, awareness should be raised about females as perpetrators.

Statutory Sexual Offending

- Age of Consent is currently 16 in Canada and ranges from 14-to-18 in the United States.
- Statutory sexual crimes accounted for approximately a quarter of all sexual crimes involving minors in the United States in 2000 (Troup, Leasure & Snyder, 2005).
- Hines & Finkelhor (2007) found that 1% of girls ages 11-to-12 and 4% of girls ages 13-to-15 reported voluntarily having sex with a male who was five or more years older.
- A national study showed a little over 1% for all respondents had sex for the first time before the age of 14 with someone who was six-or-more-years older (Abma, Martinez, Mosher, & Dawson, 2004).
- 13% of adolescent girls had a sexual experience with an adult male who was three or more years older. The typical age difference was three or four years. 80% of the sexual experiences were described as voluntary (Manlove, Moore, Liechty, Ikramullah, and Cottingham, 2005)

Troup-Leasure and Snyder (2005) found the following:

- 95% of the statutory incidents involved minor females and almost all of these incidents involved older males as perpetrators. The perpetrators were adults in 82% of the cases. The majority of female adolescents were 14 or 15 years old, and the meeting age difference was six years. So the male was typically a young adult.
- Its rare for statutory sexual offences to involve strangers - 29% of offenders were considered boyfriends/girlfriends, and 62% were considered friends/acquaintances. This leaves 9% as strangers.
- Arrests occurred in 42% of the incidents. Arrests were less likely if the older person was the minor's boyfriend or girlfriend.
- With regards to male adolescent victims, they were 5% of the cases. In these cases, 94% of the older persons were female. This suggests that the majority of statutory offenses involved heterosexual participants.
- The medium age difference for male adolescents was nine years, which is larger than the medium age difference for female adolescents. (Troup-Leasure and Snyder -2005)

Common Myths Regarding Online Solicitation

The ATSA *Policy Statement on Internet-Facilitated Sex Offending* reads, in part:

"A nationwide American study of "luring" offenders revealed that, contrary to the belief that young children are tricked by "sexual predators" into revealing personal information or meeting in person, all cases reported to police involved teenagers, approximately half of whom were ages 13 and 14, and the majority being female. In most cases, the teenagers were aware the perpetrator was an adult and was interested in a sexual relationship. Also, in most cases, the teenagers willingly met with the adult perpetrators (sometimes on more than one occasion) and described the interactions in romantic terms. This research suggests Internet "luring" is more similar to statutory rape type offenses than contact offenses involving physical coercion and/or young children."

Wolak, Finkelhor, Mitchell, and Ybarra (2008) summarized research regarding online solicitation. Their program - *Crimes Against Children's Research Center* has the most comprehensive American data on solicitation offending. Their research is distinguished because they focus on cases where real-life meetings with real minors take place, as opposed to cases where adults in discussions with undercover police officers pursued online only interactions. Some of their findings:

Stranger danger

Approximately 1-in-7 youth have been sexually solicited online. Most solicitations were from peers and likely involved someone the youth already knew. A small portion of youth had been sexually solicited by an adult, with a 5% figure of total youth solicited by an adult. In another study, 30% of the solicitations come from adults (Mitchell, Wolak, & Finkelhor, 2007). Most of the adult situations involved strangers met online (Grosskopf, 2009; Lamb, 1998; Martellozzo, 2010).

Ten percent of middle school students report they communicated with a stranger whom they had initially met online. (Remember that a majority of these strangers are same-aged-peers). Of these middle schoolers, 54% went on to meet with the stranger. In the same study, 65% of high school girls and 53% of high school boys have been asked to meet a stranger in person. Of these students, approximately 1/3 went on to meet with the stranger (Dowdell, Burgess, and Flores, 2011).

Lying about age

Of cases involving adult offenders, only 5% of those charged with solicitation offenses pretended to be a teenager themselves. A minority did pretend to be younger than they actually were, but they still admitted to being an adult. (Wolak, Finkelhor, Mitchell, & Ybarra, 2008).

Grooming

In general, online solicitors did not lie about their sexual intentions. Youth who agreed to real-life meetings knew they were meeting to engage in sexual activity and the majority of youths who met adults had repeat encounters (73%).

Risk of assault or abduction

Solicitation cases rarely involve violence. Wolak, Finkelhor, Mitchell, and Ybarra (2008) found that 5% of solicitation cases involve use of threats or force. Abduction was rare, though one quarter of the solicitation cases started as a missing person reports because the youth ran away with the offender or lied to parents about his or her whereabouts.

Young or naïve children

In the solicitation cases involving real minors, no minor was younger than 12, half were 13 or 14 years old, and the modal age was 15. (Wolak, Finkelhor, Mitchell, and Ybarra, 2008). In general, adolescents are savvy about their online contacts from unknown individuals (Mitchell, Finkelhor, & Wolak, 2007) and take precautions regarding their privacy. However, age restrictions for online networking sites are easy to circumvent (Hinduja & Patchin, 2008 & 2010).

Attraction to Younger Images in the United States and in the World¹

Ogas & Gaddam, (2011) used meta-analytic data to reveal what people search for in pornography and relate these data to sexual preferences. These two authors looked at over 400 million individual searches submitted to the Web Browser “DogPile” between July 2009 and July 2010 and found that over 55 million of these searches were sexual. Of over 55 million searches the most common search was “youth”, accounting for 13.54% of all sexual searches.

More recently, with reference to sexual preferences in the United States, arguably the best source of information on what pornographic images people search for are the yearly statistical reports produced by one of the larger pornography distribution sites – Pornhub. In 2014 in the United States “teen” was the third most popular pornographic search term. For the United States in 2015 “teen” was the fourth most popular pornographic search term, and in 2016 “teen” was the third most common category of pornography searched for. The United States accounts for approximately 40% of the Pornhub traffic across these three years. It should be noted that this is not exclusively a North American phenomenon with the pornographic

¹ Both of these sections were developed through personal communication between Dr. Simpson and Dr. Andrew Harris, who is preparing an article on these topics for publication.

search term “*teen*” being the most common search term worldwide in 2014, second most common in 2015, and the fourth most common in 2016. These data clearly reveal that interest in young images is very common not only in the United States but worldwide.

As is evident from the Internet search data of both Ogas and Saddam (2011), the PornHub yearly summary data, and a study of sexual fantasy in the general population (Joyal, Cossette, & Lapierre, 2014), a great deal of the adult population has fantasies involving teens, youth, and young people.

Sexual Fantasy Involving Young People in the General Population

Within the general population, fantasies of having sexual encounters with “*someone much younger*” than themselves are quite common (Reynaud & Byers, 1999). A study by Joyal, Cossette, & Lapierre (2014) surveyed 1,516 people from the general population and found that 57% of men and 18.1% of women admitted to having sexual fantasies about “*having sex with someone much younger (legally) than me*”. Further, 1.8% of men and 0.8% of women admitted to fantasizing about “*having sex with a child under the age of 12 years*”. When the data were reduced to themes, 3.3% of men admitted to fantasizing about having sex that “*involves a teenager – between the ages of 13 and 17*”.

It is also of interest to note that the DSM-5 identifies sexual attraction to prepubescent children as sexually deviant and a potential clinical disorder. But the DSM-5 does not identify attraction to pubescent images as deviant or abnormal.

It is critical that the reader understand Dr. Simpson is not justifying sex between adults and youth. The point is simply to underscore that fantasizing about illegal sexual activities between adults and pubescent teens includes a significant portion of the general, non-criminal population.

The Estimation of Age from Photography²

In 1998, Dr. James Tanner [The Creator of the Tanner Scale] and Dr. Rosenbloom wrote a letter to the editor of the publication *Pediatrics* warning against the misuse of the Tanner Scale in attempts to judge the age of photographic subjects for forensic purposes. They stated that the scale was intended to identify “early and late maturers” for medical, educational, and sports purposes, not determining chronological age. The doctors warned that using the Tanner scale for determining chronological age is “wholly illegitimate”. Further, they cautioned “pediatricians and other physicians to refrain from providing “expert” advice as to chronological age based on Tanner Staging” (Rosenbloom & Tanner, 1998, p. 1494).

A 2012 study by Rosenbloom, Rohrs, Haller, and Malasanos had four board-certified pediatric endocrinologists review 547 pictures of adult women taken from a men’s magazine where all models had been certified as over the age of 18 at the time the images were taken. All four physicians agreed that the breasts in question were in Tanner stage IV for only 17 of these images, 3.1% agreement. On a further 36 images, there was agreement from three examiners, resulting in 6.6% agreement; an additional 39 images were agreed on by two examiners, 7.1% agreement; and a further 53 images were designated as Tanner Stage IV by only one examiner, 9.7% agreement; resulting in an overall error rate of 26.5% among four highly experienced board-certified pediatric endocrinologists. Rosenblum and colleagues point out that assessments of pornographic images are carried out almost totally by evaluation of breast development because in most pornographic representations the female subjects, for artistic, erotic, or other considerations, have partially or completely shaved pubic hair. These authors conclude, that “failure to appreciate the frequent persistence of TS 4 [Tanner Stage 4] breast development into adulthood and difficulty in distinguishing TS4 from TS5 [Tanner Stage 5] breast development, especially in nonclinical still or video images, has resulted in testimony that has no scientific basis” (p. 3).

We have known since 1998 (Rosenbloom & Tanner) that:

This is a wholly illegitimate use of Tanner staging: no equations exist estimating age from stage, and even if they did, the degree of unreliability in the staging [of] the independent variable would introduce large errors into the estimation of age, the dependent variable. Furthermore, the unreliability of the stage rating is increased to an unknown degree by improperly performed staging, that is, not the clinical examination but through non-standardized [sic] and, thus, unsuitable photographs (p. 1494).

Therefore, we wish to caution pediatricians and other physicians to refrain from providing “expert” testimony as to chronological age based on Tanner staging, which was designed for estimating development or physiologic age for medical, educational, and sports purposes, in other words, identifying early and late maturers. The method is appropriate for this, provided chronological age is known. It is not designed for estimating chronologic age and, therefore, not properly used for this purpose (p. 1494).

A study by Rosenbloom (2012) showed images of adult women taken from known, legal, pornographic sites to 16 pediatric endocrinologists who had expertise in evaluating maturation. These doctors were charged with attempting to determine whether the individuals represented in the images were under the age of 18 years. The women in the images were all documented as being over the age of 18 years at the time the images were taken. 69% of the 160 estimates produced by these experts stated that the images represented females under the age of 18. Of the 16 evaluators, 13 were female. The results of this study are as follows,

Sixty nine percent of the 160 estimates were that the images represented females <18 years of age. One individual found three of the 10 images to be of females <18 years, but Sixty nine percent of the 160 estimates were that the images represented females <18 years of age. One individual found three of the 10 images to be of females <18 years, but all others

² Special acknowledgements to Dr. James Harris for the development of this section. Produced from personal communications between Dr. Simpson and Dr. Harris.

found at least six of the images to be of females <18 years of age. This included four examiners rating six images as underage, two examiners thus rating seven images, three examiners considering eight images under age, and five examiners thusly interpreting all but one image. There were no images interpreted by all examiners to be either under or over 18 years of age. (Rosenbloom, 2012, p. 469).

This study also showed that 16 pediatric endocrinologists relied most commonly on breast development for making their evaluations. Rosenbloom's study shows that *"medical testimony even by experts in adolescent development, can deem images of adult women selected for their youthful appearance to be under age 18 two thirds of the time"* (p. 470). Rosenbloom concludes that *"justice requires the avoidance of testimony that is not scientifically based"* (p. 470). Again, Rosenbloom quotes Tanner, saying that *"the Tanner scales were not designed to be used for estimating chronological age, forensically or otherwise"*.

A further study by Cattaneo et al., (2009) used 15 Italian expert evaluators, five forensic pathologists, five pediatricians, five gynecologists, and 13 laypersons to review photographs of 11 nude adult females. A second group of German experts of the same basic composition (total = 23) reviewed the same images with the same instructions; to determine which of these photographic subjects were females less than 18 years old and which were 18 years or older. All females in the photographs were over the age of 18 when the photographs were taken. All professional and lay groups underestimated the age of the models in the photographs.

The best results were obtained by forensic pathologists who correctly identified the women as being over 18 years of age in 60% and 50% of cases (for Italy and Germany respectively): Laymen (50% and 23% respectively) performed second best. Pediatricians incorrectly classed the girls as under 18 in 73% and 95% of cases respectively and gynecologists in 69% and 91% of cases. (p. e23)

It is telling that German and Italian laypeople performed this task better than Pediatricians and Gynecologists, clearly bringing into question whether any expertise at all is evident in these judgements. The authors conclude that *"forensic and medical experts should avoid such unscientific behavior which may have drastic consequences in a court of law"* (p. e23).

It must be pointed out that there are no published or available studies, in any language that support the use of the Tanner Stages for reliably assessing the age of photographic subjects. Rosenbloom (2012) gives a reason for this, stating that *"there are no studies because of the wide variation in the age of pubertal onset of approximately six years, and of progression, such that the duration from the start to completion of maturation can vary from 3 to 7 years."* {Findings from Brooke, C. G. D., Stanhope, R. (1989)}

Application in the Courts

A further example of the un-reliability of making judgments as to chronological age using the Tanner Stages based upon unsuitable representations such as digitized films and photographs was seen in the case U.S. v. Simon-Timmerman No. 09-296 (FAB). Mr. Simon-Timmerman was returning to the United States mainland from Puerto Rico. In his possession were three DVDs of a well-known Puerto Rico porn star *"Little Lupe"*. In this proceeding an Immigration and Customs Enforcement (ICE) special agent Alek Pacheco testified that the actor in the DVD's was a minor child. The agent estimated that *"Little Lupe's"* age was between 13 and 14 years old. Also testifying was a licensed pediatrician Dr. Pedro R. Juanarena, who testified *"to a medical certainty"* that the actor depicted in the DVDs was a minor child. The adult actress shown in the films, Lupe Fuentes, was required by the prosecutor, Jenifer Yois Hernandez-Vega to fly to the mainland United States and to show proof of age at the time of filming after which the case was dismissed. However, by this time Mr. Simon-Timmerman had spent three months in pretrial detention.

In 2006, Kelly Hoose (Worcester Superior Court, Massachusetts; Judge John S. McCann; December 19, 2006) was charged with four counts of possessing child pornography after prosecutors alleged that images on his computer represented underage females. Mr. Hoose was found not guilty after the images were seen to be the property of a legitimate commercial website and one of the models appeared in court to testify that she was 20 years old when the images were taken (Murry, December 28, 2006)

Rosenbloom (2012) also refers to a recent court-martial (Court-Martial, SSgt Swearington, 2012) where “*Tanner rating, in addition to the body habitus, body hair patens, musculature, dentition, head to body ratio, overall size, maturity of facial features, ...*” Was rejected by the court and the plaintiff acquitted (p. 5).

The general unreliability and inadmissibility of visual age identification from photographs has been well known within the legal community since an influential Pepperdine Law Review article was published in 2004 that clearly reviews problems with the use of Tanner Stages, (Fradella, O’Neill, & Fogarty, 2004).

On September 7, 2011 the Arizona Supreme Court amended the Arizona Rule of Evidence 702 to switch from the Frye standard to the Daubert standard. As generally stated for Arizona Rule 702 states:

The Daubert standard generally states that a witness who is qualified as an expert by knowledge, skill, expertise, training, or education may testify in the form of an opinion or otherwise if:

- a. The expert’s scientific, technical, or other specialized knowledge will help the trier of fact to understand the evidence or to determine a fact in issue;
- b. The testimony is based on sufficient facts or data;
- c. The testimony is the product of reliable principles and methods; and
- d. The expert has reliably applied the principles and methods to the facts of the case.

Referring again to the Daubert criteria stated above, the lack of any statement of methodology, the lack of any evidence of reliability or validity in the methods used, and the lack of any evidence of any knowledge, skill, expertise, training, or education qualifying a detective or nurse should be addressed.

As clearly shown above, both by experimental study of experts in the field with specialized scientific knowledge (pediatricians, endocrinologists, forensic pathologists, & gynecologists) and in practical court applications and findings that the principles and methods of chronological age determination from photographs and digital representations are not reliable. Indeed, when laypersons perform better than both gynecologists and pediatricians it begs the question if there is any expertise, knowledge, skill, training, or education involved.

RESEARCH: Age Deception Online

The effects of using identity deception and suggesting secrecy on the outcomes of adult-adult and adult-child or -adolescent online sexual interactions.

Bergen, Emilia, Davidson, Julia, Schulz, Anja, Schuhmann, P. Johansson, A. S. Pekka, Jern Patrick

Victims & Offenders, Vol 9(3), Jul, 2014. pp. 276-298.

Abstract:

There is a lack of knowledge about effects of behaviors during online sexual solicitations. Our aims were to explore the prevalence of identity deception and wanting to keep the interaction a secret, and how these behaviors relate to the outcome of sexual interactions online. The participants were adults who self-reported online sexual interactions with a stranger during the last year. We separated them into groups based on the age of their contact: (1) those that interacted sexually with adults (n = 640) and (2) those that interacted sexually with a child or adolescent (n = 136). Neither the prevalence of identity deception, suggesting secrecy, nor the outcomes of the interactions differed between the two groups. Suggesting secrecy increased the likelihood of receiving a sexual picture with an adult contact, whereas using any identity deception increased the likelihood with a child or adolescent. Several deceptions as well as suggesting secrecy increased the likelihood of cybersex within both groups, while using identity deceptions mostly decreased the likelihood of meeting the contact offline in both groups. Suggesting online and offline secrecy increased the likelihood of sexual contact offline with the child or adolescent but not with adult contacts.

Online Deception: Prevalence, Motivation, and Emotion.

Caspi, Avner, Gorsky, Paul. CyberPsychology & Behavior, Vol 9(1), Feb, 2006. pp. 54-59.

Abstract:

This research has three goals: first, to find out how prevalent online deception is within a sample of Israeli users, second, to explore the underlying motivations to deceive online, and third, to discover the emotions that accompany online deception. A web-based survey was distributed in 14 discussion groups, and the answers of 257 respondents were analyzed. It was found that, while most of the respondents believe that online deception is very widespread, only about one-third of them reported engaging in online deception. Frequent users deceive online more than infrequent users, young users more than old, and competent users more than non-competent. The most common motivations to deceive online were "play" on the one hand and privacy concerns on the other. Most people felt a sense of enjoyment while engaging in online deception. The results are discussed in light of a possible mechanism for changing personal moral standards.

Personal information of adolescents on the Internet: A quantitative content analysis of MySpace.

Hinduja, Sameer; Patchin, Justin W. Journal of Adolescence, Vol 31(1), Feb, 2008. pp. 125-146.

Abstract:

Many youth have recently embraced online social networking sites such as MySpace (myspace.com) to meet their social and relational needs. While manifold benefits stem from participating in such web-based environments, the popular media has been quick to demonize MySpace even though an exponentially small proportion of its users have been victimized due to irresponsible or naïve usage of the technology it affords. Major concerns revolve around the possibility of sexual predators and pedophiles finding and then assaulting adolescents who carelessly or unwittingly reveal identifiable information on their personal profile pages. The current study sought to empirically ascertain the type of information youth are publicly posting through an extensive content analysis of randomly sampled MySpace profile pages. Among other findings, 8.8% revealed their full name, 57% included a picture, 27.8% listed their school, and 0.3% provided their telephone number. When considered in its proper context, these results indicate that the problem of personal information disclosure on MySpace may not be as widespread as many assume, and that the overwhelming majority of adolescents are responsibly using the web site. Implications for Internet safety among adolescents and future research regarding adolescent Internet use are discussed.

No-one knows you're a dog on the Internet: Implications for proactive police investigation of sexual offenders.

Lincoln, Robyn, Coyle, Ian R.

Psychiatry, Psychology and Law, Vol 20(2), Apr, 2013. pp. 294-300.

Abstract:

There is a body of literature dealing with the increased capacity for deception in online environments. This corpus of academic work has relevance for the widespread public concern about the anonymity of the Internet with respect to children who may be contacted by sex offenders. The present paper reports findings from a deception condition study where pairs of subjects engaged in computer-mediated interaction and were asked to evaluate the age and sex of their interlocutors. They were generally successful at this and tended to base their decisions on the content of the conversation. It demonstrates that individuals, despite the anonymity theoretically offered by the Internet, can discern the age and sex of those they are conversing with online, which has implications for police training and practice when engaged in online covert operations.

Trends in online social networking: Adolescent use of MySpace over time.

Patchin, Justin W., Hinduja, Sameer. New Media & Society, Vol 12(2), Mar, 2010. pp. 197-216.

Abstract:

MySpace has received a significant amount of negative attention from the media and many concerned adults, who point to several isolated incidents where predators have contacted, become involved with and even assaulted adolescents whom they met through the popular social networking web site. Furthermore, concerned parents have expressed discontent with the amount and type of personal and private information youth seem to reveal on their profile pages. In 2006, the authors performed an extensive content analysis of approximately 2423 randomly sampled adolescent MySpace profiles, and found that the vast majority of youth were making responsible choices with the information they shared online. In this follow-up study, the authors revisited the profiles one year later to examine the extent to which the content had changed. Though exceptions occur, youth are increasingly exercising discretion in posting personal information on MySpace and more youth are limiting access to their profile. Moreover, a significant number of youth appear to be abandoning their profiles or MySpace altogether.

Internet use and misuse: Preliminary findings from a new assessment.

Rotunda, Robert J., Kass, Steven J., Sutton, Melanie A., Leon, David T.

Behav Modif, Sept. 2003 vol. 27 no. 4 484-504

Abstract:

The Internet (IT) is an affordable and easily accessible technology that has many potential applications to psychology. Interactive technologies engage users psychologically and may facilitate adaptive and maladaptive behaviors. This research explored the IT-use patterns, psychological characteristics, and negative consequences associated with online activities of 393 college students using the Internet Use Survey (IUS), a self-report instrument designed to administer online. Results indicated that participants spent an average of 3.3 total hrs per day on the IT during the past 12 mo and used the medium for multiple purposes. Although participants reported the occurrence of some potentially negative consequences related to IT use, the prevalence rates for most problematic behaviors were generally low. Exploratory principal component analysis of the IUS subscale that attempts to measure IT-related impairment revealed four factors: absorption, negative consequences, disrupted sleep, and deception. All of these factors were then significantly related to a measure of boredom proneness. This research supports the necessity for multidimensional assessment of IT usage to enhance our understanding of how this new technology interfaces with users psychologically and behaviorally.

Can mate choice strategies explain sex differences?: The deceived persons' feelings in reaction to revealed online deception of sex, age, and appearance.

Stieger, Stefan, Eichinger, Tina, Honeder, Britta

Social Psychology, Vol 40(1), 2009. Special Issue: Social Psychology and New Media. pp. 16-25.

Abstract:

Online deception is a phenomenon on the Internet, facilitated by restrictions on communication channels. As communication on the Internet is largely exchanged in textual form, deception about personal data such as sex, age, and appearance can be difficult to detect. Research on online deception has been focused thus far on what deceivers lie about and what motivates them to do so. Little is known about how persons feel when they are deceived in an online environment and about whether sex differences exist in the intensity of those feelings. Furthermore, research on online deception largely lacks a theoretical basis. In the current studies, differences between the sexes with respect to their reaction to online deception about sex, age, and appearance were analyzed in a framework of sex-specific mating strategies predicted by evolutionary theory. The results of a structured online interview showed that sex-specific differences in reaction to online gender switching and appearance deception can be explained by mating strategies. Gender switching was found to be more disturbing when committed by a chat partner of the same sex than when committed by a chat partner of the opposite sex. Appearance deception was found to be more disturbing when committed by chat partners of the opposite sex. The data on age deception were not in line with the theory of mate-choice strategies. Even a second online questionnaire study could not entirely clarify the issue but did reveal interfering factors (such as online harassment, legal issues, life expectancy) that probably influence the effect driven by evolution.

Looks and lies: The role of physical attractiveness in online dating self-presentation and deception.

Toma, Catalina L., Hancock, Jeffrey T.

Communication Research, Vol 37(3), Jun, 2010. pp. 335-351.

Abstract:

This study examines the role of online daters' physical attractiveness in their profile self-presentation and, in particular, their use of deception. Sixty-nine online daters identified the deceptions in their online dating profiles and had their photograph taken in the lab. Independent judges rated the online daters' physical attractiveness. Results show that the lower online daters' attractiveness, the more likely they were to enhance their profile photographs and lie about their physical descriptors (height, weight, age). The association between attractiveness and deception did not extend to profile elements unrelated to their physical appearance (e.g., income, occupation), suggesting that their deceptions were limited and strategic. Results are discussed in terms of (a) evolutionary theories about the importance of physical attractiveness in the dating realm and (b) the technological affordances that allow online daters to engage in selective self-presentation.

Are crimes by online predators different from crimes by sex offenders who know youth in-person?

Wolak, Janis, Finkelhor, David.

Journal of Adolescent Health, Vol 53(6), Dec, 2013. pp. 736-741.

Abstract:

Purpose: We examined cases in which sex offenders arrested for Internet-related crimes used the Internet for sexual communications with minors, comparing crimes by offenders who met victims online to those by offenders who knew victims in-person prior to the offense. **Methods:** We collected data from a national sample of law enforcement agencies ($n = 2,653$) about arrests in 2009 for Internet-related sex crimes against minors, conducting detailed telephone interviews with investigators about individual cases. This paper examines a subset of arrest cases that included the use of online sexual communications (online-meeting offenders, $n = 143$; know-in-person/online offenders, $n = 139$). **Results and Conclusions:** Compared with know-in-person/online offenders, online-meeting offenders were less likely to have criminal backgrounds and more likely to use online communications to deceive victims. However, deception was a factor in a minority of cases and was also used by some know-in-person/online offenders. The majority of cases in both groups involved statutory rape (i.e., nonforcible illegal sexual activity with underage youth) or noncontact offenses such as child pornography production or sexual solicitation of a minor. We conclude that crimes by online-meeting offenders should not be treated as different or more dangerous than those by know-in-person/online offenders who use online sexual communications. Rather, prevention efforts should educate about the nature of statutory rape and related noncontact offenses. The primary message should be that it is criminal for adults to make sexual overtures to minors, online or offline, no matter what their relationship to the youth.

SPECIAL POPULATIONS: Adolescent Offenders

One out of every five sexual assaults involves an offender below the age of 18 (FBI, 2004). Persons below the age of 18 commit 1/3 to 1/2 sexual assaults against children (Schneider and Sickmund, 1999; Hunter, Figueredo, Malamuth, & Becker, 2003).

Evaluation Tools

Juvenile Sex Offender Assessment Protocol-II (J-SOAP-II)

The J-SOAP-II is a checklist whose purpose is to aid in the systematic review of risk factors that have been identified in the professional literature as being associated with sexual and criminal offending. It is designed to be used with boys in the age range of 12 to 18 who have been adjudicated for sexual offenses, as well as nonadjudicated youths with a history of sexually coercive behavior.

Estimate of Risk of Adolescent Sexual Offense Recidivism – version 2.0 (ERASOR)

The ERASOR is designed to assist evaluators to estimate the risk of a sexual re-offense for individuals aged 12 – 18 who had previously committed a sexual assault.

MEGA

MEGA[®] is a tool for assessing the risk level of coarse sexual improprieties, and/or sexually abusive behavior of youth, males and females, ages 4-19 years and youth with low intellectual functioning. This tool is the first of its kind, which, in addition, provides an individualized risk assessment report according to age and gender. MEGA[®] validation and cross-validation studies are the largest studies in its field. The tool has been validated and cross-validated on combined samples of over 2200 youth, adjudicated or non-adjudicated. MEGA[®] has demonstrated predictive validity. A two-day specialized training is required prior to the use of the MEGA[®] tool.

Miccio-Fonseca, L. C. (2009). MEGA[®]: A new paradigm in protocol assessing sexually abusive children and adolescents. *Journal of Child and Adolescent Trauma*, 2, 124-141.

Miccio-Fonseca, L. C. (2010). MEGA[®]: An ecological risk assessment tool of risk and protective factors for assessing sexually abusive children and adolescents. *Journal of Aggression, Maltreatment, and Trauma*, 19, 734-756.

Miccio-Fonseca, L. C. (2013). MEGA[®]: A new paradigm in risk assessment tools for sexually abusive youth. *Journal of Family Violence*, 28(5).

Miccio-Fonseca, L. C., & Rasmussen, L. A. (2013). Applicability of MEGA[®]: cross-validation study to youth with low intellectual functioning. *Journal of Mental Health Research in Intellectual Disabilities*, 6, 42-59.

Discussion of Defendant's Juvenile Status at the Time of the Offense

The authors of the J-SOAP-II caution:

“When assessing risk with sex offenders in general, and with juveniles in particular, the stakes are often very high. In assessing the risk posed by a juvenile, we have an enormous burden of responsibility. Decisions based on our evaluations can have a profound impact: on the one hand, protecting society from genuinely high-risk youths, while on the other hand, possibly resulting in severe, life-altering consequences for low-risk youths. . . Unlike adults, adolescents are still very much “in flux.” No aspect of their development, including their cognitive development, is fixed or stable. In addition, their life circumstances often are very unstable. In a very real sense, we are trying to assess the risk of ‘moving targets.’” (page 4 of the J-SOAP-II manual)

Juvenile vs. Adult Sex Offenders:

There is often an erroneous equation of juvenile sex offenders as compared to adult sex offenders. Much of what we know about the manifestation, etiology, and prognosis for sexual offenders stems from research with adults. Despite the fairly high prevalence and harsh punishments for juvenile sexual offenders, the field still knows little about the course and roots of these behaviors in youth. Developmental differences in psychopathology and amenability to treatment highlight the need for separate etiological and treatment models when dealing with juveniles. (Saleh, 2004).

The scientific literature brings into question the application of special legislation designed for high-risk adult sex offenders to juvenile sex offenders. Is the Court's response having the intended effects (e.g., reducing sexual recidivism) or, are they having unintended effects. Recent changes in legal procedures have resulted in significantly altered consequences to juvenile sex offenders. Specifically, many juvenile sex offenders are now required to register personal information on publicly available sex-offender registries. These registries are maintained by law enforcement agencies and list offenders who have committed specific sexual crimes. Likewise, many juvenile offenders are also subjected to community notification procedures, in which persons external to law enforcement are informed about the specific sexual crimes of some youths. Per federal guidelines, registration and notification policies exclude juvenile offenders except for those youths prosecuted as adults. However, several states have extended registration and notification requirements to juvenile sex offenders.

One leading researcher notes:

*“The past two decades have seen a movement toward harsher legal sanctions and lengthy, restrictive treatment programs for sex offenders. This has not only been the case for adults, but also for juveniles who commit sex offenses. The increased length and severity of legal and clinical interventions for juvenile sex offenders appear to have resulted from three false assumptions: (1) there is an epidemic of juvenile offending, including juvenile sex offending; (2) juvenile sex offenders have more in common with adult sex offenders than with other juvenile delinquents; and (3) in the absence of **sex** offender-specific treatment, juvenile sex offenders are at exceptionally high risk of reoffending. The available data do not support any of the above assumptions; however, these assumptions continue to influence the treatment and legal interventions applied to juvenile sex offenders and contributed to the application of adult interventions to juvenile sex offending. In so doing, these legal and clinical interventions fail to consider the unique developmental factors that characterize adolescence, and thus may be ineffective or worse. Fortunately, a paradigm shift that acknowledges these developmental factors appears to be emerging in clinical areas of intervention, although this trend does not appear as prevalent in legal sanctions.”* (Letourneau, 2005)

Juveniles who have engaged in sexually abusive behaviors (JSAB) represent a small proportion of justice involved youth nationwide, yet disproportionate amounts of time and resources are utilized for these cases.^{2,3} In Arizona, JSAB accounted for 10% of youth exiting probation, and 38% of treatment resources, in calendar year 2016. Based on information received from the Juvenile Justice Services Division of the Administrative Office of the Courts, \$6,050,015 was spent on JSAB youth for JSAB-specific treatment compared to \$16,057,757 on all other youth. Practitioners throughout the country find JSAB cases to be particularly challenging. In a 2018 statewide survey of justice system stakeholders in Arizona, 77% of the respondents – including judicial officers, probation officers, treatment providers and others – indicated that JSAB are more challenging than other types of cases for which youth are adjudicated.

ENHANCING COURT AND PROBATION PRACTICES FOR CASES INVOLVING JUVENILES WHO COMMIT SEXUALLY ABUSIVE BEHAVIORS

Bumby, Kurt. June 2019. National Center for State Courts and Center for Sex Offender Management.

In June 2019 the National Center for State Courts and the Center for Sex Offender Management submitted a report to the Arizona Supreme Court's Juvenile Justice Services Division, providing an overview of existing practices and recommendations related to the management and treatment of juveniles adjudicated for sexual offenses (hereinafter referred to as the JSAB report). The following is a review of the degree to which the Guiding Tenets and Recommendations contained in that report align with the available research, current best practices, and professional standards in the field of assessment and treatment of juveniles who have engaged in sexually abusive behaviors (JSAB).

Taken as a whole, the JSAB report reflects the current best practice standards in the field. The recommendations are well supported by the available research. When research on an issue is not applicable or unavailable, the recommendations reflect the current best practice recommendations of the relevant professional organizations.

REVIEW OF THE FINAL REPORT: ENHANCING COURT AND PROBATION PRACTICES FOR CASES INVOLVING JUVENILES WHO COMMIT SEXUALLY ABUSIVE BEHAVIORS

*Michael F. Caldwell, Psy.D., Department of Psychology, University of Wisconsin – Madison
March 4, 2020*

Risk for Re-offence

The prediction of risk of sexual recidivism in adult sex offenders has been grounded on research identifying reliable markers or risk factors, the so-called *static* and *dynamic* variables. For adolescents such reliable factors in the prediction of risk of sexual recidivism have so far not been unequivocally revealed. The risk prediction methods used for adult sex offenders would not be appropriate for adolescent populations. (Miner, 2002).

Characteristics for juvenile sex offenders include family instability, violence, abuse, deficits in social competency, and low academic performance. (Morenz, 1995). Adolescent child molesters assault with less regard to victim gender than do adult child molesters, and are more likely to commit offenses against male victims than were adult offenders.

Adolescent sex offenders, as a group, have a variety of severe family problems, including neglect and physical and sexual abuse. They also have greater academic and behavior problems, psychopathology, and social isolation. (Veneziano, 2002). Predictors of reoffense in adolescents differ somewhat from those found for adults. Specifically, increased risk for reoffense was associated with impulsivity, involvement with significantly younger children, younger age at first offense, shorter treatment stays, previous offending, and multiple and/or stranger victims. Decreased risk for reoffense was associated with having a male victim, having been a sexual abuse victim, and multiple paraphilias. Compared to same-age-peer assaulters, child assaulters were younger, tended to have fewer overt behavior problems, were less likely to have age-appropriate sexual knowledge, and were less likely to have been sexually active. (Krauth, 1998, see Appendix B).

Research reveals significant differences between juvenile sex offenders and general juvenile delinquents. In general, juvenile sex offenders had fewer difficulties than general juvenile delinquents in family functioning, behavior, and social relationships, but they were also more likely to have been victims of sexual abuse.

Treatment of Juvenile Sex Offenders:

Youth who are sexually abusive should be seen as a group clinically distinct from adult sex offenders and all of their developmental needs, and their problematic behavior, should be targeted in intervention. Unfortunately, the relevance to juveniles of characteristics deemed to be important with adult sex offenders is limited due to the complexity of developmental processes, particularly with respect to mental disorders and personality formation. As such, the formulation and implementation of treatment and risk management strategies that will be effective with juvenile sex offenders are challenging.

To reduce sex crimes and the risk of adolescent sexual re-offending, effective treatment strategies have to be implemented to address developmentally appropriate issues. Supervision and treatment recommendations for juvenile sex offenders initially emerged from the literature on adult sex offenders. Treatment must include behavioral therapy, family therapy, and psychosocial interventions. Pharmacotherapy is not always a first-line treatment. Antidepressants (especially selective serotonin reuptake inhibitors) offer promise in the treatment of adolescent sexual offending but further controlled studies are needed. In some rare situations, however, especially when severe paraphilic behaviors (such as pedophilia) are present, a hormonal intervention such as cyproterone acetate treatment may be needed. (Gerardin, 2004). Differences between adult and juvenile treatment programs include electrical and hormonal therapies - adolescent sexual offenders are not recipients of these treatment modalities.

While there may be similarities between adults and adolescents who perpetrate sexual abuse, juvenile abusers face different developmental issues. Intervention for juveniles need to account

for the effect on family and peer group relationships, educational, employment prospects, self-concept and self-esteem. Juvenile sexual offenders are at risk of deviant development. The risk of re-offending as adults is likely higher for adolescent sexual offenders who fail to deal with their developmentally relevant stages and attain the life-skills necessary in adulthood. Treatment methods should attempt to decrease the disruption of adolescent developmental stages in order to arrest deviant sexual offenses prior to adulthood. (Del Valle, 2000).

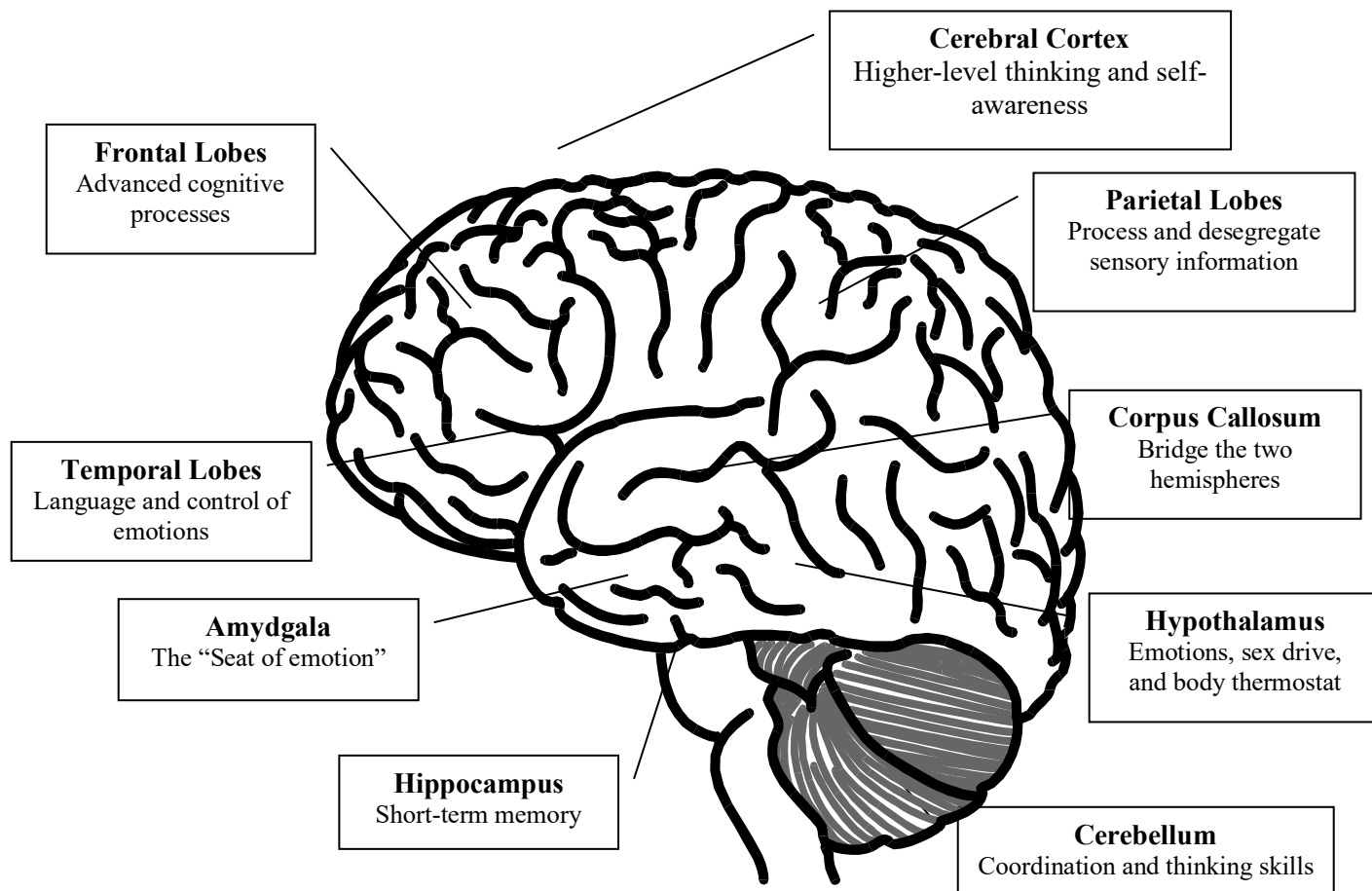
Adolescent Brain

The human brain has two separate solution/response systems: (1) Challenges with a sense of immediacy are rapidly and reflexively processed by our brain's innate stress driven, conceptual (principally subcortical) problem-solving system. The system response quickly on the basis of a small amount of emotionally intense information. It's quite vulnerable to making unreasoned responses to focus only on a few highly visible emotionally charged elements. (2) When challenges are responded to by the high reasoning parts of the brain such as the frontal cortex, responses are conducted in a reflective manner with thought to possible outcomes and consequences.

Research shows that during adolescence, the brain begins its final stages of maturation and continues to rapidly develop well into a person's early 20s, concluding around the age of 25. The prefrontal cortex; which governs the 'executive functions' of reasoning, advanced thought, and impulse control, is the final area of the human brain to mature.

Adolescents generally are greater risks for various social, emotional and physical reasons, including changes in the brain's neurotransmitters, such as dopamine, which influence memory, concentration, problem solving and other mental functions. Dopamine is not yet at its most effective level in adolescents. Adolescents will experience "*reward – deficiency syndrome*" which means they are no longer stimulated by activities that thrilled them as younger children. Thus, they often engage in activities at greater risk and higher stimulation in efforts to achieve similar levels of excitement. Adolescents must rely heavily on the parts of the brain that house the emotional centers when making decisions, because the frontal regions of the brain are not fully developed.

The Adolescent Brain



The brain is composed of two types of cells, glial and neurons. Glial cells are the “glue” that binds cells together; they compose 90% of the cells in the brain. Neuron cells are associated with learning. They are the body’s communicators and constantly strike up conversations all over the brain.

Each neuron can have a thousand or more dendrites extending from it. The dendrites send and receive information from other neurons. The brain selectively strengthens or prunes neurons based on activity. The more dendrite receptors there are, the better the brain cells’ ability to network with one another. Choices made during adolescence can affect a person’s brain for the rest of their life.

Myelin – a fatty substance made of glial – is produced to insulate the neurons. Myelin covers the axons of neurons and enables information to travel efficiently. Myelinated tissue is referred to as white matter.

The male brain has a greater proportion of white matter than the female brain. The female brain has a greater proportion of gray matter. It is speculated that the additional white matter enable men to transfer information easily to all regions of the brain – enhancing their spatial abilities and giving them an advantage in matters of navigation, mathematical problem-solving and aiming at targets. The abundance of gray matter in women might allow for more efficiency of thought processes and a greater ability to process information, which perhaps explains the female’s strong language skills and the ability to multitask.

The Adolescent Brain

The **hypothalamus** is responsible for emotions, sexual desire and controlling the body's thermostat. It is larger and thicker in men than in women. Love and pleasure are particularly affected by the chemical dopamine – the all-time feel-good neurotransmitter.

The **temporal lobes** process language and emotional behavior. They do not finish growing gray matter or begin the process of pruning and myelination until the age of sixteen.

The **frontal lobes** are responsible for cognitive processes (abstract thinking, speaking, reading, writing, math, music, the ability to analyze, apply and evaluate.). It is one of the last parts of the brain to receive myelin. The frontal lobes are in charge of taming the beast within us. Until the frontal lobes are completely formed, teens rely overmuch on their **amygdala**.

The **cerebral cortex** (or neocortex) is the wrinkled outer covering of the brain, the site of higher-level thinking and self-awareness. It is the most developed part of the brain and allows us to problem solve, think critically, and make decisions.

The **parietal lobes** process and desegregate sensory information like sights, sounds and smells. The parietal lobes do not complete the creation of gray matter until about the age of twelve, and only then do they start pruning.

Paying attention serves two primary purposes, the first is survival and the second is maintaining pleasurable feelings. The brain is fascinated by novelty and emotion. However, the brain also craves discernible patterns.

Incentive Saliency:

The Incentive Saliency Circuitry craves feel-good chemicals. These include Dopamine, Norepinephrine, Serotonin, Endorphins, Adrenaline, Oxytocin and Vasopressin

“The underlying physiological mechanism of incentive saliency is postulated to involve mesocorticolimbic brain systems that involve dopamine activation. The relationship to brain dopamine states makes incentive saliency vulnerable to enhancement by psychostimulant drugs that activate dopamine systems. Enduring neural sensitization of dopamine-related mesolimbic systems induced by repeated exposures to drugs is the basis for the incentive-sensitization theory of drug addiction. Sensitization of dopamine-related systems by binging on drugs such as heroin and cocaine is thought to produce long-lasting hyper-excitability of the brain's mesocorticolimbic system and to result in compulsive ‘wanting’ to take drugs and in cue-triggered relapse. Sensitized ‘wanting’ may effectively trigger relapse even when addicts may not derive much pleasure from the drugs, nor expect to derive much pleasure, and even long after the addict is free of withdrawal symptoms.”
(Zang, et.al., 2009,)

Dopamine “is one of a number of neurotransmitters found in the central nervous system. Dopamine has received special attention from psychopharmacologists because of its apparent role in the regulation of mood and affect and because of its role in motivation and reward processes. Although there are several dopamine systems in the brain, the mesolimbic dopamine system appears to be the most important for motivational processes. Some addictive drugs produce their potent effects on behavior by enhancing mesolimbic dopamine activity (Di Chiara, 2000). The neurochemical connection to behavioral addiction such as gambling or food have yet to be made,

but early studies have suggested that neurochemical processes play a role in all addiction, whether to substances or to behaviors. (Di Chirara, 2000).

The proposed model of brain reward circuitry in addiction involves the increased dopamine when certain areas of the brain are stimulated. The brain has specialized pathways that mediate reward and motivation. Direct electrical stimulation of the medial forebrain bundle (MFB) produces intensely rewarding effects. Psychomotor stimulants and opiates can also activate this reward system by their pharmacological actions in the nucleus accumbens and ventral tegmental area, respectively. The ventral tegmental action of opiates probably involves an endogenous opioid peptide system (ENK), but the anatomical location of that system has not yet been identified. Natural rewards (e.g., food, sex) and other substances (e.g., caffeine, ethanol, nicotine) may also activate this brain reward system.” (Young & Nabuco de Abreu, 2011, p. 10)

Emotions: Proceedings of the National Academy of Sciences

- Emotions linked to our moral sense awaken slowly in the mind. Brain imaging shows a person needs six to eight seconds to fully respond to stories of virtue or social pain.
- *“The study raises questions about the emotional cost - particularly for the developing brain - of heavy reliance on a rapid stream of news snippets obtained through television, online feeds or social networks such as Twitter.”*
- The lead researcher notes, *“If things are happening too fast, you may not ever fully experience emotions about other people’s psychological states and that would have implications for your morality.”* (Immordino-Yang, May 2009; and media release by Carl Marziali on April 14, 2009. *Nobler Instincts Take Time*. National Institutes on Health, the Mathers Foundation and the Brain and Creativity Institute.)

Literature on Juvenile Sex Offenders

Juvenile sex offenders: A complex population.

Andrade, Joel T.; Vincent, Gina M.; Saleh, Fabian M.; Journal of Forensic Sciences, Vol 51(1), Jan 2006. pp. 163-167.

Abstract:

Individuals who engage in sexual offending behavior represent a heterogeneous population. Recent research has found some success in categorizing sexual offenders based on a number of variables, particularly the type of victim. For example, differences have been found between those offenders who victimize adults when compared with those who victimize children. However, the research in this area has been conducted predominantly with adult samples. As the adult sex offender literature has progressed, it has become evident that risk assessment, treatment effectiveness, and risk management are dependent on such offender characteristics. Unfortunately, the relevance to juveniles of characteristics deemed to be important with adult sex offenders is limited due to the complexity of developmental processes, particularly with respect to mental disorders and personality formation. As such, the formulation and implementation of treatment and risk management strategies that will be effective with juvenile sex offenders are challenging. The goal of this paper is to review some of the complexities inherent in the juvenile sex offender population by focusing on specific areas of complication, including: classification systems, comorbid paraphilias and other mental illnesses, and maladaptive personality traits.

Sexual offense severity and victim gender preference: A comparison of adolescent and adult sex offenders.

Aylwin, A. Scott; Clelland, Steven R.; Kirkby, Leslie; International Journal of Law and Psychiatry, Vol 23(2), Mar-Apr 2000. pp. 113-124.

Abstract:

Compared 434 adult male sex offenders admitted to inpatient treatment in a secure facility with 121 adolescent male sex offenders admitted to a community-based residential setting on a measure of the severity of their most serious offense based on a severity rating scale developed for the study. 362 adults and 104 adolescents who met the criteria for inclusion in the subgroup of child molesters were then compared for the analysis of victim gender. Results suggest that incarcerated adolescent sex offenders committed acts as serious or more serious than the crimes committed by the incarcerated adult sex offenders. The rate of same-sex child molestation was virtually identical for both adult and child adolescent offenders. The study provided evidence that suggests that adolescent child molesters assault with less regard to victim gender than do adult child molesters. Results underscore the need for comprehensive treatment for adolescent offenders.

Juvenile Offenders and Sex Offender Registries: Examining the Data Behind the Debate.

Craun, Sarah W.; Kernsmith, Poco D.; Federal Probation, Vol 70(3), Dec 2006. pp. 45-49.

Abstract:

This descriptive study is intended to discover if there are significant differences between juvenile and adult offenders on a sex offender registry. It is hypothesized that there should be no difference between registered juvenile and adult offenders in terms of offender race and sex, crime committed, or risk level assigned by the state. This study compared the characteristics of adult and juvenile offenders and their respective victims on the State of Texas sex offender registry. The presented descriptive analysis demonstrates that the adults and juveniles listed on the sex offender registry in the state of Texas differed in a variety of ways. Juveniles were more likely to commit offenses against male victims than were adult offenders. One weakness of this study is the calculation that had to be used to determine the age of the offender, using the age at date of disposition. Further examination can help clarify for both the public and public administrators the proper use of this law in its application to juveniles.

Developmental differences and interventive similarities among male juveniles and adult sex offenders.

Del Valle, Blanca; Dissertation Abstracts International: Section B: The Sciences and Engineering, Vol 60(9-B), Mar 2000. pp. 4882.

Abstract:

This dissertation focused on the need to join adolescent and adult literature sets on male sexual offender treatment programs. Currently both groups are receiving almost identical treatment modalities. Exceptions to the treatment are electrical and hormonal therapies-adolescent sexual offenders are not recipients of these treatment modalities. Irrespective of the treatment modalities applied, data indicates male sexual offenders commit an average of 380 offenses prior to conviction. Usually the offenders are well into adulthood by the time they are identified. Although 50 percent of these offenders began exhibiting deviant sexual behavior in their youth their transgressions and potential for sexual offensive behavior went unnoticed. This study indicates there is a need to identify alternative and more effective treatment modalities in the future to arrest this highly pervasive offender behavior. Currently, juvenile and adult literature on sexual offenses do not

overlap, and offenders are researched as belonging to two different and distinct populations. While there may be similarities between adults and adolescents who perpetrate sexual abuse, juvenile and adult abusers face different developmental issues. This study stresses the importance of awareness of the assessment and treatment implications for juvenile offenders. Existing treatment programs many times fail to note the impact of the abuse on the continuing development of the abusive adolescent including the effect on family and peer group relationships, educational, employment prospects, self-concept and self-esteem. Juvenile sexual offenders are at risk of deviant development, and the risk of re-offending as adults is likely higher for adolescent sexual offenders who fail to deal with their developmentally relevant stages and attain the life-skills necessary in adulthood. Treatment methods should attempt to decrease the disruption of adolescent developmental stages in order to arrest deviant sexual offenses prior to adulthood.

Book Reviews: American Travesty: Legal Response to Adolescent Sexual Offending.

Dorce, Daphne; Billick, Stephen Bates; Journal of the American Academy of Child & Adolescent Psychiatry, Vol 44(5), May 2005. pp. 502-503. [Review-Book]

Abstract:

In *American Travesty* (see record 2004-13837-000), the author, Franklin Zimring, skillfully analyzes data, prejudices, and legal policies related to juvenile sex offenders. His book keenly addresses who the juvenile sex offender is, what the laws and policies that govern our handling of juvenile sexual misconduct are, and what the role of the juvenile courts is in the process. Zimring stimulates readers to stop and think of the overriding societal fears with regard to violent sex crimes and to reconsider the facile yet erroneous equation of juvenile to adult sex offenders. Fear, outrage, misperceptions, and poor use of laws designed for adults constitute the "American travesty" of his title. At the heart of the book are the review and dissection of the historical and empirical data in support for or against the perceptions underpinning the text. In addition, Zimring includes ample data to support his assertions that the number of juveniles arrested for sex offenses has remained stable over the past 25 years. The reviewers note that this is a valuable book because it helps to remind us that the solution to juvenile sex offending is different from that for adults.

Epidemiology and Treatment of Juvenile Sexual Offending.

Gerardin, Priscille; Thibaut, Florence. *Pediatric Drugs*, 2004, Vol. 6 Issue 2, p79-91, 13p, 1 chart

Abstract:

The juvenile sex offender is defined as a youth who commits any sexual act with a person of any age against the victim's will, or in an aggressive, exploitative, or threatening manner. The term 'child molester' refers to those who choose only, or primarily, child victims. In this article, we mostly focus on adolescents aged between 13 and 18 years. To reduce sex crimes and the risk of adolescent sexual re-offending, effective treatment strategies have to be implemented for adolescent sexual offenders. Supervision and treatment recommendations for juvenile sex offenders initially emerged from the literature on adult sex offenders. Treatment must include behavioral therapy, family therapy, and psychosocial interventions. Pharmacotherapy is not always a first-line treatment. Antidepressants (especially selective serotonin reuptake inhibitors) offer promise in the treatment of adolescent sexual offending but further controlled studies are needed. In some rare situations, however, especially when severe paraphilic behaviors (such as pedophilia) are present, an hormonal intervention such as cyproterone acetate treatment may be needed.

Predicting recidivism in adolescent sexual offenders.

Gerhold, Constanze K.; Browne, Kevin D.; Beckett, Richard; *Aggression and Violent Behavior*, Vol 12(4), Jul-Aug 2007. pp. 427-438.

Abstract:

The prediction of risk of sexual recidivism in adult sex offenders has been grounded on research identifying reliable markers or risk factors, the so-called static and dynamic variables. For adolescents such reliable factors in the prediction of risk of sexual recidivism have so far not been unequivocally revealed. The aim of this systematic review was to screen the available research literature for such factors. The results indicated that regarding static or historical risk variables some can be found repeatedly to be linked to sexual recidivism in adolescents such as previous offending and multiple or stranger victims. Considering dynamic variables there is much less documented evidence in the research literature possibly as a result of lack of adequate psychometric tools. Overall, regarding risk of sexual recidivism there continues to be a great need for research.

Exploring Consensus in Practice with Youth Who Are Sexually Abusive: Findings from a Delphi Study of Practitioner Views in the United Kingdom and the Republic of Ireland.

Hackett, Simon; Masson, Helen; Phillips, Sarah; *Child Maltreatment*, Vol 11(2), May 2006. pp. 146-156.

Abstract:

This article presents the findings of a study exploring current levels of consensus among practitioners in the United Kingdom (UK) and the Republic of Ireland (ROI) about good practice in relation to youth who are sexually abusive. A three-stage Delphi procedure was used to survey the views of 78 practitioners, experienced in this field, on a range of matters relating to preferred responses to this population. The exercise indicated high levels of agreement that youth who are sexually abusive should be seen as a group clinically distinct from adult sex offenders and that all of their developmental needs, and their problematic behavior, should be targeted in intervention. A strong level of consensus was found among respondents about the goals and content of ideal practice with this user group, although there was less consensus about the theoretical models that should underpin practice.

The role of deviant sexual arousal in juvenile sexual offending: Etiology, evaluation, and treatment.

Hunter, John A.; Becker, Judith V.; *Criminal Justice and Behavior*, Vol 21(1), Mar 1994. Special issue: The assessment and treatment of sex offenders. pp. 132-149.

Abstract:

Reviews the construct of deviant sexual arousal and its application to understanding juvenile sexual offending. In contrast to the relatively extensive investigation of deviant sexual interests in adult sex offenders, the juvenile offender literature is just beginning to emerge. Studies are reviewed relevant to the etiology of deviant sexual arousal in juveniles, its measurement, and attempts to alter such patterns through the application of cognitive-behavioral methodologies. The authors urge caution in comparing the etiology and clinical manifestation of deviant sexual behavior in juveniles and adults, and suggest that juvenile sex offenders represent a heterogeneous population with diverse evaluative and treatment needs.

A comparative study of male juvenile sex offenders.

Krauth, Allison Anne; *Dissertation Abstracts International: Section B: The Sciences and Engineering*, Vol 58(8-B), Feb 1998. pp. 4455.

Abstract:

Sexual offending in adolescents represents a significant social problem which has only recently come to the attention of researchers and society at large. Much of the previous research on adolescent sex offenders has been based on retrospective studies of adult sex offenders and clinical experiences. In addition, most studies have not used comparison or control groups to provide normative data. In the present study, a sample of 218 male adolescents who had been adjudicated for sexual offenses were compared with a sample of 200 other juvenile delinquents. In a second set of comparisons, the juvenile sex offenders were separated into groups based on whether subjects victimized children or peers. Two-tailed t-tests and chi square analyses were used to examine a number of demographic, family, behavioral, and emotional variables which were hypothesized to differentiate sex offenders from other delinquents, and child sexual assaulters from peer sexual assaulters. Data analyses revealed 18 statistically significant differences between juvenile sex offenders and delinquents, and 21 statistically significant differences between child and peer sexual assaulters. In general, sex offenders had fewer difficulties than delinquents in family functioning, behavior, and social relationships, but they were also more likely to have been victims of sexual abuse. Significant differences were found in the ethnic backgrounds of child and peer sexual assaulters. Additionally, compared to peer assaulters, child assaulters were younger, tended to have fewer overt behavior problems, were less likely to have age-appropriate sexual knowledge, and were less likely to have been sexually active. Significant differences between child and peer assaulters were also revealed in the details of the sexual offenses. The implications of these findings and suggestions for future research on juvenile sex offenders were discussed.

Juvenile Sex Offenders: A Case Against the Legal and Clinical Status Quo.

Letourneau, Elizabeth J.; Miner, Michael H.; *Sexual Abuse: Journal of Research and Treatment*, Vol 17(3), Jul 2005. pp. 293-312.

Abstract:

The past two decades have seen a movement toward harsher legal sanctions and lengthy, restrictive treatment programs for sex offenders. This has not only been the case for adults, but also for juveniles who commit sex offenses. The increased length and severity of legal and clinical interventions for juvenile sex offenders appear to have resulted from three false assumptions: (1) there is an epidemic of juvenile offending, including juvenile sex offending; (2) juvenile sex offenders have more in common with adult sex offenders than with other juvenile delinquents; and (3) in the absence of sex offender-specific treatment, juvenile sex offenders are at exceptionally high risk of reoffending. The available data do not support any of the above assumptions; however, these assumptions continue to influence the treatment and legal interventions applied to juvenile sex offenders and contributed to the application of adult interventions to juvenile sex offending. In so doing, these legal and clinical interventions fail to consider the unique developmental factors that characterize adolescence, and thus may be ineffective or worse. Fortunately, a paradigm shift that acknowledges these

developmental factors appears to be emerging in clinical areas of intervention, although this trend does not appear as prevalent in legal sanctions.

Legal Consequences of Juvenile Sex Offending in the United States.

Letourneau, Elizabeth J.; In: The juvenile sex offender (2nd ed.). Barbaree, Howard E.; Marshall, William L.; New York, NY, US: Guilford Press, 2006. pp. 275-290. [Chapter]

Abstract:

This chapter reviews the application of special legislation designed for high-risk adult sex offenders to juvenile sex offenders and whether such applications are likely to have intended effects (e.g., reducing sexual recidivism) and/or unintended effects (e.g., reducing detection of juvenile sex offenders). Recent changes in legal procedures have resulted in significantly altered consequences to juvenile sex offenders. Specifically, many juvenile sex offenders are now required to register personal information on publicly available sex-offender registries. These registries are maintained by local or state law enforcement agencies and list offenders who have committed specific sexual crimes. Likewise, many juvenile offenders are also subjected to community notification procedures, in which persons external to law enforcement are informed about the specific sexual crimes of some youths. Per federal guidelines, registration and notification policies exclude juvenile offenders except for those youths prosecuted as adults. However, several states have extended registration and notification requirements to juvenile sex offenders.

Factors associated with recidivism in juveniles: An analysis of serious juvenile sex offenders.

Miner, Michael H.; Journal of Research in Crime and Delinquency, Vol 39(4), Nov 2002. pp. 421-436.

Abstract:

This study used four Cox regression analyses to examine the predictors of reoffending in a sample of 86 male adolescents adjudicated delinquent for the commission of sexual offenses and treated in a corrections-based sex offender treatment program. The results indicate that the predictors of reoffense, when defined as an arrest, conviction, or parole violation for any new crime, differ somewhat from those found for adults. Specifically, increased risk for reoffense was associated with impulsivity, involvement with significantly younger children, younger age at first offense, and shorter treatment stays. Decreased risk for reoffense was associated with having a male victim, having been a sexual abuse victim, and multiple paraphilias. These factors were not all stable across analyses. This data indicate that the risk prediction methods used for adult sex offenders would not be appropriate for adolescent populations and that more research is needed before attempts are made to develop such tools for adolescents.

The treatment of youthful sexual offenders.

Morenz, Barry; Becker, Judith; Applied & Preventive Psychology, Vol 4(4), Fal 1995. pp. 247-256.

Abstract:

Reviews the current knowledge of the characteristics, proposed etiologies, typologies, assessment protocols, and treatments for youthful sex offenders. Characteristics include family instability, violence, abuse, deficits in social competency, and low academic performance. The Interaction Model of Sexual Aggression and a continuum theory of sexual tactics are discussed as theories of etiology. Two taxonomic systems are considered: One describes 7 types of youthful sex offenders and the other assigns adult sex offenders to a rapist or child molester category and then to a narrower type. A pretrial type of assessment may include the juvenile's degree of psychopathology and social competence, assessment of the family, and the juvenile's response to treatment and risk to the community. Treatment focuses on denial and minimization of the offense, empathy for the victim, cognitive behavioral approaches, relapse prevention, and antiandrogen medication.

Treating the adolescent victim-turned-offender.

Muster, Nori J.; Adolescence, Vol 27(106), 1992. pp. 441-450.

Abstract:

Surveyed 18 professionals in the field of sexual abuse treatment on attitudes toward treatment of juvenile sex offenders and on preferences for confrontational vs sympathetic treatment in 3 age groups. These groups were child victims of sexual abuse who acted out sexually, juvenile sex offenders who were victims of sexual child abuse, and adult sex offenders who were victims of sexual abuse. Therapists in the corrections field were the greatest supporters of confrontational and punitive therapy methods, whereas the majority of Ss favored flexibility. Sympathetic methods were preferred with children, juveniles ranked equally for pro- and antisympathetic methods, and adults were least likely to receive sympathetic treatment.

Treating sex offenders: A guide to clinical practice with adults, clerics, children, and adolescents (2nd ed.).

Prendergast, William E.; New York, NY, US: Haworth Press, 2004. xxi, pp. 331

Abstract:

This second edition of my early work integrates adolescent and adult sex offenders and emphasizes similarities as well as differences in their personalities, behaviors, and, most importantly, their treatment. As in the first edition, case studies will be found throughout this work and hopefully will add clarity and emphasis to each type. I begin each section of every chapter of this book with adult sex offender factors, traits, treatments, and cases. At the end of each section, the child/adolescent sex offender is discussed in relation and in comparison. In addition, in the past twelve years, I have made additions and changes to some of the treatment techniques I use with sex offenders (and survivors) based on changes in their personalities and character that I have observed during this period of time. Each individual aspect of the makeup and treatment of the compulsive adult sex offender as well as the adolescent sex offender (as I have experienced them), whether in a residential setting or in my private practice, is explored. For each of the many treatment techniques, its inception, the principles behind the technique, its evolution as the population changed, and its success and/or failures will be discussed. It is the author's hope that sharing the fumbling and errors that were made early in our experience (and continue at times to be made), will prevent other therapists from making the same errors. This applies especially in using techniques or principles that were tried in our years of immersion in this field and failed.

Juveniles Who Commit Sex Crimes.

Saleh, Fabian M.; Vincent, Gina M.; In: Adolescent psychiatry: Developmental and clinical studies, vol 28. Flaherty, Lois T.; Mahwah, NJ, US: Analytic Press, 2004. pp. 183-207. [Chapter]

Abstract:

Much of what we know about the manifestation, etiology, and prognosis for sexual offenders stems from research with adults. Despite the fairly high prevalence and harsh punishments for juvenile sexual offenders, the field still knows little about the course and roots of these behaviors in youth. Developmental differences in psychopathology and amenability to treatment highlight the need for separate etiological and treatment models when dealing with juveniles. This chapter reviews our current understanding of adult sex offending and contrasts this literature with our gaps in knowledge pertaining to juvenile sex offenders. We conclude with suggestions for future research and treatment strategies.

Adolescent sex offenders: A review of the literature.

Veneziano, Carol; Veneziano, Louis; Trauma, Violence, & Abuse, Vol 3(4), Oct 2002. pp. 247-260.

Abstract:

Research over the past 20 years indicates that adolescent sex offenders account for a significant number of child sexual abuse perpetrators. Studies indicate that this group has a variety of severe family problems, including neglect and physical and sexual abuse. Academic and behavior problems, psychopathology, and social isolation tend to characterize adolescent sexual offenders. The research also indicates that juvenile sexual offenders are a heterogeneous population with diverse characteristics and treatment needs. A number of typologies have been developed to classify various types of offenders, but more empirical research is needed. Because of the diversity of the population, careful assessment is needed before treatment plans are developed and implemented. Most treatment programs have been modeled after treatment programs found to be effective with adult sex offenders, but new programs are aimed more specifically at juveniles. Based on the research, recommendations are made with respect to important target areas for treatment.

SPECIAL POPULATIONS: Female Offenders

Approximately 1% of sentenced sexual offenders are female. Investigations on victims of child molestation reveal participation of female perpetrators in at least a quarter of cases of male victims and in 13% of female victims. The spectrum of offenses of female offenders ranges from minor forms of indecency, exhibitionism, to different forms of child molestation and incest, to all forms of aggressive acts including rape and murder. Male and female children are the most prominent victims. In a high percentage of offenses the female offender acts together with a male accomplice.

Only in rare cases is a diagnosis of paraphilia reported. Far more frequent are different forms of depression, alcohol and drug abuse, and personality disorders (borderline, antisocial, and dependent). A high percentage (over 50%) of female sexual offenders were themselves victims of sexual and/or physical abuse. Some researchers argue that the extremely low reporting of female sex offending may be the result of women having more possibilities to mask their inappropriate contact with children than do men. Also, female sex offense tends to happen inside the family where reporting is rare and may be less physically injuring. (Physical injury is correlated with higher rates of reporting).

Exhibitionism

There are only a few cases of female exhibitionism described in the literature. Some researchers hypothesize that women who engage in exhibitionism do so for attention seeking, as compared to men who do it for aggression.

Rape

One study shows that 16% of college males report having been forced to engage in sexual intercourse on a date. In the same study, 22% of college females reported forced sexual intercourse on a date. However, most of the women reported being physically forced (55%), while men reported coercion by psychological tactics such as verbal pressure to avoid guilt over disappointing their partners. In some cases, college men were blackmailed. (Struckman-Johnson, 1988).

Extra Familiar Child Molestation

Molestation of children needs much less physical strength and is carried out more often by women without the assistance of other persons. However, research suggests that true pedophilia in female offenders is rare. Matthews et al. (1989, 1991), has developed a frequently used typology of child molestation by women.

1. The so-called *teacher/lover* type of female offender consists of women who fall in love with teenage males and often remain naïve regarding the consequences and affect their action has on their victims.
2. The *exploration/exploitation* type in which a teenager fondles a younger child.
3. The *predisposed* type where a woman with a severe history of physical and sexual abuse molests closely related or known children.
4. The *psychologically disturbed* type which includes women with severe psychiatric impairment and/or substance abuse who are psychologically unstable the time of the sexual abuse.
5. The *male-coerced* type consisting of dependent women participating in the molestation of children initiated by their husbands or boyfriends.

SPECIAL POPULATIONS: Intellectual Disabilities

Intellectual Disability

Literature and research has begun to emerge that provides an increasing understanding of the similarity and differences in the etiology and treatment for sexual offense behavior in persons with intellectual disabilities compared to the nondisabled offender.

Sex offenders with intellectual disabilities provide important challenges to the judicial system. By definition, someone accused with intellectual disability is less likely to meet the criteria for competency to stand trial. A second problem is that there is often a deficit in social skills, which can be an important precursor to normal sexual drives.

Approximately 3% of the population has some degree of intellectual disability. Sex offenders with identified intellectual disabilities appear overrepresented in the charged and imprisoned population of sexual offenders. Statistics range from 15% to 33% (Shapiro, 1986; Steiner, 1984). Day (see 1994) cautions that the prevalence rate may actually be higher because it does not account for those persons with intellectual disabilities who were not charge but diverted to residential care facilities.

Griffiths et al. (2002) note that from arrested trial, offenders who have cognitive disabilities are more likely to be disadvantaged. They're more likely to be arrested or waive their rights due to impaired understanding. To gain approval of authority figures, they may provide false confessions or provide incriminating evidence, and failed the plea bargain. They are also more likely to be jailed pretrial because of failure to meet bail or personal recognizance. They're less likely to be able to afford or mount a solid legal defense. In general, their prison terms or longer than similar offenders without disabilities (Laski, 1992).

Day (1994) describes two types of sexual offenders with intellectual disabilities. The first group commits only sexual offenses; this is a lower risk group. The second group presents with greater risk for violence and assault and commits not only sexual offenses but also a range of nonsexual offensive behaviors.

Risk assessment with this population is particularly difficult. In one study, men with intellectual disability scored significantly higher on the VRAG and SORAG.

Research regarding Intellectual Disabilities and Sex Offense

Assessment of Risk Manageability of Intellectually Disabled Sex Offenders.

Boer, Douglas P., Tough, Susan, Haaven, James. *Journal of Applied Research in Intellectual Disabilities*, Vol 17(4), Dec, 2004. pp. 275-283.

Abstract:

There are no validated risk assessment tools for intellectually disabled (ID) sex offenders, with the exception of the work of Lindsay et al. [journal of Applied Research in Intellectual Disabilities (2004) 17: 267] regarding the prediction of risk for aggressive behaviour of ID offenders in residential settings. ID sex offenders comprise a neglected subgroup, and one that poses unique challenges and rewards for clinicians. Recent work by Tough [Tough S. (2001) Validation of Two Standard Assessments (RRASOR, 1997; STATJC-99, 1999) on a Sample of Adult Males who are Intellectually Disabled with Significant Cognitive Deficits. Master's Thesis, University of Toronto, Toronto, ON, Canada] examined the utility of the Rapid Risk Assessment for Sexual Offence Recidivism [RRASOR; Hanson R. (1997) The Development of a Brief Actuarial Risk Scale for Sexual Offence Recidivism, User Report 97-04. Department of the Solicitor General of Canada, Ottawa, ON, Canada.] and the Static-99 [Hanson R. K. & Thornton D. (1999) Static-99: Improving Actuarial Risk Assessments for Sex Offenders, User Report 99-02. Department of the Solicitor General of Canada, Ottawa, ON, Canada] for ID sex offenders. She determined that the Static-99 may overestimate risk in ID sex offenders and that the RRASOR seemed to be a more accurate tool for these offenders. These actuarial tools provide a 'risk baseline', which helps in determining treatment intensity and level of supervision, but do not provide much help in designing treatment plans or management strategies based on the needs of the individual client. Hence, all three authors have developed risk management strategies in their work with ID sex offenders based largely on dynamic factors. This work has produced the present assessment. The present paper outlines a convergent approach which uses the information provided by static actuarial instruments and relevant dynamic factors as an introduction to the formation of a risk management strategies instrument for ID sex offenders. Thirty suggested items, split into four categories (chronic dynamic and acute dynamic for staff and environment; chronic dynamic and acute dynamic for offenders) are listed along with brief explanations of these items.

Issues in the assessment and treatment of male sex offenders with mild learning disabilities.

Clare, Isabel C. *Sexual & Marital Therapy*, Vol 8(2), 1993. Special issue: Paraphilias. pp. 167-180.

Abstract:

There has been little consistency in the response to sex offending by men with mild learning disabilities. To understand the sexual behavior, 3 factors need to be assessed, including sexual interests, social-sexual behavior, and attitudes and thinking. Assessment can be achieved through self-reports, behavioral observation, physiological measures, and archival data. The disadvantages shared by persons with mild learning disabilities will impact on the assessment of sex offenders within this population through the limited applicability of some assessment methods, the need for broad-based assessment of socio-sexual behavior, and the need for multidisciplinary assessment. Treatment aims to reduce the frequency and severity of the behavior by reducing inappropriate thoughts, feelings, and behaviors, and by increasing alternative thoughts, feelings, and behaviors.

Controversies in assessing risk and deviancy in sex offenders with intellectual disabilities.

Craig, Leam A. *Psychology, Crime & Law*, Vol 16(1-2), Jan, 2010. Special issue: Contemporary perspectives on sex offending, its assessment, and treatment. pp. 75-101.

Abstract:

While the literature on the assessment, treatment and management of nonintellectual disabled sex offenders is well established, it is only in recent years that researchers and clinicians have focused on sex offenders with intellectual disability (ID). This article focuses on two areas: the assessment of risk and recidivism, and the assessment of sexual deviancy in sex offenders with ID. The first part of this article reviews the literature on the assessment of sexual offence recidivism risk for sex offenders with ID. Static and dynamic risk factors associated with sexual recidivism risk in sex offenders with ID are identified and the use of actuarial risk assessment scales and structured risk assessment systems with this client group are considered. The second part of this article discusses difficulties associated with the assessment of sexual deviancy in sex offenders with ID. An alternative approach to assessing deviancy is considered where deviant behaviour is compared against a four-group continuum of normal to deviant sexual behaviour in terms of developmental and chronological levels. From the literature a number of suggestions are made regarding the assessment of risk and sexual deviancy with this client group.

Diagrammatic assessment of ecological integration of sex offenders with mental retardation in community residential facilities.

Demetral, G. David. *Mental Retardation*, Vol 32(2), Apr, 1994. pp. 141-145.

Abstract:

Sex offenders with mental retardation who are experiencing stress are more likely to use coping strategies effectively if they have a large network of nurturing environmental contacts and are, therefore, less insulated from their environment. In this article an assessment tool, the ECO-MAP, is used to graphically illustrate the degree of integration of a 24-yr-old male offender. The instrument is shown to be useful as a clinical aid in the intervention-planning process, the contracting phase of intervention, and in the evaluation of outcomes.

An evaluation of the applicability of the self-regulation model to sexual offenders with intellectual disabilities.

Ford, Hannah J., Rose, John, Thrift, Sue. *Journal of Forensic Psychiatry & Psychology*, Vol 20(3), Jun, 2009. pp. 440-457.

Abstract:

The self-regulation model (SRM) hypothesises that sexual offenders follow different pathways to offending. Further study is required, however, to determine whether pathways identified in non-intellectually disabled (ID) offenders apply to those with IDs. Information from semi-structured interviews with staff was used to classify offence pathways in 28 ID sex offenders. Demographic data and assessments of risk were also collected. ID offenders were reliably categorised into the four pathways. Comparison with other published studies found similar proportions of ID and non-ID offenders in each pathway. Offenders with passive self-regulation had lower levels of intellectual functioning than those more actively regulating their behaviour. The SRM has applicability to sex offenders with IDs; adaptation of mainstream treatment models for this group may be appropriate.

Should Actuarial Risk Assessments be Used with Sex Offenders who are Intellectually Disabled?

Harris, Andrew J.R., Tough, Susan. *Journal of Applied Research in Intellectual Disabilities*, Vol 17(4), Dec, 2004. pp. 235-241.

Abstract:

Objective actuarial assessments are critical for making risk decisions, determining the necessary level of supervision and intensity of treatment (Andrews & Bonta 2003). This paper reviews the history of organized risk assessment and discusses some issues in current attitudes towards sexual offenders with intellectual disabilities. We present two risk assessment tools (RRASOR and STABLE-2000) that appear to have practical utility with this population. Data are presented from a community sample of 81 sexual offenders who are intellectually disabled suggesting that the RRASOR may provide a useful metric of risk for this population. Dynamic risk is assessed using the STABLE-2000. This tool, based on 16 areas empirically associated with sexual recidivism, samples the individuals' current behaviour, skill deficits and personality factors. Change in these factors serves to flag the supervisor to changing risk levels. In addressing the question of whether we should seek special risk measures normed on people with intellectual disabilities, given the current lack of alternative tools, we conclude that it is reasonable to make use of the risk assessments that have been validated on the general sex offender population.

Issues surrounding the risk assessment of sexual offenders with an intellectual disability.

Lambrick, Frank. *Psychiatry, Psychology and Law*, Vol 10(2), 2003. pp. 353-358.

Abstract:

The assessment and treatment of sex offenders with an intellectual disability has received increasing attention over the last 15 to 20 years but there has been little research conducted on the evaluation of assessment and treatment approaches to this client group. The general area of sex offender risk assessment has been subject to a considerable degree of research over the years but none of this research has clearly differentiated the intellectually disabled in population samples. Nevertheless, in at least two prominent risk assessments, intellectual disability is defined as a static risk factor. Serious methodological problems exist in the research that has focused upon the offender with an intellectual disability, with inconsistent criteria being set to define intellectual disability. This precludes any attempt to define base rates of recidivism for this population. Protective factors for this population in Victoria are discussed, particularly the informed monitoring ability of staff working with this client group. Future research needs to differentiate this population from other samples and care must be taken to include only those individuals who have been formally diagnosed as having an intellectual disability.

Research and literature on sex offenders with intellectual and developmental disabilities.

Lindsay, William R. *Journal of Intellectual Disability Research*, Vol 46(Suppl1), May, 2002. Special issue: Forensic learning difficulties: The evidence base. pp. 74-85.

Abstract:

Reviews the literature on several aspects of sex offenders with intellectual and developmental disabilities, including the relationship between sex offending and developmental disabilities, the prevalence and characteristics of sex offenders in this client group, assessment, treatment, and outcome of intervention. Several important variables were identified as influencing the disparate results found in different prevalence studies. These include variations in inclusion criteria, differences in the source of the sample, differences in determination of IQ, the impact of deinstitutionalization, and the effect of changing social and penal policies in the area where studies have been conducted. Although some studies have suggested an increasing incidence, there is no clear evidence for the over- or under-representation of people with developmental disabilities amongst sex offenders. Pharmacological, behavioral, educational and cognitive treatments are reviewed. Several comprehensive treatments which include all of the aforementioned methods are also considered. Although most studies do not report particularly positive outcomes, several authors have found better outcomes with treatment lasting at least 2 yrs.

An assessment for attitudes consistent with sexual offending for use with offenders with intellectual disabilities.

Lindsay, William R., Whitefield, Elaine, Carson, Derek. *Legal and Criminological Psychology*, Vol 12(1), Feb, 2007. pp. 55-68.

Abstract:

Background: Over the past 10 years, the focus of assessment and treatment for sex offenders has changed from the assessment of skills and deviant sexual preferences to the assessment and treatment of cognitions that might be considered to encourage or justify inappropriate sexual behaviour. There have been a few assessment measures of deviant sexual cognitions developed for adults in mainstream sex offender populations but none in less able populations. The present study describes an assessment questionnaire consisting of 7 scales for cognitions associated with rape, voyeurism, exhibitionism, dating abuse, stalking, homosexual assault and offences against children, designed to be used by sex offenders with intellectual disabilities. Method: Four groups of subjects were employed in this study-sex offenders, nonsexual offenders, non-offenders all with mild intellectual disabilities or borderline intelligence and a further group of normal men. All subjects completed the questionnaire and 86 subjects provided reliability data. Results: Each item was subjected to 3 tests of reliability. Retained items were required to achieve an item-to-total correlation of at least 0.4. Of the 7 scales, 5 achieved an internal consistency coefficient of 0.8 or greater. All scales successfully discriminated between groups even when the normal controls were eliminated because their scores were so low. Conclusions: It is possible to develop scales to assess cognitions related to types of offences which discriminate between sex offenders and other groups with intellectual disabilities. The final scales have robust statistical properties and can be used for clinical and research purposes. Some caution was noted in the use of attitudinal assessments for sex offenders.

The assessment of treatment-related issues and risk in sex offenders and abusers with intellectual disability.

Lindsay, William R., Taylor, John L. *Assessment and treatment of sex offenders: A handbook*. Beech, Anthony R. (Ed.); Craig, Leam A. (Ed.); Browne, Kevin D. (Ed.); pp. 217-235. New York, NY, US: John Wiley & Sons Ltd, 2009. xxvii, 582 pp.

Abstract:

(from the chapter) In this chapter we have review the current state of literature on assessment of risk in sex offenders with intellectual disabilities (ID). Our knowledge on static risk factors has begun to develop considerably and there have now been two studies on the applicability of existing risk assessments to this client group. Both studies (Quinsey, Book & Skilling, 2004; Lindsay et al, 2008) have found predictive results that are broadly consistent with the literature on mainstream offending for the Violence Risk Appraisal Guide (VRAG) and Static-99. Results on the RM2000 were somewhat poorer but the authors urged further research work since this particular assessment has wide applicability and accessibility. The Static-99 in particular appeared relevant for use with sex offenders with ID since Harris and Tough (2004) reported that its predecessor the RRASOR was used effectively in treatment services for this client group in the Toronto area. Therefore there are some positive results regarding assessment of static/actuarial risk. We have considered dynamic risk variables in accordance with the Thornton (2002) classification of social/affective, cognitive and attitudinal, self-regulation and sexual preference/drive. These are the issues which would be targeted for treatment in relevant services and because of this, there is a reasonably rich literature upon which to draw. A few studies have been conducted which confirm the relevance of these dynamic risk variables in the prediction of incidents for this client group. A number of studies have demonstrated the reliability and validity of assessments for use with these clients on these relevant variables. Notably they include assessments of hostility, emotional instability, personal relationships, cognitive distortions that might be considered supportive of sexual offences, and self-regulation. Two important studies (Blanchard et al, 1999; Cantor et

al, 2005) also attest to the importance of considering self-regulation of sexual preference drive during treatment.

Treatment for men with intellectual disabilities and sexually abusive behaviour.

Murphy, Glynis, Sinclair, Neil. Assessment and treatment of sex offenders: A handbook. Beech, Anthony R. (Ed.); Craig, Leam A. (Ed.); Browne, Kevin D. (Ed.); pp. 369-392. New York, NY, US: John Wiley & Sons Ltd, 2009. xxvii, 582 pp.

Abstract:

(from the chapter) Attitudes have changed since the eugenics period, however, and people with intellectual disabilities are increasingly recognized as having full citizenship rights, as asserted in the United Nations Declaration on the Rights of Mentally Retarded Persons in 1971 (United Nations, 1971) and the United Nations Convention on the Rights of Persons with Disabilities in 2006 (United Nations, 2006). This declaration and convention specifically address the right to choose a lifestyle, the right to vote (and see Beckman, 2007), to marry and to have a family life. They also both specifically address, through Article 6 in the 1971 Declaration and Articles 12 and 16 in the 2006 Convention, the right to equal treatment before the law and protection from abuse. Nevertheless, it has transpired in a variety of studies that people with intellectual disabilities are particularly vulnerable to being victims of abuse, especially sexual abuse (Brown, Stein & Turk, 1995; Buchanan & Wilkins, 1991; Furey, 1994; Hard & Plumb, 1987; McCarthy & Thompson, 1997; Sobsey, 1994; Turk & Brown, 1993), more so than other vulnerable groups (Brown & Stein, 1998). Many of the perpetrators of that abuse are themselves people with intellectual disabilities (42% of perpetrators, according to Furey, 1994; 53% according to Brown et al, 1995) and they are predominantly men (88% men according to Furey, 1994; 96% men according to Brown et al, 1995). Very often, sexually abusive behaviour by men with intellectual disabilities goes unreported (Murphy, 2007). This is especially likely if the victim is also someone with intellectual disabilities (Brown & Thompson, 1997b; Green, Gray & Willner, 2002; Thompson, 1997) and it seems to be less likely if the victim is a non-disabled child (see Lindsay et al, 2006). Thompson (1997), for example, found over 70% of offences against children, but only 11% of offences against another person with intellectual disabilities, were reported to the police.

A cognitive behavioral model of assessment and treatment for intellectually disabled sexual offenders.

Nezu, Christine Maguth, Nezu, Arthur M., Dudek, Jonathan A. Cognitive and Behavioral Practice, Vol 5(1), Sum, 1998. pp. 25-64.

Abstract:

Sex-offending behavior continues to exist as a major public health concern. In recent years, studies of risk prediction and identification of both static and dynamic factors associated with the behavior of sexual perpetrators have added to a collective understanding of the problem. However, a limited amount of available information exists concerning how to translate relevant factors into effective clinical treatments or risk management strategies for this population. This is particularly true with regard to intellectually disabled offenders. This paper presents a model of sex offending that focuses on cognitive behavioral variables proposed as functional causal pathways to guide assessment and treatment of such individuals. Clinical case examples involving a 26- and a 35-yr-old male sex offender are provided to illustrate the linkage between assessment and treatment.

Project STOP: Cognitive Behavioral Assessment and Treatment for Sex Offenders with Intellectual Disability.

Nezu, Christine Maguth, Greenberg, Jeffrey, Nezu, Arthur M. Journal of Forensic Psychology Practice, Vol 6(3), 2006. pp. 87-103.

Abstract:

In this brief article, we provide relevant background concerning the prevalence, characteristics and vulnerabilities of intellectually disabled (ID) sex offenders, as well as scientifically-informed guidelines for assessment and treatment. Specifically, we suggest assessment methods concerning the various areas of vulnerability associated with sex offending risk, with emphasis on dynamic or changeable areas of vulnerability. Treatment guidelines are consistent with an individualized case formulation approach aimed at changing each individual's unique area of vulnerability. We provide a description of Project STOP, as a case example of these principles. A program evaluation of this project revealed a low rate of recidivism and a high degree of treatment adherence. Finally, we propose which elements of the case formulation approach appear to be associated with successful outcome.

A practical guide for the evaluation of sexual recidivism risk in mentally retarded sex offenders.

Phenix, Amy, Sreenivasan, Shoba. Journal of the American Academy of Psychiatry and the Law, Vol 37(4), Dec, 2009. Special issue: Daubert and EBP. pp. 509-524.

Abstract:

Although sex offender risk assessment has progressed greatly over the past decade and a half since most states implemented the sexually violent predator/sexually dangerous person (SVP/SDP) laws, there continues to be limited applicability of such models to intellectually disabled sex offenders because there has been no empirical validation. However, SVP/SDP civil commitment programs have reported increased admission of developmentally disabled sex offenders. Differentiating sexual deviance, the primary factor predisposing most individuals to criminal sexual violence, from impulsive, immature, and inappropriate behavior stemming from cognitive deficits presents yet another challenge to the clinician tasked with performing such evaluations. This article reviews actuarial risk models and their limited applicability to mentally retarded sex offenders and offers a conceptual method of assessing the risk of recidivism in intellectually disabled sex offenders under SVP/SDP evaluation.

Assessment of sex offenders with developmental disabilities. Dissertation Abstracts International: Section B: The Reyes, Jorge R. Sciences and Engineering, Vol 69(10-B), 2009. pp. 6395.

Abstract:

This series of studies focused on the behavioral assessment of sex offenders with developmental disabilities (DD). Studies 1 through 4 focused on the use of arousal assessments with DD offenders from a behavioral perspective. Study 1 investigated the utility of using a penile plethysmograph in the assessment of arousal for sex offenders with DD. Study 2 primarily served as a replication and extension of study 1 with additional data analysis. Study 3 involved an evaluation of 2 different types of pre-session factors, masturbation and arousal suppression, that may affect responding during an arousal assessment. Study 4 primarily served as a technical study which involved the development and initial evaluation of a portable plethysmograph to measure arousal outside of clinical settings. Results from studies 1 and 2 showed that differentiated outcomes were obtained using the penile plethysmograph with DD sex offenders. Further data analysis from study 2 yielded more detailed information about the arousal assessment outcomes in terms of hierarchical preferences among stimuli. Results from study 3 showed that both pre-session masturbation and suppression instructions decreased arousal levels. The results from study 4 showed that the portable plethysmograph was capable of capturing differential arousal in community settings, and the levels of arousal were similar to those obtained in clinical settings. Studies 5 and 6 focused on assessing operant behavior related to sexual offending by applying standard behavioral procedures to offense related behavior. Study 5 involved observing how individuals responded under conditions considered to be high-risk when they did not know they were being assessed. Individuals were observed in the presence of magazines which contained pictures of children (considered to be high-risk) and other magazines which did not. Results showed that all of the individuals looked at the high-risk magazines on almost every available opportunity. Study 6 involved applying a standard behavioral preference assessment procedure to assess age and gender preferences. Results showed that specific preferences for age and gender were obtained, and the outcomes generally matched the preferences identified through the arousal assessments.

Replications and extensions in arousal assessment for sex offenders with developmental disabilities.

Reyes, Jorge R., Vollmer, Timothy R., Hall, Astrid. Journal of Applied Behavior Analysis, Vol 44(2), Sum, 2011. pp. 369-373.

Abstract:

Three adult male sex offenders with developmental disabilities participated in phallometric assessments that involved repeated measures of arousal when exposed to various stimuli. Arousal assessment outcomes were similar to those obtained by Reyes et al. (2006). Additional data-analysis methods provided further information about sexual preferences, thus replicating and extending previous research. The results provide preliminary data for establishing a preference gradient by age. Implications for the use of repeated measures and preference gradients in arousal assessments are discussed.

Adolescent sex offenders with mental retardation: Literature review and assessment considerations.

Timms, Sheila, Goreczny, Anthony J. Aggression and Violent Behavior, Vol 7(1), Jan-Feb, 2002. pp. 1-19.

Abstract:

This literature review focuses on social deficits of individuals who have mental retardation (deficits which may contribute to aberrant sexual behavior among adolescents) and then switches to focus on adolescent sex offenders (including those with mental retardation). The authors conclude with suggestions for assessment of adolescent sex offenders and with recommendations for future directions.

SPECIAL POPULATIONS: Autistic Spectrum Disorder

NHS Choices. (n.d.). Autism in Adults.

Difficulty with social communication

People with autism have difficulty using and understanding verbal and non-verbal language, such as gestures, facial expressions and tone of voice, as well as jokes and sarcasm. Some people with the condition might not speak or have fairly limited speech. They may understand what people say to them but prefer to use alternative forms of communication, such as sign language.

Difficulty with social interaction

People with autism have difficulty recognizing and understanding people's feelings and managing their own. They may, for example, stand too close to another person, prefer to be alone, behave inappropriately and may not seek comfort from other people. This can make it hard for them to make friends.

Difficulty with social imagination

Those with autism have difficulty understanding and predicting other people's intentions and behavior, and imagining situations that are outside their own routine. This can mean they carry out a narrow, repetitive range of activities. A lack of social imagination should not be confused with lack of imagination. Many people with autism are very creative.

Retrieved from <http://www.nhs.uk/Livewell/Autism/Pages/Diagnosisinadults.aspx>

Individuals with autism spectrum disorders (ASD) generally undergo normal physical development and emergence of secondary sex characteristics at puberty, but the emotional changes and increasing sexual urges that accompany adolescence may be delayed or prolonged. A substantial proportion of individuals with autism, 10-30%, experience increased behavioral problems during adolescence, especially those with mental retardation (Eaves & Ho, 1996). Inappropriate sexual behaviors are often an area of concern because the sexual drives that emerge in adolescence are not accompanied by the socialization and understanding of social norms governing acceptable sexual behaviors that a typical peer will gain. Because individuals with ASD are not generally involved in peer groups, they are excluded from the valuable learning opportunities that shape people's sexual behaviors. Understanding the issues surrounding the sexuality of persons with autism and how to teach healthy, socially-appropriate socio-sexual behavior becomes increasingly important as they have more opportunities for inclusion in educational and community settings. Identification rates of autism are increasing and most children with autism attend public schools regardless of their level of functioning (Eaves & Ho, 1996).

Previous public perception of the sexuality of individuals with autism has been found to be largely negative and according to current data, largely inaccurate. In the past, such individuals were regarded as unaware of their sexuality, as uninterested in intimacy, and as using relationships only to satisfy their own needs. Early research suggested that persons with autism had no drive for intercourse (DeMyer, 1979) and that few had sexual problems (Dewey & Everard, 1974). However, current research indicates a high rate of sexual behavior among this population and highlights that the general social impairments typical of the autism spectrum do not necessarily mean that individuals with these disorders have no interest in developing some kind of intimate relations with others (Haracopos, 1995; Haracopos & Pedersen, 1992; Hellemans, Colson, Verbraeken, Vemeiren, & Deboutte, 2007; Kontstantareas & Lunskey, 1997; Ray et al., 2004; Ruble & Dalrymple, 1993; Stokes & Kaur, 2005; Van Bourgondien, Reichle, & Palmer, 1997). In reality, adults with autism do not appear to experience any less sexual interest than do adults with developmental disabilities (Kontstantareas & Lunskey, 1997; Ousley & Mesibov, 1991).

Most individuals with ASD, approximately 75%, display some kind of sexual behavior and most masturbate (Haracopos & Pedersen, 1992; Hellemans et al., 2007; Van Bourgondien et al., 1997). Many seek out physical contact with others (Hellemans et al., 2007). In a study of 81 Danish adults with autism living in group homes, 74% demonstrated sexual behavior including masturbation and sexual behavior with others (Haracopos & Pedersen, 1992). Masturbation was more common in males than females, while females showed more sexual behaviors towards others. In this study, 10% of the subjects expressed a strong desire to have a romantic relationship, yet, none had established what the authors considered a typical “reciprocal and intimate relationship.” The study also found that 35% of the residents expressed a sexual interest in both sexes and 9% showed an interest in same sex individuals. Van Bourgondien and colleagues (1997) surveyed the parents of 89 individuals with both autism and some degree of mental retardation and found that 34% engaged in physical behavior with another individual such as handholding, hugging, kissing, touching, and attempted intercourse. This behavior was three times more likely in nonverbal individuals. This study also found that those persons who had not received sex education were more likely to masturbate while those who had were more likely to engage in person-oriented behaviors. Interestingly, Ousley and Mesibov (1991) indicated that men with autism were more likely to report sexual frustration than women with autism.

Research by Stokes and Kaur (2005) found that many high functioning autistic (HFA) individuals indicated a desire for social contact and sexual relations, but that their social disabilities may prevent the development of appropriate relationships. This study found that compared to their typical peers, adolescents with HFA displayed poorer social behaviors, had fewer privacy related behaviors, and had less knowledge of privacy issues and sex education. In addition, their parents reported more concerns about their children’s sexual behavior.

The average fifteen year old with HFA displayed the sexual behavior characteristic of typical ten-year-olds. However, more recent research has found that high-functioning individuals show normal, age-appropriate behaviors even though appropriate social skills were not present (Hellemans et al., 2007).

Parents of children with autism typically express concerns about their children’s developing sexual behavior. For example, in Ruble and Dalyrymple’s (1993) survey of 100 parents of children with ASD, 75% of the parents feared that their children’s common behaviors may be misinterpreted by others as sexually deviant. Inappropriate fixations and obsessions have also become a concern based on case reports of stalking, frottage, fondling, paraphilias, compulsive masturbation, and sexual assault, although such reports are quite rare (Ray et al., 2004; Realmuto & Ruble, 1999; Williams et al., 1996).

There is also a great deal of concern regarding the high risk of sexual victimization for this population. As many as 16 to 25% of persons with autism have been sexually abused (Koller, 2000; Mandell, Walrath, Manteuffel, Sgro, & Pinto-Martin, 2005). Their intrinsic social and communication impairments, as well as their lack of exposure to appropriate peer interactions, may leave these youth at risk for misinterpretation of social cues and sexual behaviors of predators. In addition, victims of sexual abuse were more likely to display serious consequences such as engaging in sexual acting-out, self-injurious or suicidal behavior, and running away and they were more likely to be hospitalized in a psychiatric institution (Mandell et al., 2005).

Although adolescents with ASD may lack the social abilities and communication skills to develop appropriate friendships and intimate relationships, their typical physiological development may lead to a desire for sexual intimacy, even in the face of social rejection. The lack of knowledge of appropriate social norms can lead to conflicts between the fulfillment of their sexual needs and

socially acceptable sexual behavior. It is the high frequency of inappropriate public behaviors that has raised concern for many parents and service providers.

Ruble and Dalrymple (1993) report that approximately 65% of individuals with autism touch themselves in public, 23% masturbate in public, and 28% remove their clothing in public. Other studies have indicated that as many as 52% of individuals with autism masturbate in public and 90% display sexual behaviors that are directed towards strangers or other inappropriate individuals such as caregivers or service providers (Haracopos & Pedersen, 1992). Some researchers have posited that this behavior may be due to impairment in social awareness and social judgment or to the predisposition toward self-stimulatory behavior, while others have suggested that it may be due to the lack of socially appropriate outlets (Realmuto & Ruble, 1999).

Such displays may jeopardize the community integration of individuals with ASD and placements in least restrictive environments. Hellemans et al. (2007) reported that nearly a third of their sample required intervention in the area of sexual behaviors and emphasized the importance of sex education.

In summary, research indicates a high degree of interest in intimate relationships and a high frequency of sexual behaviors among individuals with ASD (Haracopos & Pedersen, 1992; Hellemans et al., 2007; Van Bourgondien et al., 1997). It is apparent that the social impairments characteristic of these disorders does not negate sexuality and its accompanying desires or behaviors. There is a great need to understand the sexuality of these individuals and how better to serve them in areas related to this domain as this area is largely overlooked in research and practice. Much of the present literature is limited by small samples and a focus on institutionalized populations. Moreover, the participants generally had presented with a wide range of cognitive abilities, making it difficult to distinguish between the impact of ASD and mental retardation (Hellemans et al., 2007). Future research is needed that examines more diverse samples, including adolescents with various levels of cognitive functioning and communication skills who are attending public or specialized schools. There is also a need to understand what constitutes appropriate sexuality education for these individuals and their families so that their basic needs and rights are respected, and that maladaptive behaviors can be prevented and corrected.

Research Related to Autism-Spectrum Disorder and Sexuality

Sexual behavior in male adolescents and young adults with autism spectrum disorder and borderline/mild mental retardation.

Hellemans, H., Roeyers, H., Lepale, W., Dewaele, T., and Deboutte, D. Sexuality and Disability, Vol 28(2), Jun, 2010. pp. 93-104.

Abstract:

Group home caregivers of 20 institutionalized, male adolescents and young adults with Autistic Disorder (AD) and Borderline/Mild Mental Retardation (MR) and of 19 institutionalized, male adolescents and young adults with Borderline/Mild MR, without AD were interviewed with the Interview Sexuality Autism-Revised (ISA-R). Overall the individuals with AD were not significantly less sexually active than the individuals with MR. Masturbation was common in both groups. Individuals with MR had significantly more experience with relationships. No difference was found in the presence of inappropriate behavior. No difference was found in sexual orientation. Some deviant sexual behaviors (stereotyped sexual interests; sensory fascinations with a sexual connotation; paraphilia) were present in the group with AD, but not in the group with MR. A difference seemed to exist in the nature of sexual problems in the individuals with AD and MR, problems in individuals with AD being more related to an obsessive quality of the sexual behavior. (PsycINFO Database Record (c) 2010 APA, all rights reserved)

Self-assessed sexuality in young adults with High-Functioning Autism

Prianka Mehzabin, Mark A. Stokes. Received 4 November 2009; revised 22 July 2010; Accepted 26 July 2010.

Abstract

The literature has revealed that autistic persons of all ages show an interest in sexuality and relationships, but the poor social and communication skills found among those with autism hinders the experience of this. Unfortunately, most research to date in this domain has relied exclusively upon parental or caregiver reports. Thus there remains a need for research to be undertaken in this area based on direct reports from autistic individuals. We hypothesised that compared to Typically Developing (TD) persons, persons with High-Functioning Autism (HFA) would reveal lesser levels of sexual experience, lower levels of sexual and social behaviour, and less understanding of privacy on various subscales of the Sexualised Behaviour Scale. The results of this present study supported the hypothesis on all scales except Privacy and Sexualised Behaviour. Overall, compared to TD individuals, HFA individuals engaged in fewer social behaviours, had less sex education and fewer sexual experiences, had more pronounced concerns for the future, and showed similar levels of privacy knowledge and public sexualised behaviour. These findings suggest a need for specialised sex education programs for autistic populations; further, since social behaviour was significantly lower for autistic individuals and future concerns were higher, this suggests that sex education programs need to incorporate education about social rules to enhance social communication and understanding.

Addressing the sexuality and sex education of individuals with autism spectrum disorders.

Sullivan, A., Caterino, L. Education & Treatment of Children, Vol 31(3), Aug, 2008. pp. 381-394.

In addressing Autism-Spectrum Disorders and sexuality, Sullivan and Caterino (2008) caution:

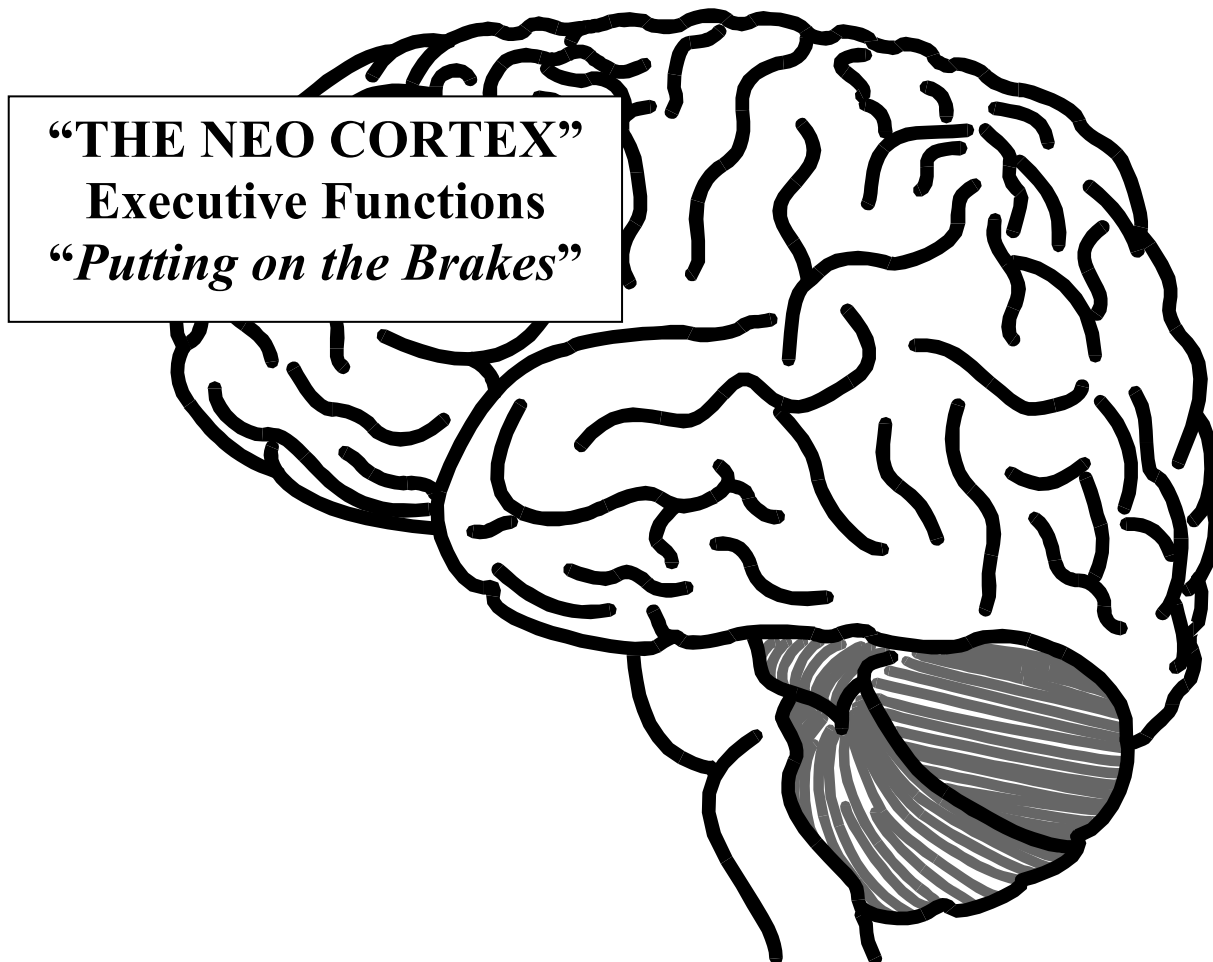
“A substantial proportion of individuals with autism, 10-30%, experience increased behavioral problems during adolescence, . . . Inappropriate sexual behaviors are often an area of concern because the sexual drives that emerge in adolescence are not accompanied by the socialization and understanding of social norms governing acceptable sexual behaviors that a typical peer will gain. Because individuals with ASD are not generally involved in peer groups, they are excluded from the valuable learning opportunities that shape people’s sexual behaviors.”

“. . . many high functioning autistic (HFA) individuals indicated a desire for social contact and sexual relations, but that their social disabilities may prevent the development of appropriate relationships. This study found that compared to their typical peers, adolescents with HFA displayed poorer social

behaviors, had fewer privacy related behaviors, and had less knowledge of privacy issues and sex education. In addition, their parents reported more concerns about their children's sexual behavior."

Although adolescents with ASD may lack the social abilities and communication skills to develop appropriate friendships and intimate relationships, their typical physiological development may lead to a desire for sexual intimacy, even in the face of social rejection. The lack of knowledge of appropriate social norms can lead to conflicts between the fulfillment of their sexual needs and socially acceptable sexual behavior. It is the high frequency of inappropriate public behaviors that has raised concern for many parents and service providers. . . Hellemans et al. (2007) reported that nearly a third of their sample required intervention in the area of sexual behaviors and emphasized the importance of sex education."

VI. The “*Why*” of Sex Offense: It’s a Brain Thing



“THE PRIMITIVE BRAIN”
Automatic Functions: Body Temp.,
Breathing, Digestion, Heart
Survival: Water, Food, Sex,
Pleasure, Fear - “Fight or Flight”
“Yes” to addictions, Timeless

The areas of the brain most associated with sexually anomalous behaviors are the temporal lobes, which are believed to be the projection area in the neocortex for the primitive deep limbic sites associated with sexual arousal. One study showed significant temporal horn dilatation of the brains of pedophiles and sexually aggressive men. Pedophiles more often had left hemispheric temporal horn dilatation, whereas sexual aggressives (those who sexually assault adults) showed right temporal horn dilatation. (Langevin, 1989a&b). Another study showed that the brains of pedophiles were significantly smaller on the left side. For sexual aggressives, their brains were significantly smaller on the right side. (Wright, 1990).

This has led to a theory that Stimulus Preference and Activity Preference might be associated with brain hemisphere pathology. The stimulus preference of pedophilia resides in the left hemisphere; which is the language/classificatory side of the brain. The activity preference for sexual aggression resides in the right hemisphere; which is the visual, spatial, emotive side of the brain.

The “Battle of the Brains”

The Horse and Rider Analogy.

Anything that compromises the Rider (neo cortex) will lead to disinhibition of the Horse.

Adolescence

The neo cortex is developing throughout childhood and adolescence and does not completely mature until the mid-20's. **See earlier in this handout for greater detail on the adolescent brain.**

Academics

A number of scientific studies on the brain function of sex offenders suggest that many have cognitive impairments from an early age that leads to problems with learning (and staying in) school. A significant number of sex offenders and paraphilic men have a history of failing a year in school and dropping out of school early (64%, even more than general criminal populations). Interestingly, 48% of pedophiles repeated a grade, whereas 85% of sexual aggressives did so. (Langevin and Pope, 1993).

ADHD

ADHD is overrepresented in criminal populations in general. However, research shows this condition is overrepresented in sexual aggressives (42 %), and in pedophiles (29 %, Vaih-koch, 2001).

Intelligence

The majority of sex offenders' IQs fall in the average range, but the distribution of scores is skewed to the lower end of normal. The mentally retarded are not overrepresented in this population, but there are more than expected IQs in the borderline retarded range and fewer in the superior range. In addition, IQ testing also shows a high occurrence rate of learning disabilities.

Brain Injuries and Prenatal/Perinatal Deficits

one study determined 49% of sex offenders had sustained heavy injuries in the past that lead to unconsciousness and 22.5% have resulted in significant neurological damage. Car accidents were the most common cause, but alcohol and drug abuse was also implicated.

Prenatal and perinatal factors may also linked to the cognitive impairment seen in sex offenders (Langevin, 2004). Parental abuse of alcohol was associated with at least two thirds of sex offenders classified with learning disabilities and cognitive deficits. Older maternal age at the birth of the sex offender and later birth order were also significant factors. Alcohol abuse by the parents was associated with sex offenders' lower IQ, more grade failures, more placement in special education, and more ADHD diagnoses. Results suggest that brain abnormalities and cognitive impairment in sex offenders may have prenatal roots.

As serotonin levels increase, sexual drive and other aspects of sexual behavior decreases. Frontal lobe lesions often result in a general disinhibition of behavior, and can include specific sexual disinhibition. Paraphilic – like behaviors have been reported secondary to a wide variety of neuropsychiatric disorders. These include temporal lobe epilepsy, septal lesions, frontal lobe lesions, bilateral temporal lobe lesions, cerebral tumors in various brain areas, and multiple sclerosis (Chow, 1999).

OCD

Obsessive-Compulsive Disorder and Tourette's disorder have been linked to hyper sexuality paraphilic behaviors (Minzer, Lee, Hong, & Singer, 2004).

Alcohol and other Drugs

Anything chemical that compromises the neo cortex will amplify primitive brain drive.

“Flow Phenomenon” (Trance)

Flow is a form of trance that usually involves a complex activity requiring a certain level of skill and effort. The activity blends with one's consciousness. Have you ever been driving in your car and suddenly realize you're five miles down the road but can't recall the drive? That's flow. During flow, other sensations are usually suppressed or completely ignored. Most importantly, the executive functions of the neo cortex are significantly deactivated.

Flow (trance) is a natural phenomenon and occurs for us throughout our daily activities. It is created by a chemical release of endorphins, dopamine, norepinephrine into the nervous system. There all a number of artificial conduits to trance-state. These include traditional hypnosis, sodium breivital interviews, alcohol and other narcotics. Screens are excellent conduits of the flow phenomenon.

Typical features of flow (trance) include:

- **Disinhibition:** During flow, the executive function of the neocortex is compromised. Behaviors driven by primitive brain impulse would normally be restrained by the neocortex. However, in flow primitive brain impulse is dramatically unfiltered.
- **Lost Time:** An altered perception of time; the activity feels like several minutes long, where in reality it could have been several hours long.
- **The Fantastic Becomes Real:** Cartoon movies, role-playing games, and social networking with strangers online are common examples of flow.

Emotions: Proceedings of the National Academy of Sciences

- Emotions linked to our moral sense awaken slowly in the mind. Brain imaging shows a person needs six to eight seconds to fully respond to stories of virtue or social pain.
- *“The study raises questions about the emotional cost - particularly for the developing brain - of heavy reliance on a rapid stream of news snippets obtained through television, online feeds or social networks such as Twitter.”*
- The lead researcher notes, *“If things are happening too fast, you may not ever fully experience emotions about other people's psychological states and that would have implications for your morality.”* (Immordino-Yang, May 2009; and media release by Carl Marziani on April 14, 2009. *Nobler Instincts Take Time*. National Institutes on Health, the Mathers Foundation and the Brain and Creativity Institute.)

Incentive Salience:

The Incentive Salience Circuitry craves feel-good chemicals. These include Dopamine, Norepinephrine, Serotonin, Endorphins, Adrenaline, Oxytocin and Vasopressin

“The underlying physiological mechanism of incentive salience is postulated to involve mesocorticolimbic brain systems that involve dopamine activation. The relationship to brain dopamine states makes incentive salience vulnerable to enhancement by psychostimulant drugs that activate dopamine systems. Enduring neural sensitization of dopamine-related mesolimbic systems induced by repeated exposures to drugs is the basis for the incentive-sensitization theory of drug addiction. Sensitization of dopamine-related systems by bingeing on drugs such as heroin and cocaine is thought to produce long-lasting hyper-excitability of the brain's mesocorticolimbic system and to result in compulsive ‘wanting’ to take drugs and in cue-triggered relapse. Sensitized ‘wanting’ may effectively trigger relapse even when addicts may not derive much pleasure from the drugs, nor expect to derive much pleasure, and even long after the addict is free of withdrawal symptoms.” (Zang, et.al., 2009,)

Dopamine “is one of a number of neurotransmitters found in the central nervous system. Dopamine has received special attention from psychopharmacologists because of its apparent role in the regulation of mood and affect and because of its role in motivation and reward processes. Although there are several dopamine systems in the brain, the mesolimbic dopamine system appears to be the most important for motivational processes. Some addictive drugs produce their potent effects on behavior by enhancing mesolimbic dopamine activity (Di Chiara, 2000). The neurochemical connection to behavioral addiction such as gambling or food have yet to be made, but early studies have suggested that neurochemical processes play a role in all addiction, whether to substances or to behaviors. (Di Chirara, 2000).

The proposed model of brain reward circuitry in addiction involves the increased dopamine when certain areas of the brain are stimulated. The brain has specialized pathways that mediate reward and motivation. Direct electrical stimulation of the medial forebrain bundle (MFB) produces intensely rewarding effects. Psychomotor stimulants and opiates can also activate this reward system by their pharmacological actions in the nucleus accumbens and ventral tegmental area, respectively. The ventral tegmental action of opiates probably involves an endogenous opioid peptide system (ENK), but the anatomical location of that system has not yet been identified. Natural rewards (e.g., food, sex) and other substances (e.g., caffeine, ethanol, nicotine) may also activate this brain reward system.” (Young & Nabuco de Abreu, 2011, p. 10)

The “Why” of Sex Offense: “It’s a boredom thing.”

The Coolidge Effect

During the past decade important research has been revealing some of the underlying mechanisms that foster compulsive behaviors with regard to pornography, particularly for males. One particularly important finding has been the “Coolidge Effect”.

*The Coolidge effect is the renewal of sexual behavior after the presentation of a novel sexual partner and possibly occurs as the result of habituation and dishabituation processes. This re-motivation to copulate is well studied in males and is commonly related to sexual satiety, which involves several neurobiological changes in steroid receptors and their mRNA expression in the CNS. (Ventura-Aquino, et. al. *Hormones and the Coolidge effect*. Mol Cell Endocrinol. 2018 May 15; 467-42-48.)*

Recent research has been studying the Coolidge effect in promoting “binging” of online pornography in human males. A brief summation:

- Effectively, the brain is fooled into thinking each new set of pornographic images/videos is a new sex partner that has now become available for copulation.
- The “Incentive Saliency” portion of the male brain spikes dopamine to novel (new) sex partners seen in porn.
- This triggers a long-lasting protein called “Delta FosB” which promotes binging.
- In turn the male develops a numbed response to routine sexual opportunities, called habituation.
- This leads to compulsive viewing of pornography and “desensitization” to traditional images. Creating a desire for increasingly novel/bizarre/risky expressions of pornography. This is called dishabituation.
- The online pornography consumer gradually develops hyper-reactivity to pornography. Ironically, “real-life” opportunities for mating become less interesting (habituation). In contrast, the novel aspects depicted online become increasingly attractive (dishabituation).

Morton and Boris B. Gorzalka (2015) explain the *Coolidge Effect* and *Arousal Habituation*.

The effect on sexual functioning of partner novelty versus partner familiarity has been examined in nonhuman species, often driven by the potential for extrapolation to human behavior. In laboratory studies, a male typically copulates with an estrous female several times and then stops. When the original female is replaced with a new estrous female, the male begins to copulate with the novel female (Symons, 1979). This phenomenon of renewed sexual interest in response to a novel female is referred to as the Coolidge Effect (Wilson, Kuehn, & Beach 1963), and has been the focus of a large number of studies in nonhuman species. . . It is clear from the literature in nonhuman species that having a novel partner increases the motivation of several species to engage in copulatory behavior. (pp.593-594)

. . . Sexual behavior is clearly fundamental to evolutionary theory, given that evolutionary success is based upon producing the maximum number of descendants. Consequently, an important focus of evolutionary theorists has been to determine which mating strategies best accomplished this goal for our ancestors. It is clear that in most modern societies, men and women are no longer trying to produce the maximum number of offspring possible. However, modern humans have inherited the adaptations that led to their ancestors fulfilling this goal. (p.594)

. . . Most laboratory studies in this area have employed similar methodology. During habituation trials the same erotic stimulus (e.g., an erotic film clip) is shown repetitively, it is then followed by a novel stimulus (e.g., a different erotic film clip), and then again followed by the original stimulus. Both physiological and subjective arousal are measured throughout. Parallels are often drawn between exposure to familiar versus unfamiliar erotic stimuli and familiar versus unfamiliar sexual partners. (p.597)

The majority of this research has been conducted with male participants. Habituation of sexual arousal in response to a familiar stimulus has been found to occur in response to a number of different forms of sexual stimuli (Lalumiere & Quinsey, 1998; O'Donohue & Geer, 1985; Zillmann & Bryant, 1988). . . Studies have also consistently found a reinstatement of sexual arousal in the novel stimulus trial. This has been primarily reported to occur with erotic film stimuli (Both, Laan, & Everaerd, 2011; Kelley & Musialowski, 1986; Koukounas & Over, 1993, 1999, 2000). The presence of this effect in response to sexual fantasy, however, has been less consistent (Koukounas & Over 1993; Smith & Over, 1987). (pp.597-598)

A small number of studies have examined habituation of female sexual arousal. Laan and Everaerd (1995) found no differences in changes to sexual arousal between women presented the same erotic slide, and those who were shown different slides. They attributed this to a floor effect, as the slides yielded low levels of sexual arousal. Replication of this study with the inclusion of film stimuli and a greater number of trials resulted in lower levels of physiological arousal in the constant condition, and in increase in subjective and physiological arousal with the introduction of novel stimuli. However, participants in the constant condition still showed considerable subjective and physiological arousal. Other research has found repeated presentations of erotic film clips, as well as repeatedly engaging in the same sexual fantasy, reduces subjective and physiological arousal in women, and novel presentations of the stimuli lead to a recovery of sexual arousal (Both et al., 2011; Meuwissen & Over, 1990). (pp.597-598)

There is preliminary support for the hypothesis that familiarity reduces sexual arousal and desire. Laboratory studies have found a clear reduction in sexual arousal in response to familiar sexual stimuli in men (Both et al., 2011; Kelley & Musialowski, 1986; Koukounas & Over, 1993, 1999, 2000, 2001; Lalumiere & Quinsey, 1998; O'Donohue & Geer, 1985; Zillmann & Bryant, 1988). This also appears to be the case in women (Both et al., 2011; Meuwissen & Over, 1990). . . Several areas of research provide support for the hypothesis that novelty produces increases in sexual arousal and desire. The laboratory studies consistently revealed that novel stimuli produced increases in sexual arousal in men (Both et al., 2011; Kelley & Musialowski, 1986; Koukounas & Over, 1993, 1999, 2000, 2001; Lalumiere & Quinsey, 1998), and women (Both et al., 2011; Meuwissen & Over,

1990). . . In regards to sex differences, both men and women habituate to repeated stimuli and exhibit increased arousal to novel stimuli in laboratory studies (Both et al., 2001; Kelley & Musialowski, 1986; Koukounas & Over, 1993, 1999, 2001; Lalumiere & Quinsey, 1998; Meuwissen & Over, 1990). (pp.602-603)

Research Regarding Sexual Habituation

Focusing 'hot' or focusing 'cool': Attentional mechanisms in sexual arousal in men and women.

Both, Stephanie. Laan, Ellen. Everaerd, Walter.

Journal of Sexual Medicine, Vol 8(1), Jan, 2011. pp. 167-179.

Abstract:

Introduction: Knowledge about the regulation of sexual emotion may add to the understanding of sexual problems such as diminished sexual desire and hypersexuality. Aim: To investigate the regulation of sexual arousal by means of attentional focus in healthy sexually functional men and women. Method: Using a habituation design with attentional strategies, it was investigated whether a focus on hot, emotional information of sexual stimuli would sustain or amplify sexual responses, whereas a focus on cool, cognitive information would weaken sexual responses. Main Outcome Measures: Genital response (in women measured by vaginal photoplethysmography assessing vaginal pulse amplitude, and in men measured by mechanical penile strain gauge assessing penile circumference) and subjective report of sexual arousal and absorption. Results: Attenuation of sexual feelings by attentional focus was observed, with stronger sexual feelings under the hot focus condition than under the cool focus condition. Also, sexual feelings diminished during repeated erotic stimulation, and increased with the introduction of novel stimulation, indicating habituation and novelty effects. Contrary to the expectations, the hot attentional focus did not preclude habituation of sexual arousal. Conclusions: Attentional focus has substantial regulatory effects on subjective sexual arousal. Taking a participant and emotion-oriented focus rather than a spectator and stimulus-oriented focus while viewing erotic stimuli, enhances feelings of sexual arousal. Implications for the treatment of hypoactive sexual desire, sexual arousal disorder, and hypersexuality are discussed, as well as future directions for studying regulation of sexual emotion.

Habituation and dishabituation of male sexual arousal.

Koukounas, Eric. Over, Ray

Behaviour Research and Therapy, Vol 31(6), Jul, 1993. pp. 575-585.

Abstract:

16 men were tested under conditions where they viewed the same segment of erotic film on many occasions or engaged repeatedly in the same erotic fantasy. Decrements in penile tumescence and subjective sexual arousal over trials were accompanied by reports from Ss that they felt less absorbed in the events depicted in film or fantasy (and in the case of fantasy, that the images they formed became less vivid). Results show that habituation (reduction in physiological and subjective measures of sexual arousal over trials) was less when allowance was made for the manner in which absorption (and in vividness of imagery in the case of fantasy) changed during erotic stimulation. Increases in sexual arousal when novel erotic stimulation was introduced following habituation, as well as the dishabituation found when the original stimulus was reinstated, also correlated with the extent absorption and vividness of imagery shifted under these conditions

Allocation of attentional resources during habituation and dishabituation of male sexual arousal.

Koukounas, Eric. Over, Ray

Archives of Sexual Behavior, Vol 28(6), Dec, 1999. pp. 539-552.

Abstract:

A secondary-task probe (tone) was presented intermittently while 16 men (aged 18–30 yrs) viewed erotic film segments across a session involving 18 trials with the same film segment (habituation), then 2 trials with different film segments (novelty) and 2 trials with reinstatement of the original segment (dishabituation). Reaction time to the tone (an index of the extent processing resources were being committed to the erotic stimulus) shifted during the session in parallel with changes that occurred in penile tumescence and subjective sexual arousal. The decrease in sexual arousal over the 1st 18 trials in the session was accompanied by a progressively faster

reaction to the tone, novel stimulation led to recovery of sexual arousal and a slower reaction to the tone, and on trials 21 and 22 sexual arousal and reaction time levels were above the values that prevailed immediately prior to novel stimulation. Results are discussed with reference to the relationship between habituation and attention.

Changes in the magnitude of the eyeblink startle response during habituation of sexual arousal.

Koukounas, Eric. Over, Ray

Behaviour Research and Therapy, Vol 38(6), Jun, 2000. pp. 573-584.

Abstract:

Modulation of the startle response was used to examine emotional processing of sexual stimulation across trials within a session. Eyeblink startle was elicited by a probe (burst of intense white noise) presented intermittently while men (mean age 22.8 yrs old) were viewing an erotic film segment. Repeated display of the film segment resulted in a progressive decrease in physical & subjective sexual arousal. Habituation of sexual arousal was accompanied by a reduction over trials in the extent the Ss felt absorbed when viewing the erotic stimulus and by an increase over trials in the magnitude of the eyeblink startle response. Replacing the familiar stimulus by a novel erotic stimulus increased in sexual arousal, absorption and reduced startle (novelty effect), while dishabituation was evident for all 3 response measures when the familiar stimulus was reintroduced. This pattern of results indicates that with repeated presentation an erotic stimulus is experienced not only as less sexually arousing but also less appetitive and absorbing. The question of whether habituation of sexual arousal is mediated by changes in attentional and affective processing over trials is discussed, as are clinical contexts in which eyeblink startle can be used in studying aspects of sexual functioning.

Habituation of male sexual arousal: Effects of attentional focus.

Koukounas, Eric. Over, Ray

Biological Psychology, Vol 58(1), Sep, 2001. pp. 49-64.

Abstract:

Three experiments are reported with a total of 24 men (aged 18–31 yrs) demonstrating that levels of penile tumescence and subjective sexual arousal are greater when men employ participant-oriented rather than spectator-oriented attentional focus while viewing an erotic film segment. Under each instructional set, there was a reduction in sexual arousal during repeated erotic stimulation. As sexual arousal habituated, the men reported feeling less absorbed during erotic stimulation. When these associated changes in attentional focus (absorption) were partialled out through analysis of covariance, sexual arousal remained relatively stable over trials, suggesting that sexual arousal is less likely to habituate if attentional focus remains constant during repeated erotic stimulation. Further directions for studying associations between habituation of sexual arousal and cognitive processing are discussed.

Habituation of female sexual arousal to slides and film.

Laan, Ellen. Everaerd, Walter

Archives of Sexual Behavior, Vol 24(5), Oct, 1995. pp. 517-541.

Abstract:

Examined the habituation of genital and subjective sexual arousal to slides and films in women. In Exp 1, 32 women (18–30 yrs old) were assigned to 1 of 2 conditions: They were exposed either to the same erotic slide on repeated trials, or to various slides. Genital response, subjective sexual arousal and emotional experiences were measured. In Exp 2, habituation responses of 42 women (18–37 yrs old) to erotic film excerpts were assessed. In both studies, repeated erotic stimulation was followed by a novel erotic stimulus, to assess the effect of a novel stimulation in a sequence of uniform stimulations. Results show that slides yielded little sexual arousal; a small decline in genital responding was recorded. Ss sustained significant levels of genital arousal even after 21 trials of uniform stimulation. Zygomatic activity decreased over trials, suggesting decreasing positive effect as a result of uniform stimulation.

Pavlovian conditioning of sexual interests in human males.

Lalumière, Martin L.. Quinsey, Vernon L.

Archives of Sexual Behavior, Vol 27(3), Jun, 1998. pp. 241-252.

Abstract:

Pavlovian conditioning of the human male sexual response may be involved in the ontogenetic development of sexual interests and may be responsible for individual differences. The authors attempted to demonstrate Pavlovian conditioning of sexual interests in a nonclinical sample of 10 adult male college students. Ss were exposed to 11 pairings of a slide of a moderately attractive, partially nude female target and a highly arousing videotape depiction of heterosexual sexual interactions 10 other Ss were exposed to 11 presentations of the target alone. Ss exposed to both the target and the videotape contingency showed a 10% relative increase in sexual arousal to the target. Ss exposed to the target alone showed an 11% relative decrease in sexual arousal to the target. These group differences were interpreted as resulting from both conditioning and habituation.

Habituation and dishabituation of female sexual arousal.

Meuwissen, Ingrid. Over, Ray

Behaviour Research and Therapy, Vol 28(3), 1990. pp. 217-226.

Abstract:

Measures of subjective and physiological sexual arousal were taken within a session while 8 female undergraduates either viewed the same segment of erotic film on many occasions or employed the same sexual fantasy over a number of trials. For both film and fantasy there were significant reductions in subjective sexual arousal and average pulse amplitude during the course of repeated erotic stimulation. Subsequent presentation of novel erotic stimuli led to recovery in sexual arousal. Bases for habituation and dishabituation of female sexual arousal are discussed.

Role of partner novelty in sexual functioning: A review.

Morton, Heather. Gorzalka, Boris B..

Journal of Sex & Marital Therapy, Vol 41(6), Nov, 2015. pp. 593-609.

Abstract:

This review investigates whether sexual desire and arousal decline in response to partner familiarity, increase in response to partner novelty, and show differential responding in men and women. These questions were considered through the perspective of two leading evolutionary theories regarding human mating strategies: sexual strategies theory and attachment fertility theory. The hypotheses emerging from these theories were evaluated through a critical analysis of several areas of research including habituation of arousal to erotic stimuli, preferences regarding number of sexual partners, the effect of long-term monogamous relationships on sexual arousal and desire, and prevalence and risk factors associated with extradyadic behavior. The current literature best supports the predictions made by sexual strategies theory in that sexual functioning has evolved to promote short-term mating. Sexual arousal and desire appear to decrease in response to partner familiarity and increase in response to partner novelty in men and women. Evidence to date suggests this effect may be greater in men.

The long-term habituation of sexual arousal in the human male.

O'Donohue, William. Plaud, Joseph J.

Journal of Behavior Therapy and Experimental Psychiatry, Vol 22(2), Jun, 1991. pp. 87-96.

Abstract:

Examined whether long-term habituation of male sexual arousal would occur in response to repeated presentations of a constant eliciting stimulus. Five undergraduate volunteers each had 6 sessions at 1-wk intervals of 15 presentations of erotic audiotapes. For 3 wks, the same audiotape was presented, and for each of the other 3 sessions a different audiotape was presented at every stimulus trial. As indicated by penile plethysmography and self-report, in the constant stimulus conditions the criteria for long-term habituation generally were met. By contrast, responses to variable stimuli remained consistently high. Long-term habituation may underlie low sexual desire disorders and promiscuity in male homosexuals.

Habituation of sexual arousal: Product and process.

Over, Ray. Koukounas, Eric

Annual Review of Sex Research, Vol VI, 1995. pp. 187-223.

Abstract:

Surveys the methodological issues in assessment of sexual arousal habituation, prior to a review of psychophysiological studies in which sexual arousal during repeated erotic stimulation within a single session or across sessions has been measured. Research bearing on cognitive, attentional, and affective states that change over trials in parallel with sexual arousal is then discussed in the context of whether habituation of sexual arousal can be attributed to changes in information processing over the course of repeated erotic stimulation. The authors consider whether identifying the nature of and basis for habituation of sexual arousal has wider implications for understanding sexual functioning.

The long-term habituation of sexual arousal in human males: A crossover design.

Plaud, Joseph J.. Gaither, George A. Henderson, Susan Amato Devitt, Mary K.

The Psychological Record, Vol 47(3), Sum 1997. pp. 385-398.

Abstract:

Short-term and long-term habituation of sexual arousal was investigated in a crossover design. Nine undergraduate males completed 6 sessions semiweekly for 3 consecutive weeks. Each session consisted of 15 stimulus periods (sexually explicit audio stimuli) and 15 detumescence periods. During one half of the sessions Ss were exposed to 15 different scripts (varied condition); during the remaining sessions Ss were exposed to the same script 45 times (15 trials for each of 3 sessions, the constant condition). The constant stimulus condition was the experimental habituation condition, whereas the varied stimuli served as a control for physiological fatigue. Ss showed systematic decreases in penile responding within the 2nd and 3rd constant stimulus conditions, but no systematic decreases were noted in any of the varied stimulus conditions. Ss evidenced significant long-term decreases in physiological responding only in the constant stimulus condition as well as short-term decreases in subjective report of arousal. Long-term habituation of sexual arousal may be related to molar behaviors such as promiscuity and the spread of sexually transmitted diseases, and may be tied to sociobiological accounts of long-term sexual behavior patterns in human males.

A clinical investigation of the possible effects of long-term habituation of sexual arousal in assisted covert sensitization.

Plaud, Joseph J.. Gaither, George A.

Journal of Behavior Therapy and Experimental Psychiatry, Vol 28(4), Dec, 1997. pp. 281-290.

Abstract:

Presents a case study of a 24-yr-old male sexual offender that investigated the possibility that at least part of the clinical effects of a widely used behavior therapy technique for sexual deviations, covert sensitization, may directly involve habituation processes. At 30- and 90-day followup to completion of 6 sessions of covert sensitization treatment, the S clearly showed clinical progress in both his physiological and self-report of arousal toward sexually deviant stimuli (female child coercion and fondling, and male child fondling). However, while expected decrements in sexual arousal to sexually inappropriate stimuli were observed, decrements in sexual arousal and self-report were also observed for sexually appropriate stimuli which received no aversive consequences, only repeated stimulus presentation over time. It is argued that habituation processes need further empirical investigation as a potential behavioral mechanism in the beneficial clinical effects usually noted in covert sensitization procedures.

The “Why” of Sex Offense: It’s a Relational Thing

Four different models of online offending (Elliot and Beech, 2009)

- a. Online offending is another manifestation of the same factors that explain contact sexual offending, but in a different context. This approach involves modifying existing models of sexual offending.
- b. Online offending is the result of offense-specific factors associated with problematic Internet use.
- c. Online offending is the result of offense-specific factors associated with sexual addiction or compulsivity.
- d. Online offending is a new form of offending that requires the development of new explanatory models.

The Pathways Model of Contact Sexual Offending

Middleton, Elliott, Mandeville-Norden, and Beech (2006) applied Ward and Siegert’s (2002) pathway model to explain contact sex offending online.

Pathway	Description
Intimacy deficits	Factors include insecure attachment and difficulties forming relationships with adults. Offenders are characterized by loneliness, poor social skills, and low self-esteem. Offenders in this pathway sexually preferred adults but may turn to children as substitutes.
Distorted sexual scripts	Factors include early sexualization and possibly sexual abuse. Offenders are characterized by deficits in offense-supportive attitudes and beliefs, misreading of sexual cues, sensitivity to rejection, and low self-esteem. Offenders have distorted sexual scripts, equate sex with intimacy, and may turn to children when feeling rejected or blocked.
Emotional dysregulation	Factors include use of sex as a coping strategy and linking sex with emotional well-being. Offenders are characterized by problems with controlling anger, identifying emotions, impulsivity, and personal distress. They experience sexual arousal in strong emotional states, and this drives opportunistic offending.
Antisocial cognitions	Factors include antisocial attitudes and beliefs and feelings of superiority over children. Offenders are characterized by offense-supportive attitudes and beliefs, patriarchal beliefs, impulsivity, and poor delay of gratification. Offenses can occur when offenders are sexually needy and when the opportunity arises, because the offender disregards social norms about sex with children.
Multiple dysfunctions	Factors include early sexualization, impaired attachment style, and antisocial cognitions. Offenders are characterized by entrenched offense-supportive attitudes and beliefs and sexual preference for children, resulting in approach behaviors.

The largest memberships for both Internet and contact offenders were intimacy deficits and emotional dysregulation. (Middleton, Elliott, Mandeville-Norden, and Beech, 2006)

Surjadi, Bullens, van Horn, and Bogarerts (2010) looked at the self-reported motivations for Internet offenders. The offenders completed an Internet function questionnaire. The highest rating was for avoidant function (avoiding real-life problems), followed by sexual motivations (pedophilia or other). Approximately a third of the offenders claim they never masturbated to child pornography, whereas the others acknowledge they did masturbate to this content.

The Relationship Model

The 12 Components of Courtship
Patrick Carnes, Facing the Shadow, pp.66-68

Courtship Dimensions and Sexual Neuropathways

Noticing	Sex Drive (estrogen, androgen)	Romance (dopamine, norepinephrine, reduced serotonin)	Companionship (oxytocin, vasopressin)
Attraction			
Touching			
Foreplay			
Intercourse			
Flirtation			
Demonstration			
Romance			
Individuation			
Intimacy			
Commitment			
Renewal			

Arousal is fundamentally a neurochemical response to specific courtship issues. By framing compulsive sexual behavior patterns as rooted in dysfunctional courtship disorder, several clinical goals are achieved.

1. addiction is about courtship distortions and deficits, not about defects in who they are.
2. Patients can appreciate that the power of their behavior is rooted in normal neurochemistry which has been altered by perception and experience.
3. It allows the patient to focus on the development of specific intimacy skills to make up the deficits.

12 Stages of Relationships

Noticing – This is the ability to notice attractive traits in others. With an existing partner this means the ability to stay conscious of the desirable traits in that partner. This dimension requires the capacity to filter out traits that, while desirable, are not a good match for you. In other words, noticing also means to be discriminating.

Attraction – this is the ability to feel attraction towards others and imagine acting on those feelings. This dimension assumes a functional arousal “map” in which you select behavior and persons appropriate for you. Attraction involves curiosity as well as desire about the physical, emotional, and intellectual traits of others. In an existing relationship it means the ability to maintain an openness to change and the unknown. In reality relationships, partners keep “discovering” the other. Attraction is where passion starts and how relationships endure.

Flirtation – Everyone needs to know how to flirt. Successful flirting uses playfulness, seductiveness, and social cues to send signals of interest and attraction to the desirable person. This ability extends to noticing and accurately reading flirtation from others. the critical factor in flirtation is knowing when it is appropriate to send and receive. Success in long-term relationships requires an ongoing flirtation with your partner.

Demonstration – Sometimes inaccurately described as “showing off,” this is where one demonstrates “prowess” – either a physical trait, skill, or capability. Sexually, this is the classic “I will show you mine and you show me yours.” There is in fact a pleasure or eroticism in having a potential partner show interest in your sexuality. Behaviors here include demonstrating a skill such as in an athletic ability, dressing to attract the other person, or doing specific sex-related actions to further the partner’s interest. It is important to be aware of what you’re doing and that you are being appropriate to the context and to the person, or doing specific sex-related actions to further the partner’s interest. It is important to be aware of what you’re doing and that you are being appropriate to the context and to the person.

Romance – The ability to experience, express, and receive passion. Romance assumes the ability to be aware of all the feelings of attraction, vulnerability, and risk. More important, a lover must be able to express them and have sufficient self-worth to accept the expressions of care from a lover as true. Included in romance is the ability to test the reality of the feelings. Is what is perceived in the other person accurate, or merely a projection of what you want to exist? Are the people selected consistently positive or bad choices for you?

Individuation – In the midst of the romance, healthy persons are able to be true to themselves. They feel absolutely free to be who they are. They feel no fear of disapproval or control by the other. They tell the truth and do not feel intimidated. Nor do they have to give on important matters. They can ask needs to be met and they do not have to defer to the other. They trust that people care for them as they are.

Intimacy – As the exhilaration of early passion subsides, partners enter the “attachment” phase where the relationship deepens in its meaning and integrity. This requires profound vulnerability that is ongoing and more difficult than the exhilaration of discovery during early romance. This is the “being known fully and staying anyway” part of relationships.

Touching – Physical touch requires trust, care, and judgment. Touching affirms the other but is respectful of timing, situation, and boundaries. Touching without permission or sexualizing touch betrays trust. While touch can be seductive and misleading, it can also be extraordinarily healing. In adults who were not touched or who were otherwise neglected as children, touch deprivation can be very extreme. People deprived of touch will go against their judgment and their needs simply to be touched.

Foreplay – Sometimes referred to as the most important part of sexual contact, it is the expression of sexual passion without genital intercourse. Holding, fondling, kissing, and sexual play build tension and are erotic and pleasurable. As a stage it includes the verbal expression of passion and meaning. In repeated surveys, most people say it is the best part of sex. It is often skipped in our culture because of time pressure and stress.

Intercourse – More than the exchange of body fluids, this is the ability to surrender oneself to passion, to let go and trust yourself and your partner to be vulnerable. While extremely pleasurable, intercourse is also an indicator of how you are able to give up control. To give oneself over to passion requires a true abandonment of how things are supposed to turn out. Many people limit themselves or fail in orgasm simply because of problems with trust and control.

Commitment – Commitment is the ability to bond or attach to another. Some describe addiction as the failure to bond or to lack the capacity to form a deep, meaningful relationship. If someone matters enough, you honor the relationship by your fidelity to it. Many addicts refer to the “black hole” they are searching to fill. This is it – being bonded in meaningful relationships, including nonsexual ones. If you grew up in a family in which you learned not to count on others, you look for what you can count on. Alcohol, sex, drugs, and high risk always do what they promise, but this “pathological” relationship with mood-altering behavior does not fill that void.

Renewal – The capacity must exist to sustain all the above dimensions in an existing relationship. To be married does not mean you stop flirting or expressing passion. There is a difference between being attracted to someone out of habit and being devoted because of the meaning that has evolved in your journey together. Successful couples continue courtship, continue to show the other they are a worthy partner, continue to make efforts to attract their mate, and continue to express the value they have for each other. If a relationship is not working, partners take responsibility to change it. If the relationship is not tenable, they leave.

Courtship and the Ten Types of Sexually Compulsive Behavior

1. Fantasy sex. Individuals who rely on fantasy sex notice attractive traits in others and will feel attractive, but they do not move beyond these feelings. Fantasy sex is a way to dissociate from reality, including relationships.
2. Voyeurism. Voyeurs are also nonparticipants in the sex game. Usually voyeurism means objectifying the other person so there is no personal relationship.
3. Exhibitionism. Is the “I will show you mine” part of the childhood game.
4. Seductive Role. Relationships are about power and conquest.
5. Trading sex. Forging significant, enduring bonds or being true to oneself as in individuation is not part of the game.
6. Intrusive sex. Really perverting the touching and foreplay dimensions of courtship.
7. Paying for sex. Willing participants in simulated intimacy.
8. Anonymous sex. Is not about forming a relationship.
9. Pain exchange. Significant distortions of courtship – usually a reenactment of a childhood abuse experience.
10. Exploitive sex. Power

Social Isolation

“In 1985, the General Social Survey (GSS) collected the first nationally representative data on the confidants with whom Americans discuss important matters. In the 2004 GSS the authors replicated those questions to assess social change in core network structures. Discussion networks were smaller in 2004 than in 1985. **The number of people saying there is no one with whom they discuss important matters nearly tripled.** The mean network size decreases by about a third (one confidant), from 2.94 in 1985 to 2.08 in 2004. **The modal respondent now reports having no confidant; the modal respondent in 1985 had three confidants.** Both kin and non-kin confidants were lost in the past two decades, but the greater decrease of non-kin ties leads to more confidant networks centered on spouses and parents, with fewer contacts through voluntary associations and neighborhoods. Most people have densely interconnected confidants similar to them. Some changes reflect the changing demographics of the U.S. population. Educational heterogeneity of social ties has decreased, racial heterogeneity has increased. The data may overestimate the number of social isolates, but these shrinking networks reflect an important social change in America.” (McPherson, 2006)

Social Networking as a Symptom of Problematic Internet Use (PIU)

People with Problematic Internet Use (PIU) were more likely than others to go online to meet new people, talk to others with similar interests, seek emotional support, and use interpersonal functions such as chat rooms, forums, and interactive games. (Morahan-Martin, 2000, 2003)

"Social aspects of Internet use consistently differentiated those with more Internet use problems from others. Pathological users were more likely to use the Internet for meeting new people, emotional support, talking to others sharing the same interests, and playing socially interactive games. . . [Pathological users] are friendlier, more open, and more themselves and they report it is easier to make friends when online. They're more fun with people online than non-pathological users and are more likely to share intimate secrets online as well. . . For them, the Internet can be socially liberating, the Prozac of social communication."

(Morahan-Martin and Schumacher, 2000, p 26)

Excessive and compulsive Internet use were both significant predictors of negative outcomes associated with Internet use; however, *"excessive use was one of the weakest predictors of negative outcomes, whereas preference for online social interaction, compulsive use, and [cognitive preoccupation] were among the strongest."*

(Caplan, 2003, pages 637 – 638)

A more recent study found, *"For those participants who use the Internet to communicate with family and friends, heavy usage had little negative implications for PIU. In contrast, those who used the net to make new friends were much more likely to have high PIU scores."*

(Kim and Davis, 2009, page 496)

Those with PIU . . .

- Spend most of their time online using interpersonal communication applications. Nondependent Internet users spend most of their time using e-mail and surfing websites. (Young, 1996)
- Are 26% more likely to go online in order to meet new people. (Scherer, 1997)
- Prefer online social interaction over face-to-face social interaction (Caplan, 2003; Davis, 2001; Morahan-Martin and Schumacher, 2000)
- Are more likely to use the Internet for interpersonal activities and to go online to meet people, form relationships and seek emotional support. (Morahan-Martin, 2007)

Problematic Internet Use (PIU) and Social Deficits

Compared to face-to-face context, computer mediated interpersonal communication affords greater anonymity, more time creating and editing verbal messages, and more control over self-presentation and impression management.

(Walther, 1996)

Problematic Internet use is associated with social skill deficiency, loneliness, and social anxiety (Caplan, 2005, 2007; Morahan-Martin & Schumacher, 2000, 2003).

"In the case of introverted or socially anxious individuals, Internet use may serve as a way to avoid being alone and may intensify disconnection from face-to-face relationships" and that "introverted individuals using Internet communication as a substitute for face-to-face relationships seem unlikely to succeed in getting their interpersonal needs met". (Erwin, 2004, p. 631)

"In general, Internet addicts have difficulty forming intimate relationships with others and hide behind the anonymity of cyberspace to connect with others in a nonthreatening way. Through the exchange of online messages, users compensate for what they may lack in real life." (Caplan & High, 2007)

Social anxiety is associated with preferred online social interaction. *"Those who are chronically lonely and those who are socially anxious share many characteristics which predispose them to develop IA [Internet addiction]. Both are apprehensive in approaching others, fearing negative evaluations and rejection. They tend to be preoccupied with their perceived social deficiencies, which leads them to be inhibited, reticent, and withdrawn in interpersonal situations and avoid social interactions."*

(Morahan-Martin, 2008, pages 5253)

Those with PIU . . .

- Are more social isolated and depressed. (Krant, 1997)
- Lonely. (Amichai-Hamburger & Ben-Artzi, 2003; Caplan, 2002; Morahan-Martin & Schumacker, 2003) Self-reported levels of loneliness predicted preference for online social interaction and experiencing negative outcomes. (Caplan, 2003)
- Socially anxious (Caplan, 2007). Individuals with social anxiety disorder experience greater comfort interacting on the Internet than face-to-face. (Erwin et al., 2004)
- Have lower self-presentational skills (Caplan, 2005)
- Use the Internet for mood regulation (Caplan, 2003, 2005, 2010)
- Have a cognitive preoccupation with the online world (Davis et al., 2002).

Adolescents

- Adolescents have the tendency not to distinguish between themselves and their avatars (Blinka, 2008). They pay less attention to differences between themselves and their game avatars, and consider success in the game their personal success. Adolescent players consider their avatars as an idealized, superior form of themselves. Individuals with lower self-esteem find MMORPGs very attractive – they provide a quick form of relief from the uncomfortable feelings of low self-esteem.
- There is a negative relationship between using social network sites and self-esteem. Frequent use of social networking was indirectly associated with adolescents' self-esteem and overall well-being. Negative feedback from social sites predicted lower self-esteem and well-being whereas positive feedback predicted healthier outcomes. (Valkenburg, Peter, and Schouten, 2006)
- Highly troubled adolescents are more likely to form close online relationships than those of healthy familial relationships (Wolak, Mitchell, & Finkelhor, 2003)
- Adolescents with traits of schizotypal personality disorder reported significantly less social interaction with real life friends who use the Internet for social interaction significantly more frequently than the control group. Severity of SPD and depressive symptoms were positively correlated with the amount of time people spend in chat rooms and on Internet gaming. The study also found a negative correlation between participants use of real-life friends and time spent in Internet chat. (Mittal, Tessner, and Walker, 2007)
- A national survey of adolescents found those who reported depressive symptoms were more likely than their nondepressed counterparts to talk to strangers online, use the Internet more frequently for interpersonal communication, and be more self disclosing online (Ybarra, Alexander, and Mitchell, 2005).
- Instant messaging use among adolescents predicted increased depression but lower loneliness six months later. (van den Eijnden et al., 2008)

The “Why” of Sex Offense: It’s an Internet Thing

Deindividuation is feeling anonymous in one’s environment, resulting in behaviors contrary to one’s typical pattern of behavior. This term has been in social psychology literature since the early 1970s. Johnson and Downing (1979) concluded that anonymity causes individuals to pay more attention to their external cues and environment, and less to their own self-awareness and internal guides. The field of Internet psychology applies this concept to the electronic world. McKenna and Green (2002, p.61) reported that people “*tend to behave more bluntly when communicating by e-mail or participating in other electronic venues such as newsgroups, then they would in a face-to-face situation.*” **Deindividuation** combined with the **online disinhibition** effect creates a powerful force in the online world where individuals write, speak, and behave in ways that are often egodystonic to their real-world interactions.

Online Disinhibition

Suler (2004) coined the term **online disinhibition effect** to describe the phenomenon that people communicate and behave differently online than in the real world. He identified six characteristics that are often present when online disinhibition occurs.

DISSOCIATIVE ANONYMITY (“*You don’t know me.*”)

As people move around the Internet, others they encounter can’t easily determine who they are. Usernames and e-mail addresses may be visible, but this information may not reveal much about a person, especially if the username is contrived and the e-mail address derives from a large Internet service provider. Technologically savvy, motivated users may be able to detect a computer’s IP address, but for the most part others only know what a person tells them. If so desired, people can hide some or all of their identity. They also can alter their identities. As the word “anonymous” indicates, people can have no name or at least not their real name.

This anonymity is one of the principle factors that creates the disinhibition effect. When people have the opportunity to separate their actions online from their in-person lifestyle and identity, they feel less vulnerable about self-disclosing and acting out. Whatever they say or do can’t be directly linked to the rest of their lives. In a process of dissociation, they don’t have to own their behavior by acknowledging it within the full context of an integrated online/offline identity. The online self becomes a compartmentalized self. In the case of expressed hostilities or other deviant actions, the person can avert responsibility for those behaviors, almost as if superego restrictions and moral cognitive processes have been temporarily suspended from the online psyche. In fact, people might even convince themselves that those online behaviors “aren’t me at all.”

INVISIBILITY (“*You can’t see me.*”)

In many online environments, especially those that are text-driven, people cannot see each other. When people visit web sites, message boards, and even some chat rooms, other people may not even know they are present at all—with the possible exception of web masters and other users who have access to software tools that can detect traffic through the environment, assuming they have the inclination to keep an eye on an individual person, who is one of maybe hundreds or thousands of users.

This invisibility gives people the courage to go places and do things that they otherwise wouldn’t. Although this power to be concealed overlaps with anonymity—because anonymity is the concealment of identity—there are some important differences. In the text communication of e-mail, chat, instant messaging, and blogs, people may know a great deal about each other’s identities and lives. However, they still cannot see or hear each other.

Even with everyone’s identity known, the opportunity to be physically invisible amplifies the disinhibition effect. People don’t have to worry about how they look or sound when they type a message. They don’t have to worry about how others look or sound in response to what they say. Seeing a frown, a shaking head, a sigh, a bored expression, and many other subtle and not so subtle signs of disapproval or indifference can inhibit what people are willing to express. According to traditional psychoanalytic theory, the analyst sits behind the patient in order to remain a physically ambiguous figure, revealing no body language or facial expression, so that the patient has free range to discuss whatever he or she wants without feeling inhibited

by how the analyst is physically reacting. In everyday relationships, people sometimes avert their eyes when discussing something personal and emotional. Avoiding eye contact and face-to-face visibility disinhibits people. Text communication offers a built-in opportunity to keep one's eyes averted.

ASYNCHRONICITY (*"See you later."*)

In e-mail and message boards, communication is asynchronous. People don't interact with each other in real time. Others may take minutes, hours, days, or even months to reply. Not having to cope with someone's immediate reaction disinhibits people. In real life, the analogy might be speaking to someone, magically suspending time before that person can reply, and then returning to the conversation when one is willing and able to hear the response.

In a continuous feedback loop that reinforces some behaviors and extinguishes others, moment-by-moment responses from others powerfully shapes the ongoing flow of self-disclosure and behavioral expression, usually in the direction of conforming to social norms. In e-mail and message boards, where there are delays in that feedback, people's train of thought may progress more steadily and quickly towards deeper expressions of benign and toxic disinhibition that avert social norms. Some people may even experience asynchronous communication as "running away" after posting a message that is personal, emotional, or hostile. It feels safe putting it "out there" where it can be left behind. In some cases, as Kali Munro, an online psychotherapist, aptly describes it, the person may be participating in an "emotional hit and run" (K. Munro, unpublished observations, 2003).

SOLIPSISTIC INTROJECTION (*"It's all in my head."*)

Absent face-to-face cues combined with text communication can alter self-boundaries. People may feel that their mind has merged with the mind of the online companion. Reading another person's message might be experienced as a voice within one's head, as if that person's psychological presence and influence have been assimilated or introjected into one's psyche.

Of course, one may not know what the other person's voice actually sounds like, so in one's mind a voice is assigned to that person. In fact, consciously or unconsciously, a person may even assign a visual image to what he or she thinks the person looks and behaves like. The online companion then becomes a character within one's intrapsychic world, a character shaped partly by how the person actually presents him or herself via text communication, but also by one's internal representational system based on personal expectations, wishes, and needs. Transference reactions encourage the shaping of this perceived introjected character when similarities exist between the online companion and significant others in one's life, and when one fills in ambiguities in the personality of the online companion with images of past relationships, or from novels and film. As the introjected character becomes more elaborate and subjectively "real," a person may start to experience the typed-text conversation as taking place inside one's mind, within the imagination, within one's intrapsychic world—not unlike authors typing out a play or novel.

Even when online relationships are not involved, many people carry on these kinds of conversations in their imagination throughout the day. People fantasize about flirting, arguing with a boss, or honestly confronting a friend about what they feel. In their imagination, where it's safe, people feel free to say and do things they would not in reality. At that moment, reality is one's imagination. Online text communication can evolve into an introjected psychological tapestry in which a person's mind weaves these fantasy role plays, usually unconsciously and with considerable disinhibition. Cyberspace may become a stage, and we are merely players.

When reading another's message, one might also "hear" the online companion's voice using one's own voice. People may subvocalize as they read, thereby projecting the sound of their voice into the other person's text. This conversation may be experienced unconsciously as talking to/with oneself, which encourages disinhibition because talking with oneself feels safer than talking with others. For some people, talking with oneself may feel like confronting oneself, which may unleash many powerful psychological issues.

DISSOCIATIVE IMAGINATION (“It’s just a game.”)

If we combine the opportunity to easily escape or dissociate from what happens online with the psychological process of creating imaginary characters, we get a somewhat different force that magnifies disinhibition. Consciously or unconsciously, people may feel that the imaginary characters they “created” exist in a different space, that one’s online persona along with the online others live in an make-believe dimension, separate and apart from the demands and responsibilities of the real world. They split or dissociate online fiction from offline fact. Emily Finch, an author and criminal lawyer who studies identity theft in cyberspace, has suggested that some people see their online life as a kind of game with rules and norms that don’t apply to everyday living (E. Finch, unpublished observations, 2002). Once they turn off the computer and return to their daily routine, they believe they can leave behind that game and their gameidentity. They relinquish their responsible for what happens in a make-believe play world that has

The effect of this dissociative imagination surfaces clearly in fantasy game environments in which a user consciously creates an imaginary character, but it also can influence many dimensions of online living. For people with a predisposed difficulty in distinguishing personal fantasy from social reality, the distinction between online fantasy environments and online social environments may be blurred. In our modern media-driven lifestyles, the power of computer and video game imagination can infiltrate reality testing.

Although anonymity amplifies the effect of dissociative imagination, dissociative imagination and dissociative anonymity usually differ in the complexity of the dissociated sector of the self. Under the influence of anonymity, the person may attempt an invisible non-identity, resulting in a reducing, simplifying, or compartmentalizing of self-expression. In dissociative imagination, the expressed but split-off self may evolve greatly in complexity.

MINIMIZATION OF STATUS AND AUTHORITY (“We’re equals.”)

While online a person’s status in the face-to-face world may not be known to others and may not have as much impact. Authority figures express their status and power in their dress, body language, and in the trappings of their environmental settings. The absence of those cues in the text environments of cyberspace reduces the impact of their authority.

Even if people do know something about an authority figure’s offline status and power, that elevated position may have less of an effect on the person’s online presence and influence. In many environments on the Internet, everyone has an equal opportunity to voice him or herself. Everyone— regardless of status, wealth, race, or gender— starts off on a level playing field. Although one’s identity in the outside world ultimately may shape power in cyberspace, what mostly determines the influence on others is one’s skill in communicating (including writing skills), persistence, the quality of one’s ideas, and technical know-how.

People are reluctant to say what they really think as they stand before an authority figure. A fear of disapproval and punishment from on high dampens the spirit. But online, in what feels more like a peer relationship—with the appearances of authority minimized—people are much more willing to speak out and misbehave.

The traditional Internet philosophy holds that everyone is an equal, that the purpose of the net is to share ideas and resources among peers. The net itself is designed with no centralized control, and as it grows, with seemingly no end to its potential for creating new environments, many of its inhabitants see themselves as innovative, independent-minded explorers and pioneers. This atmosphere and this philosophy contribute to the minimizing of authority.

PROPERTIES OF THE INTERNET. (“It’s the Internet, stupid.”)

Griffiths (2003) found a number of factors that make online activities potentially addictive. They include (with some creative license by Dr. Simpson):

Accessibility. Increase accessibility to Internet activities enables the individual to rationalize involvement by removing previously restrictive barriers such as time constraints emanating from occupational and social commitments.

Affordability. Socializing, gaming, porn and gambling are all dramatically cheaper online.

Anonymity. The Internet allows users to behave without fear of being identified.

Convenience. Online applications provide convenient mediums to engage in online behaviors. A person’s behaviors occur in a familiar and comfortable environment, thus reducing the feeling of risk and allowing even more adventurous behaviors.

Escape. The Internet experience can provide an emotional or mental escape, which further reinforces the behavior.

Immersion and Dissociation. This can include losing track of time, feelings of being someone else, blacking out, and being in a trancelike state.

Disinhibition. The Internet makes people less inhibited (Joinson, 1998). Online users appear to open up more quickly online and reveal themselves emotionally much faster than in the off-line world.

Event frequency. The more a person goes online, the more familiar the places and behaviors become.

Interactivity. Interactions online allows for instant reactions from other humans.

Simulation. Many aspects of the Internet recreate real-world places but allow for the feeling of greater safety and control.

Associability. Ironically, the Internet can also create an asocial experience where an individual does not reveal their true self, but rather the “social self” they have created for online interactions.

APPENDIX A

Arizona Rules of Evidence, Rule 404

Rule 404. Character Evidence not Admissible to Prove Conduct; Exceptions; Other Crimes

(a) Character evidence generally. Evidence of a person's character or a trait of character is not admissible for the purpose of proving action in conformity therewith on a particular occasion, except:

(1) *Character of accused or civil defendant.* Evidence of a pertinent trait of character offered by an accused, or by the prosecution to rebut the same, or evidence of the aberrant sexual propensity of the accused or a civil defendant pursuant to Rule 404(c);

(2) *Character of victim.* Evidence of a pertinent trait of character of the victim of the crime offered by an accused, or by the prosecution to rebut the same, or evidence of a character trait of peacefulness of the victim offered by the prosecution in a homicide case to rebut evidence that the victim was the first aggressor;

(3) *Character of witness.* Evidence of the character of a witness, as provided in Rules 607, 608, and 609.

(b) Other crimes, wrongs, or acts. Except as provided in Rule 404(c) evidence of other crimes, wrongs, or acts is not admissible to prove the character of a person in order to show action in conformity therewith. It may, however, be admissible for other purposes, such as proof of motive, opportunity, intent, preparation, plan, knowledge, identity, or absence of mistake or accident.

(c) Character evidence in sexual misconduct cases

In a criminal case in which a defendant is charged with having committed a sexual offense, or a civil case in which a claim is predicated on a party's alleged commission of a sexual offense, evidence of other crimes, wrongs, or acts may be admitted by the court if relevant to show that the defendant had a character trait giving rise to an aberrant sexual propensity to commit the offense charged. In such a case, evidence to rebut the proof of other crimes, wrongs, or acts, or an inference therefrom, may also be admitted.

(1) In all such cases, the court shall admit evidence of the other act only if it first finds each of the following:

(A) The evidence is sufficient to permit the trier of fact to find that the defendant committed the other act.

(B) The commission of the other act provides a reasonable basis to infer that the defendant had a character trait giving rise to an aberrant sexual propensity to commit the crime charged.

(C) The evidentiary value of proof of the other act is not substantially outweighed by danger of unfair prejudice, confusion of issues, or other factors mentioned in Rule 403. In making that determination under Rule 403 the court shall also take into consideration the following factors, among others:

- (i) remoteness of the other act;
- (ii) similarity or dissimilarity of the other act;
- (iii) the strength of the evidence that defendant committed the other act;
- (iv) frequency of the other acts;
- (v) surrounding circumstances;
- (vi) relevant intervening events;
- (vii) other similarities or differences;
- (viii) other relevant factors.

(D) The court shall make specific findings with respect to each of (A), (B), and (C) of Rule 404(c)(1).

(2) In all cases in which evidence of another act is admitted pursuant to this subsection, the court shall instruct the jury as to the proper use of such evidence.

(3) In all criminal cases in which the state intends to offer evidence of other acts pursuant to this subdivision of Rule 404, the state shall make disclosure to the defendant as to such acts as required by Rule 15.1, Rules of Criminal Procedure, no later than 45 days prior to the final trial setting or at such later time as the court may allow for good cause. The defendant shall make disclosure as to rebuttal evidence pertaining to such acts as required by Rule 15.2, no later than 20 days after receipt of the state's disclosure or at such other time as the court may allow for good cause. In all civil cases in which a party intends to offer evidence of other acts pursuant to this subdivision of Rule 404, the parties shall make disclosure as required by Rule 26.1, Rules of Civil Procedure, no later than 60 days prior to trial, or at such later time as the court may allow for good cause shown.

(4) As used in this subsection of Rule 404, the term "sexual offense" is as defined in A.R.S. Sec. 13-1420(C) and, in addition, includes any offense of first-degree murder pursuant to A.R.S. Sec. 13-1105(A)(2) of which the predicate felony is sexual conduct with a minor under Sec. 13-1405, sexual assault under Sec. 13-1406, or molestation of a child under Sec. 13-1410.

Credits

Amended Oct. 19, 1988, effective Nov. 1, 1988; Aug. 19, 1997, effective Dec. 1, 1997; Sept. 27, 2005, effective Dec. 1, 2005.

Editors' Notes

COMMENT TO 2012 AMENDMENT

The language of Rule 404 has not been changed in any manner. [Text of comment eff. Jan. 1, 2012.]

COMMENT TO 1997 AMENDMENT

Subsection (c) of Rule 404 is intended to codify and supply an analytical framework for the application of the rule created by case law in *State v. Treadaway*, 116 Ariz. 163, 568 P.2d 1061 (1977), and *State v. McFarlin*, 110 Ariz. 225, 517 P.2d 87 (1973). The rule announced in *Treadaway* and *McFarlin* and here codified is an exception to the common-law rule forbidding the use of evidence of other acts for the purpose of showing character or propensity.

Subsection (1)(B) of Rule 404(c) is intended to modify the *Treadaway* rule by permitting the court to admit evidence of remote or dissimilar other acts providing there is a “reasonable” basis, by way of expert testimony or otherwise, to support relevancy, i.e., that the commission of the other act permits an inference that defendant had an aberrant sexual propensity that makes it more probable that he or she committed the sexual offense charged. The *Treadaway* requirement that there be expert testimony in all cases of remote or dissimilar acts is hereby eliminated.

The present codification of the rule permits admission of evidence of the other act either on the basis of similarity or closeness in time, supporting expert testimony, or other reasonable basis that will support such an inference. To be admissible in a criminal case, the relevant prior bad act must be shown to have been committed by the defendant by clear and convincing evidence. *State v. Terrazas*, 189 Ariz. 580, 944 P.2d 1194 (1997).

Notwithstanding the language in *Treadaway*, the rule does not contemplate any bright line test of remoteness or similarity, which are solely factors to be considered under subsection (1)(c) of Rule 404(c). A medical or other expert who is testifying pursuant to Rule 404(c) is not required to state a diagnostic conclusion concerning any aberrant sexual propensity of the defendant so long as his or her testimony assists the trier of fact and there is other evidence which satisfies the requirements of subsection (1)(B).

Subsection (1)(C) of the rule requires the court to make a Rule 403 analysis in all cases. The rule also requires the court in all cases to instruct the jury on the proper use of any other act evidence that is admitted. At a minimum, the court should instruct the jury that the admission of other acts does not lessen the prosecution's burden to prove the defendant's guilt beyond a reasonable doubt, and that the jury may not convict the defendant simply because it finds that he committed the other act or had a character trait that predisposed him to commit the crime charged.

COMMENT TO ORIGINAL 1977 RULE

State v. Superior Court, 113 Ariz. 22, 545 P.2d 946 (1976) is consistent with and interpretative of Rule 404(a)(2).

APPLICATION

<Applicable to cases pending on and after that date, except civil cases as to which the final trial date is set to occur between December 1, 1997 and February 1, 1998 and criminal cases as to which the final trial date is set to occur between December 1, 1997 and January 15, 1998.>

HISTORICAL NOTE

Source:

Federal Rules of Evidence, Rule 404.

17A Pt. 1 A. R. S. Rules of Evid., Rule 404, AZ ST REV Rule 404

The Arizona Court Rules are current with amendments received through 8/1/18. The Code of Judicial Administration is current with amendments received through 4/15/18.

APPENDIX B

Internet-Facilitated Sexual Offending

Adopted by the ATSA Executive Board of Directors on September 7, 2010

There has been increasing public and professional attention paid to Internet-facilitated sexual offending in recent years. Internet-related sexual offending includes different crimes: the largest number involve viewing, trading, or producing child pornography to be traded or posted on-line. Other offenders use the Internet to make contact with a child, adolescent or other vulnerable persons for sexual chat (electronic correspondence), exploitation such as convincing a child to view or produce pornographic images (e.g., having the child take and email a nude picture of him/herself), or to arrange face-to-face meetings to commit sexual offenses (sometimes referred to as “luring” or “traveler” offending). Both criminal justice and clinical data suggest there have been steady increases in the number of cases prosecuted and, subsequently, the number of clinical referrals for these behaviors.[i]

A primary concern for professionals who evaluate and treat Internet-facilitated sexual offenders is the risk these individuals may pose for direct contact offenses with victim(s) or future Internet-facilitated sexual offenses such as accessing and/or distributing child pornography. Accurate risk assessment is critical to decisions involving prioritizing cases by law enforcement and making appropriate recommendations for sentencing, treatment, and level of supervision. Across studies of Internet-facilitated child pornography offenders, approximately one in ten has an officially known history of contact sexual offending and; therefore, can be assessed using one of the established actuarial risk scales.[ii] However, the majority of Internet-facilitated sexual offenders have no known history of contact sexual offenses, although self-report evidence suggests a significant proportion of offenders have committed undetected contact offenses. There is currently no risk measure specifically developed for use with Internet-facilitated offenders who have no official history of contact sexual offenses.

Several overlapping, follow-up studies of child pornography offenders suggest these individuals present less risk for future hands-on offenses, on average, than undifferentiated samples of contact sex offenders.[iii] The study with the longer follow-up period revealed that 8.5% of the sample committed a contact sexual offense after an average “at risk” period of almost six years. Child pornography offenders also presented a relatively low risk to commit another child pornography offense. The preliminary results of follow-up research suggest criminal history, self-reported sexual interest in children, and unstable lifestyle (e.g., substance use problems) factors identify which child pornography offenders are more likely commit a contact sexual offense in the future.[iv] It is very likely that these same factors would also predict recidivism among so-called “luring” offenders or “travelers.” With regard to risk management, approximately a quarter of child pornography offenders breached a condition of bail, probation, or parole; a majority of these failures were for prohibited proximity or contact with a child or for using computers, usually to contact children or download more child pornography.[v]

A nationwide American study of “luring” offenders revealed that, contrary to the belief that young children are tricked by “sexual predators” into revealing personal information or meeting in person, all cases reported to police involved teenagers, approximately half of whom were ages 13 and 14, and the majority being female.[vi] In most cases, the teenagers were aware the perpetrator was an adult and was interested in a sexual relationship. Also, in most cases, the teenagers willingly met with the adult perpetrators (sometimes on more than one occasion) and described the interactions in romantic terms. This research suggests Internet “luring” is more similar to statutory rape type offenses than contact offenses involving physical coercion and/or young children.

Studies that have compared Internet-facilitated sex offenders to contact sex offenders have found consistent differences.[vii] These studies suggest Internet-facilitated sex offenders are less antisocial and are; therefore, less of a risk to commit a new offense or a probation violation than contact sex offenders. These studies also suggest Internet-facilitated sex offenders are similar to or score lower than contact sex offenders on measures of clinical needs including offense-supportive attitudes and beliefs, intimacy deficits, and emotional problems. At the same time, child pornography offenders are more likely to show pedophilic sexual arousal on penile plethysmograph assessment than are contact sex offenders.[viii]

Although researchers have suggested several typologies of Internet-facilitated offenders, we currently know very little about the treatment and supervision needs of Internet-related sex offenders. These typologies include individuals who are sexually interested in children, those who are more sexually indiscriminate, those who are curious, and those who opportunistically engage in Internet-facilitated offending (e.g., an adult male who uses the Internet to gain sexual access to adolescents). Effective intervention will need to be tailored to the type of offender and the risk they present. For example, an individual who viewed child pornography out of curiosity and is a low risk to offend in the future might require little (or no) treatment and minimal supervision while a pedophilic individual who opportunistically used the Internet to gain access to victims and who is a higher risk to offend in the future would require more intensive treatment and supervision. Regulation of access to the Internet would be expected to be a central consideration in treatment or supervision. Methodologically sound evaluation research is needed to develop effective treatment programs for Internet-facilitated sex offenders.

[i] e.g., Motivans & Kyckelhahn, 2007

[ii] Seto, Hanson, & Babchishin, in press

[iii] Seto & Eke, 2005; Seto, 2009; and Seto, Hanson, & Babchishin, in press

[iv] Seto, 2009

[v] Eke, Seto, & Williams, 2010

[vi] Wolak, Finkelhor, Mitchell, & Ybarra, 2008

[vii] e.g., Elliott, Beech, Mandeville-Norden, & Hayes, 2009; Neutze, Seto, Schaefer, Mundt, & Beier, 2010; Webb, Crassaiti, & Keen, 2007; and Babchishin, Hanson, and Hermann, in press

[viii] Seto, Cantor & Blanchard, 2006; and Babchishin, Hanson, and Hermann, in press

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About Dr. Paul Simpson

- Has provided CLE trainings for the State Bar of Arizona regarding:
 - *Child Sexual Abuse Allegations: What Every Attorney Should Know*
 - *Daubert Standard And Psychological Evaluations: What Every Attorney Should Know*
 - *Memory in the Courtroom: What Every Attorney Should Know*
 - *Mental Health Evaluations in Homicides and Crimes of Violence: What Every Attorney Should Know*
 - *Online Sex Offense: What Every Attorney Should Know*
- Since 2003 has provided over 300 full-day trainings in all 50 states for counseling professionals and probation officers on assessing/treating sexual and Internet compulsions.
- Has been an instructor for the Arizona Supreme Court in training competency evaluators.
- Is an instructor for the United States Air Force JAG school at Maxwell AFB. He assists in annual training in the Advance Sexual Assault Litigation Course (ASALC).
- A former case manager with Child Protective Services, Dr. Simpson has extensive experience working with victims and perpetrators of sex crimes in outpatient and inpatient settings. Including individual, family and group counseling, and over 800 psychosexual evaluations.
- He is trained and/or certified in the Abel, Affinity 2.5, Look VTM, MEGA, Static 99R/2002R, Stable/Acute 2007, SVR-20, HCR-20, J-SOAP 2, ERASOR, and Limestone plethysmograph.
- In addition to being licensed to practice psychology in Arizona, he has qualified for the *Certificate of Professional Qualification in Psychology (CPQ)* by the Association of State and Provincial Psychology Boards
- He has been recognized by the National Register of Health Service Providers in Psychology
- Member with the Association for Treatment of Sexual Offenders
- Taught a graduate course in Adolescent Psychology for Northern Arizona University.
- Author of *Second Thoughts*, a book that was instrumental in helping expose the false claims and dangers of ‘recovered memory therapy.’ Throughout the 1990’s Dr. Simpson was a leading national educator on *False Memory Syndrome* and trained thousands of counseling professionals on standards of practice. He also served as an expert consultant to the *Arizona Board of Psychologist Examiners*.
- Dr. Simpson has been a guest on *The Joan Rivers Show*, the *Leeza Gibbons Show*, *Parent Talk Radio*, *Focus on the Family*, *Frontline*, and *Fox News*. He has been a professional consultant to a number of national media, including *20/20*, *60 minutes*, *NBC News*, *Nightline*, *The Oprah Winfrey Show*, the *Chicago Tribune*, *Dateline*, *The Today Show*, *Focus on the Family*, and *Vanity Fair* magazine.

Don’t tell anyone, but all of the above boring stuff is really a clever disguise to hide Dr. Simpson’s true identity – a mandolin-picking, bluegrass jamin’ nutcase. As a member of the *Desert Bluegrass Association* (www.desertbluegrass.org) he wastes all kinds of time and money on a tremendously un-cool obsession – much to the embarrassment of his two children. If you want to embarrass your children as well, come and sit in on a free Bluegrass Workshop he helps lead every Monday night on the eastside of Tucson.

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