


# Beyond the Offense Assessing & Treating Sexual Deviance

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David Delmonico, PhD, LPC, Elizabeth Griffin MA, LMFT



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A graphic with the word "Agenda" in white bold font inside a blue circular burst with a gear-like border. The background of the burst contains various blue icons related to business and technology, such as a lightbulb, a dollar sign, a gear, a document, and a bar chart.

Foundations

Assessment/Treatment  
Foundations

Technology

Treatment

Assessment

Treatment

## Remember

Not every person who commits a sexual offense is sexually deviant,  
has a paraphilia and/or meet criteria for a paraphilic disorder

&

Not every person who engages in sexually deviant behavior, has a  
paraphilia and/or meets criteria for a paraphilic disorder commits a  
sexual offense.

# Sexual Deviance

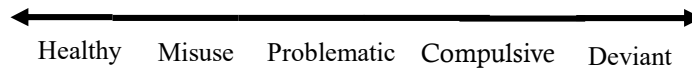
Who's Been Sleeping in My Head

A Billion Wicked Thoughts

The Perv in All of Us

- ◆ Richard von Krafft-Ebing *Psychopathia Sexualis* (1886)
- ◆ **Sexual Deviance** refers to sexual behaviors, fantasies, interests, or patterns that significantly depart from **statistically typical or socially normative sexual expression**
- ◆ Sexual deviance is a construct that refers to sexual behaviors that contradict the mores of the particular society or culture.
- ◆ It is often equated with sexual abnormality, although this may reflect the general perception of what should be normal rather than what people really do (Yakely & Wood, 2014)

## Sexuality Continuum



Our “glasses” affect our view of sexuality

Sexual Health/Sexual Deviance defined by culture, family, religion, politics

Often changes over time



# Paraphilias

Voyeurism/Exhibitionism/Frotteurism

Sexual Sadism/Sexual Masochism

Pedophilia

Transvestic Fetishism

Fetishistic Disorder

Non-Genital Body Parts/Nonliving Objects

Other Specified Paraphilic Disorder

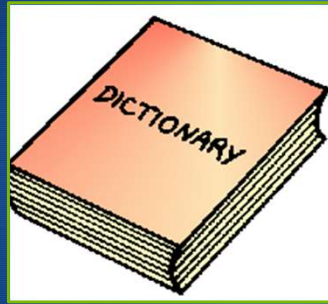
Unspecified Paraphilic Disorder

- ◆ Paraphilia
  - ◆ “Para” along side/other
  - ◆ “Philius” means love
  - ◆ Intense and persistent sexual interest, may be preferential, that is not normophilic sexual interest
  - ◆ Over 547 documented paraphilias
    - ◆ *Let’s Play\*\**
- ◆ Paraphilias in the DSM
  - ◆ 8 identified, 2 catch-all categories
- ◆ Two general categories of paraphilias
  - ◆ Anomalous Activity Preferences
    - ◆ courtship disorder
    - ◆ algolagnic disorders (pain)
  - ◆ Anomalous Target Preferences
    - ◆ directed towards humans
    - ◆ directed elsewhere (e.g., fetishism)

## DSM 5 Paraphilias

- ◆ Exhibitionism/Voyeurism/Frotteurism
- ◆ Sexual Sadism/Sexual Masochism
- ◆ Pedophilia\*\*
- ◆ Transvestic Fetishism
- ◆ Fetishistic Disorder
  - ◆ Non-Genital Body Parts/Nonliving Objects
- ◆ Other Specified Paraphilic Disorder
- ◆ Unspecified Paraphilic Disorder

## Definitions



### Pedophilia

Strong/persistent sexual interest in prepubescent children – Age issue

Exclusive vs Non-Exclusive (McPhail)  
Gender

### Hebephilia (Glueck 1955)

Strong/persistent sexual interest in pubescent children

DSM - 5 Controversy  
Pedohebephilic

### Ephebophilia

Strong/persistent sexual interest in post pubescent adolescents

## Paraphilic Disorder

### ◆ DSM-5

◆ A paraphilia is a necessary but not a sufficient condition for having a paraphilic disorder and a **paraphilia by itself does not necessarily justify or require clinical intervention**. In order to be a disorder:

- ◆ Acted on with a **non-consenting person and/or risk of harm to other**
- ◆ Sexual fantasies, urges and/or behaviors **that cause clinically significant distress or impairment in social, occupational, or other important areas of functioning**

## Sexual Deviance & Paraphilias

The DSM talks about paraphilias. It does not reference sexual deviance. The DSM does not make the distinction between sexual deviance and the paraphilias and does not make a connection between the two concepts (Yakely & Wood, 2014)



**Statistical Deviance:** Refers to any behavior, trait, or characteristic that **falls outside the statistical norm** — meaning it occurs infrequently in the general population. Something is statistically deviant simply **because it is rare, regardless of whether it causes harm or distress**. It is purely a mathematical observation about frequency and distribution within a population.

**Clinical Deviance:** Refers to behavior, thoughts, or arousal patterns that cause significant distress to the individual or result in impaired functioning in social, occupational, or relational domains — or that involve harm to others. This is the **standard used in diagnostic frameworks such as the DSM-5, which distinguishes between a paraphilia (an atypical sexual interest that is not necessarily problematic) and a paraphilic disorder (one that causes distress, dysfunction, or harm)**. Something can be statistically deviant without being clinically deviant, and vice versa.

**Legal Deviance:** Refers to behavior that violates **established laws or statutes, regardless of its statistical frequency or clinical significance**. A behavior is legally deviant if it is prohibited by law — such as sexual contact with a minor, non-consensual sexual acts, or possession of child sexual abuse material. Importantly, something can be legally deviant without being statistically or clinically deviant, and behavior that is statistically or clinically deviant is not necessarily illegal. (postpubescent adolescents)

## Dynamic Risk Factors

### Antisociality Lifestyle

- ◆ Relationship Instability
- ◆ General Social Rejection
- ◆ Lack of Concern
- ◆ Impulsivity
- ◆ Poor Problem Solving
- ◆ Negative Emotionality
- ◆ Negative Social Influences
- ◆ Antisocial Attitudes/Beliefs

### Problematic Sexuality

- ◆ **Deviant Sexual Interests**
- ◆ Hostility Toward Women
- ◆ **Sexual Preoccupation**
- ◆ **Sexualized Coping**
- ◆ **Emotional Identification with Children**

## Sexual Recidivism Top Factors

- ◆ Antisociality
- ◆ Arousal to **Prepubescent/Pubescent** Children
- ◆ Sexual Preoccupation/Compulsive Sexual Behavior

## Sexual Deviancy in the SO World

(Hanson & Morton-Bourgon, 2004)

- ◆ Sexual interest/**arousal** **prepubescent/pubescent** children
- ◆ Sexual arousal in nonconsensual violence
  - ◆ Paraphilic Rape - Paraphilic Coercive Disorder
  - ◆ Sadism
- ◆ Sexual preoccupation involving arousal to paraphilias
  - ◆ Involving non consenting person

## Assessing and Treating Sexual Deviance

- ◆ Often ignored
- ◆ Must be assessed
- ◆ Specifically treated
- ◆ Just doesn't "go away"
  - ◆ Deviant Sexual Interest/Arousal
  - ◆ Sexual Preoccupation/Sexualized Coping (CSB)\*\*
  - ◆ Paraphilias...like carrots

## Host of Comorbid Issues

Mood Disorders – Depression/Anxiety

Impulsive Control Disorder

ADHD

Substance Abuse

Sexual Dysfunction

Cluster B Personality Disorders  
Antisocial, Narcissistic, Borderline, Histrionic

## Assessment & Treatment Foundations



## Effective & Necessary Qualities

### Rehabilitating Sex Offenders: A Strength Based Approach

Marshall, W. L., Serran, G. A., Fernandez, Y. M., 2011

- ◆ Flexible
- ◆ Motivating
- ◆ WERD  
(warm, empathic, rewarding, directive)
- ◆ Not “the expert”
- ◆ Sincere/Genuine
- ◆ Provide choices
- ◆ Nonjudgmental
- ◆ Belief change is possible
- ◆ Confident/Enthusiastic
- ◆ Humor
- ◆ Effective role modeling
- ◆ Effectively provide feedback
- ◆ Consistent
- ◆ Agreeable to mutual goals

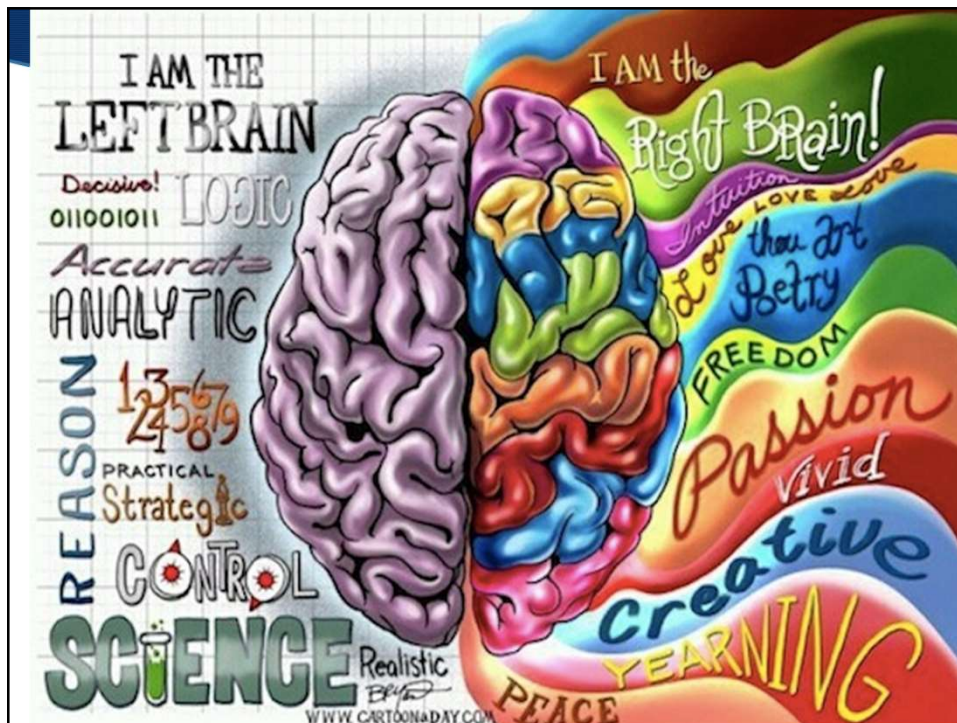
## Assessment/Treatment Sexual Deviance

- ◆ Foundational Concepts
  - ◆ Do not psychologically “punish” or shame people for their sexual interests/thoughts/fantasies/
  - ◆ Be aware of your sexual glasses
  - ◆ Create safe spaces and invite the topic into the space



## Assessment/Treatment Sexual Deviance

- ◆ Left Hemisphere vs Right Hemisphere
  - ◆ SO assessment/treatment tends to be very left hemisphere
  
- ◆ Right hemisphere is important
  - ◆ Attachment
  - ◆ Affective states
  - ◆ Social and emotional processing center
  - ◆ Needs kinesthetic/creative interventions that build relationships
  
- ◆ This is responsivity (RNR Model)



## Assessment/Treatment Sexual Deviance

### ◆ Imagery

- ◆ Imagery important in facilitating long term retention (Paivio)
  - ◆ The Role of Imagery in Learning (Broudy)
- ◆ Imagery stimulates the right hemisphere of the brain
  - ◆ Connects the information across the hemispheres
  - ◆ Quiets the internal chatter from the left hemisphere
  - ◆ Lowers resistance

## Assessment/Treatment Sexual Deviance

### Hermes Web

A psychological communication tool

The ego

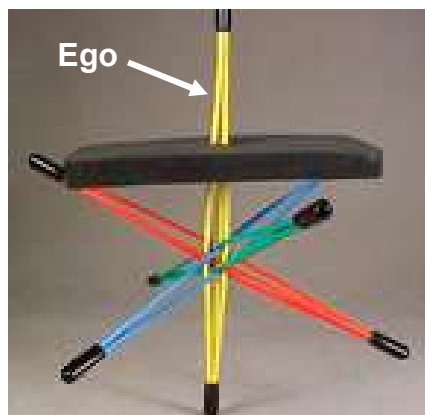
The core

The barrier

The flip

The Truthful Lie

## The Ego



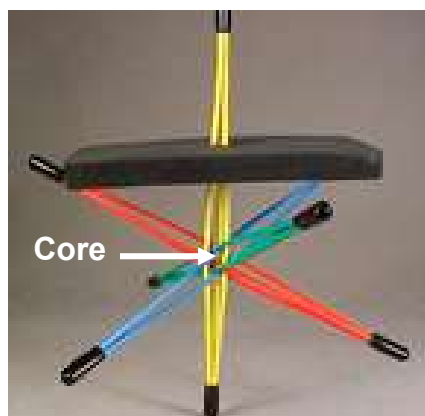
### The Ego

Who we think we are  
What we identify with  
What we prefer to show  
others

Chronological age

25

## The Core



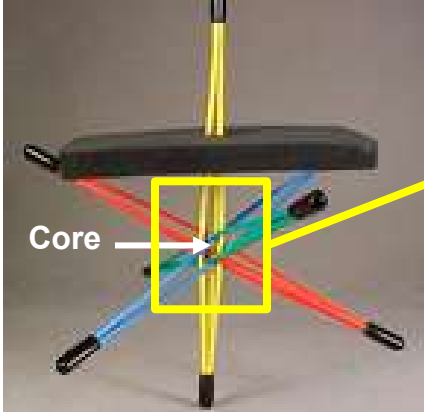
The soul, where all  
parts of the human  
personality meet

Psychological age

The hidden world

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## The Core



A photograph of a chair with a yellow central pole and four legs. A white arrow labeled 'Core' points to the central pole. A yellow box highlights the central pole, and a yellow arrow points from this box to a 3D model of a nucleus. The 3D model consists of a central core of blue and red spheres, surrounded by a complex, multi-layered structure of colorful spheres (red, green, blue, yellow, purple) connected by lines, representing the nuclear envelope and nucleolus.

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## The Barrier



A photograph of a chair with a yellow central pole and four legs. A white arrow labeled 'Barrier' points to the black seat. The seat is positioned above the central pole and legs, representing the barrier between the core and the rest of the chair.

### The Barrier

Stops output, unless compromised via stress, drugs, alcohol, sex

Cannot stop input or protect the core from life events

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## The Flip: Revolution



What has been ignored

Takes center stage

Rebels

Acts out and/or offends

With no interference

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## The Flip Denial

Once it is over, the  
unconscious flips back  
over

The ego is horrified

Pretends nothing  
happened

or

Works to cover up,  
explain away, clean up  
the mess

Without understanding,  
the core continues to flip

## The Truthful Lie

- Despite all evidence....
- Suppress or repress awareness of your own behavior
- Evade awareness because of the potential cost to self-esteem and dignity, a form of psychological self-protection

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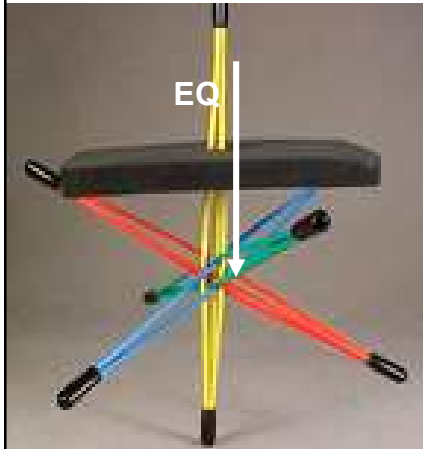
## The Barrier



- Important to have a barrier
- When no barrier is present...
  - Can be ugly
  - Difficult to work with
  - Always getting into trouble
- Sex offenders without barriers are usually in prison

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## Emotional Intelligence (EQ)



- Moving past the barrier and into the core while maintaining
  - Self
  - Integrity
  - Values
  
- Creating a relationship between the ego and the core.

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## The Impact of Technology

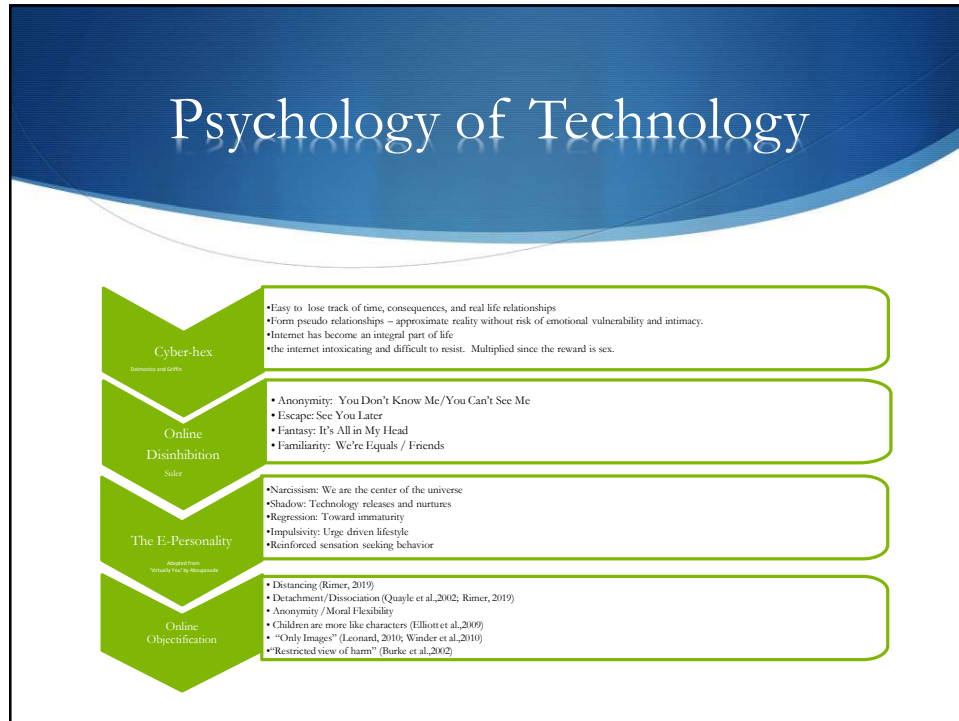
Made it easier to explore new & old sexual interest and easier to act on these sexual interests in the online environment.

Maybe amplified/accelerated sexual interest/behavior in vulnerable individuals or maybe acted as harm reduction?

Created communities that crystallize and reinforce sexual interests.

Psychology of Technology\*\*

Has forced our field to rethink what we thought we knew about sexuality....Pedophilic Disorder 1.0 vs 2.0



# Psychology of Technology

- ◆ It is recognized that these features of technology **cannot be ignored** as a factor in sexual offense behavior in the online world. (Quayle et al., 2010; Seto, 2013, 2025; Rimer, 2019)
- ◆ Function of the Internet is a crucial aspect of some types of online sexual offending (Merdian et al. 2016; Sheldon and Howe, 2007; Surjadi, 2010)
- ◆ It also facilitates the development of paraphilias
- ◆ Opposite viewpoint
  - ◆ Psychology of Internet and/or function of the Internet is not a factor and should not be considered
  - ◆ Internet only highlights paraphilic tendencies

## The Impact of Technology

Made it easier to explore new & old sexual interest and easier to act on these sexual interests in the online environment.

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## TQ



Social Media

Fetlife\*\*

AI Companions and Chatbot

Deviant Art

Ecchi

Hentai

Image/Video Generation

Deepfakes

Virtual Reality

Text-Based

Nifty

# Treatment



# Treatment

- ◆ Start with Healthy Sexuality!
  - ◆ Less Resistance
- ◆ Education, Education, Education
  - ◆ [Basic Sex Ed \(Sex Jeopardy\)](#)
  - ◆ Sexual Health Models (Jenga)
    - ◆ Dailey's Circles of Sexuality
    - ◆ CERTS Model by Maltz
- ◆ Client Develops Model of Sexual Health
  - ◆ Includes developing appropriate/healthy sexual fantasies

# Assessment of Sexual Deviance

## Findings of Fact

- # Findings of Fact
- ◆ History of Sexual Offense Behavior
  - ◆ Specific Description of Sexual Offense Behavior(s)
  - ◆ # of Victims
  - ◆ Gender of Victims
  - ◆ Force/Violence/Weapons
  - ◆ Objects use to sexually offend
  - ◆ Forensic Evidence if Available
  - ◆ Victim(s) Statements
  - ◆ Read the discovery/chart!

# Assessment of Sexual Deviance

**Self-Report**

**COLD**

**LUKEWARM**

**WARM**

**HOT**




## Assessment of Sexual Deviance

### Questions & Assessments

The Interview Q&A  
Assessments and Questionnaires

## Q & A The Interview

- ◆ No one wants to talk about sexuality especially in detail
  - ◆ sexual fantasies/specific pornography use/masturbatory patterns
  
- ◆ Both the client and therapist may feel...
  - ◆ Uncomfortable/embarrassed/aroused
  
- ◆ Practices Asking Questions about Sexual Behavior
  - ◆ Become desensitized to the process

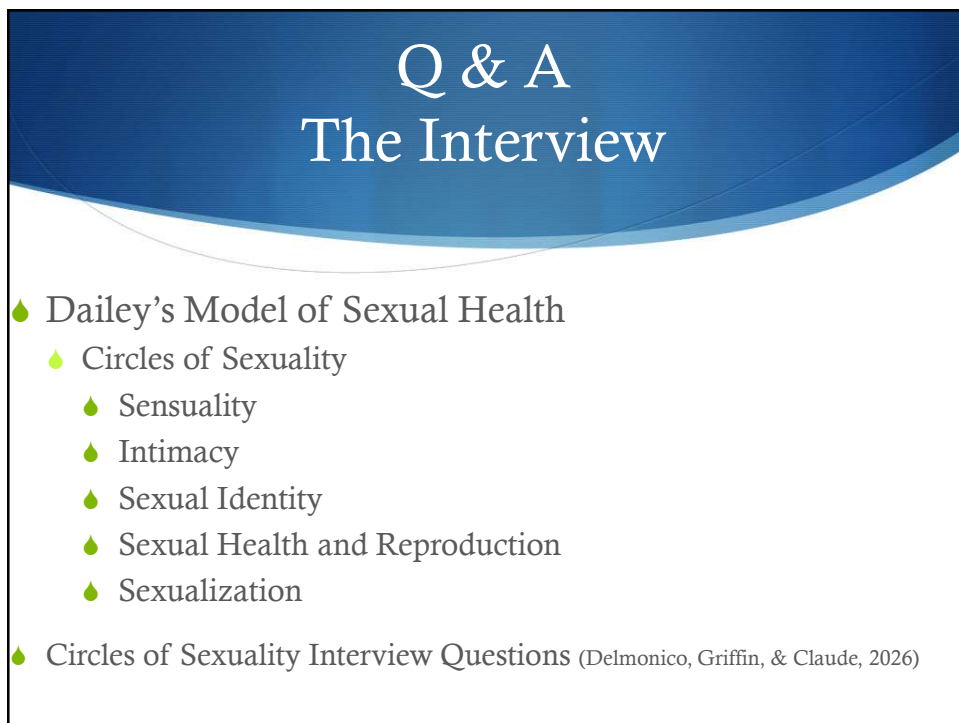
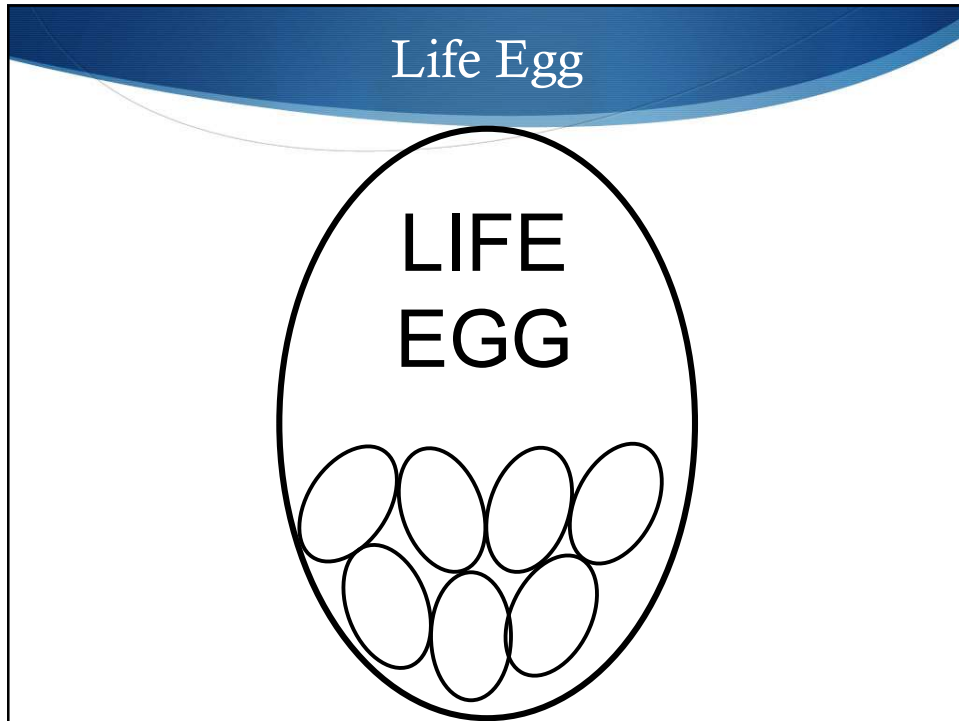


**Sexual Behavior  
Interview Guide**  
(Delmonico, Griffin & Claude, 2026)

- Sexual History & Development
- Current Sex Behavior & Patterns
- Relationships & Partners
- Control & Compulsivity
- Masturbatory Behavior
- Pornography Use
- Online Sexual Behavior
- Deviant or Problematic Arousal
- Offense History
- Insight & Treatment Readiness

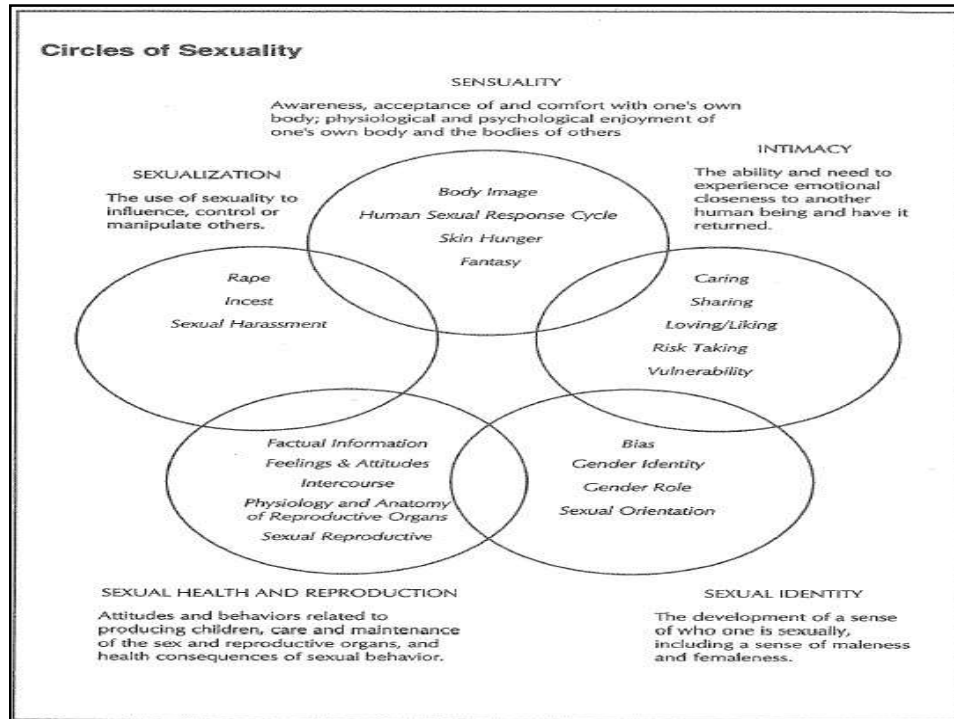
## Q & A The Interview

- ◆ Life Egg/Sexual Egg
  - ◆ Allows for less resistance from client
  - ◆ Creates stronger therapeutic relationship
  - ◆ Elicits more information
  - ◆ Identifies earlier patterns of sexual deviance



The slide has a blue curved banner at the top with the text "Q & A" and "The Interview" in white. Below the banner is a list of topics, each preceded by a green diamond bullet point.

- ◆ Dailey's Model of Sexual Health
  - ◆ Circles of Sexuality
    - ◆ Sensuality
    - ◆ Intimacy
    - ◆ Sexual Identity
    - ◆ Sexual Health and Reproduction
    - ◆ Sexualization
- ◆ Circles of Sexuality Interview Questions (Delmonico, Griffin, & Claude, 2026)



## Questionnaires & Assessments

- ◆ Questionnaires/Assessments
  - ◆ Typically, better than clinical interviews
    - ◆ Wilson Sexual Fantasy Inventory
    - ◆ MIDSA – Ray Knight
  - ◆ Semi Structured Clinical Interview Assessment of CSB
  - ◆ Hypersexual Behavior Inventory
  - ◆ Hypersexual Behavior Consequences Index
  - ◆ Pornography Consumption Index

## Questionnaires & Assessments

- ◆ The Screening Scale for Pedophilic Interest (Seto & Lalumiere, 2001)
  - ◆ 5 item scale
  - ◆ Scores range from 0 to 5
  - ◆ Higher scores indicate a greater presence of markers of sexual deviancy
  - ◆ Research has indicated SSPI is a reliable substitute for PPG
    - ◆ PPG not available
    - ◆ Client not appropriate candidate for PPG
    - ◆ Client consistently “flat lines” PPG
- ◆ SSPI-2 - The Revised Scale for Pedophilic Interests
  - ◆ 5 item scale/5<sup>th</sup> item related to child pornography

## Questionnaires & Assessments

### Screening Scale for Pedophilic Interest-2 (Seto, et. al, 2017)

- ◆ Any boy victim under age of 15.  
Yes = 1 No = 0
- ◆ Multiple child victims under age of 15  
Yes = 1 No = 0
- ◆ Any child victim under tage of 12  
Yes= 1 No = 0
- ◆ Extrafamilial child victims under 15  
Yes= 1 No = 0
- ◆ Any possession of child pornography  
Yes=1 No = 0

## Questionnaires & Assessments

- ◆ The Screening Scale for Pedophilic Interest (Seto & Lalumiere, 2001)
  - ◆ 4 item scale
  - ◆ Scores range from 0 to 5
  - ◆ Higher scores indicate a greater presence of markers of sexual deviancy
  - ◆ Research has indicated SSPI is a reliable substitute for PPG
    - ◆ PPG not available
    - ◆ Client not appropriate candidate for PPG
    - ◆ Client consistently “flat lines” PPG
- ◆ SSPI-2 - The Revised Scale for Pedophilic Interests
  - ◆ 5 item scale/5<sup>th</sup> item related to child pornography/scores range from 0-5

## Questionnaires & Assessment Scale for Sexual Sadism (Marshall et al., 2002)

- ◆ Offenders is sexually aroused by sadistic acts
- ◆ Offenders exercises power/control/dominance over victim
- ◆ Offenders humiliates or degrades the victim
- ◆ Offender tortures victim/acts of cruelty on victim
- ◆ Offenders mutilates sexual parts of victims body
- ◆ 6 more items...

## Assessment Polygraph/EyeDetect

- ◆ Therapeutic Polygraph/EyeDetect
  - ◆ Framing the Experience
    - ◆ We want you to pass
    - ◆ Goals\*\*
  - ◆ Polygraph/EyeDetect Examiner
    - ◆ I want you to pass
    - ◆ How do I help in that goal?

## Assessment Polygraph/EyeDetect

- ◆ Goals of Polygraph/EyeDetect include ...
  - ◆ encouraging/teaching honesty
  - ◆ developing truth telling muscles
  - ◆ verifying self-report/ Q and A information
- ◆ Goals do not include...
  - ◆ catching someone in a lie
  - ◆ getting client in trouble to set up punishment
  - ◆ kicking someone out of treatment

## Polygraph vs EyeDetect

### Traditional Polygraph (CQT)

- Autonomic Arousal  
respiration, skin conductance, heart rate
- Examiner-Led  
Sensors attached, pre-test interview
- 60–120 Minutes
- High Examiner Influence
- Accuracy Cited 85–90%
- Countermeasures Documented
- Longstanding PSB Norms
- Stress and Trauma Sensitivity
- Accountability and Disclosure Support

### EyeDetect (Ocular-Motor)

- Cognitive Load Indicators  
pupil size, eye movement, reaction time
- Computer-Administered  
eye tracker only
- 30-40 minutes typical
- Reduced Examiner Influence
- Accuracy cited 80–88%
- Countermeasures Less Studied
- Lower Intrusiveness
- Requires Reading Fluency

## Assessment Polygraph/EyeDetect

### ◆ Polygraph & EyeDetect

- ◆ Must be focused on behavior
- ◆ Cannot Polygraph/Eye Detect on thoughts/fantasies/urges
  - ◆ Well can but not as useful
    - ◆ Did you have a deviant fantasy last week
    - ◆ In the last 7 days have you masturbated to a deviant fantasy
- ◆ EVERYONE must have agreed upon operational definitions
  - ◆ Have them written out so clear to everyone
    - ◆ Deviant/Masturbation/Fantasy
- ◆ If using less than perfect measures must go above and beyond

## Assessment Polygraph/EyeDetect

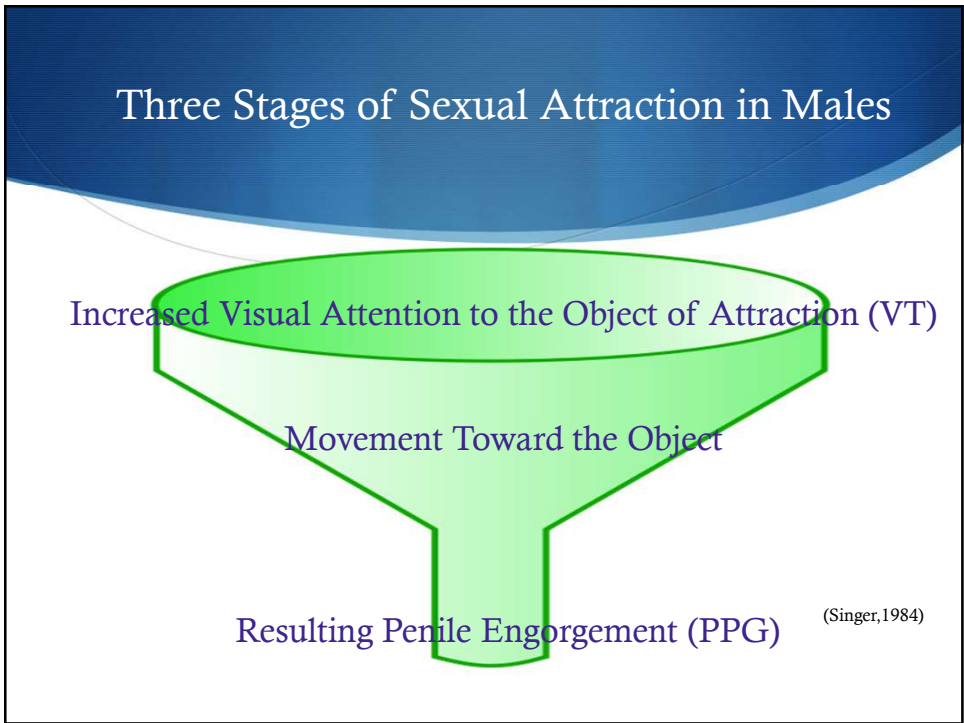
- ◆ Types of Polygraph/EyeDetect
  - ◆ Screening (Full Disclosure Polygraph)
    - ◆ General Sexual History/Sexual Offense History
    - ◆ Information clearly “laid out”
      - ◆ Problem with #s and very, very specific details
    - ◆ Polygraph Questions
  - ◆ Specific Issue (Deviance Polygraph/EyeDetect)
    - ◆ Sexual Logs

## Using the Information

- ◆ Don't give up on “figuring” out the deception
  - ◆ Marshall's Effective Qualities\*\*
- ◆ There is usually “something”
- ◆ Use peers for confrontation and support
- ◆ Do not punish client for deception!

# Sexual Interest VS Sexual Arousal

- ◆ Often used interchangeably
- ◆ However different concepts\*\*
- ◆ Abel/LOOK measure sexual interest
- ◆ PPG measures sexual arousal
- ◆ **Arousal to prepubescent/pubescent children tied to sexual recidivism**  
*(Hanson & Bussire, 1998; Hanson & Morton-Bourgon, 2004, 2005, McPhail, et al., 2017)*



## Viewing Time (VT)

- ◆ Rosenzweig (1942) first observed viewing times of sexually explicit images correlated with sexual interest.
- ◆ Zamansky (1956) noted that homosexual men viewed images of naked men for longer than images of naked women. Equally, heterosexual men viewed images of naked women for longer than images of naked men.
- ◆ Denying sexual attraction in a fast rejection process, while affirming sexual attraction requires a more complex evaluation of the stimulus (Imhoff et al, 2021)

## Viewing Time (VT)

- ◆ Information processing model suggest pedophilic men were particularly prone to direct their attention toward child-related stimuli in an automatic, unconscious way. (Janssen et al., 2000)
- ◆ There is a considerable body of evidence suggesting that pedophilic men have a processing bias for child-related stimuli. (Mokros et al., 2012)
- ◆ Babchishin, Nunes, and Kessous (2014) demonstrated that VT reliably distinguishes between sexual offenders whose offenses were against children and other groups of sexual and nonsexual offenders.

## VT Assessments

- ◆ Ipsative Test (compares results to self)
  - ◆ Normative test compares individuals to others
- ◆ There are no normed reference groups for VT
- ◆ VT assessments would be difficult to norm
  - ◆ 12 Second client vs 2 second guys



## Sexual Interest Viewing Time Assessments

Abel Assessment

The LOOK

The Affinity

## Sexual Interest Viewing Time Assessments

- ◆ Each test involves exposing the client to images of
  - ◆ Males and Females
    - ◆ No Nudes
  - ◆ All Ages – Young Children through Adulthood
- ◆ Rating scale for individuals to rate their sexual interest
  - ◆ Abel...Highly Sexually Disgusting to Highly Sexual Arousing (1 to 7)
  - ◆ LOOK...-3 to -1 (Sexually Unattractive)/1 to 3 (Sexual Attractive)
  - ◆ Affinity...Sexually Unattractive/Neutral/Sexually Attractive

## Sexual Interest Viewing Time Assessments

- ◆ Abel Assessment for Sexual Interest (VRT)
  - ◆ Proprietary secrecy with their algorithm
  - ◆ Algorithm creates a cut off score for a client's sexual interest...however
  - ◆ Has scales related to
    - ◆ Exhibitionism, Voyeurism, Frottage, S&M, Fetishism

## Sexual Interest Viewing Time Assessments

- ◆ Abel Assessment for Sexual Interest
  - ◆ States the tool assesses cognitive distortions
  - ◆ States the tool assesses social desirability
  - ◆ Assigns a probability of PAST CSA Behavior
  - ◆ Limited Research Outside of Abel's Data
  - ◆ Age Categories
    - ◆ 5 and Less/6 -13/14-17
    - ◆ Adult

## Sexual Interest Viewing Time Assessments

- ◆ LOOK
  - ◆ No Large Body of Research
  - ◆ No Questionnaire
  - ◆ VT Assessment with Rating/Finding Dot
  - ◆ Pictures Large/Professionally Done
  - ◆ Small Child/Pre-Juvenile/Juvenile
  - ◆ Adult/Mature Adult/Senior Adult

## Cautions

In general research seems to support the use of VT as an indirect measure of sexual interest  
(Wilson and Miner, 2016)

However, problems with the research

Abel Issues

Affinity “dead assessment”

LOOK “new kid”

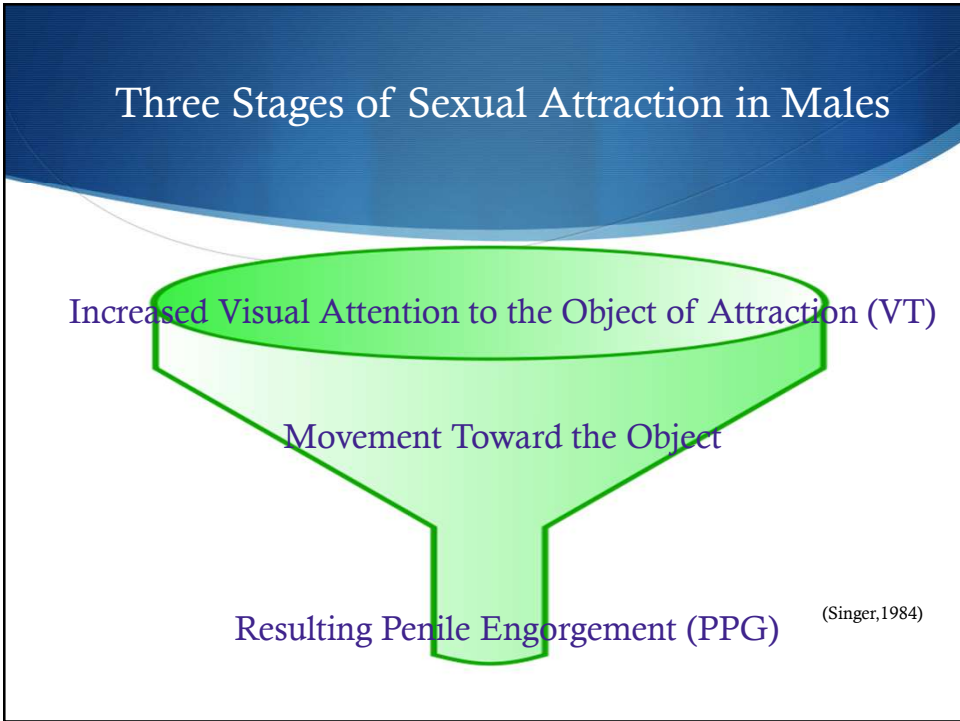
Limited research/Small sample sizes

## CAUTIONS

- ◆ Other factors that influence longer VT
  - ◆ Anxiety (Bar-Haim, et al., 2007)
  - ◆ Fear of Failure (Duley et al., 2005)
    - ◆ Increased VT for Fear of Failure Slides
  - ◆ Curiosity/Disgust/Past Sexual Abuse/Significant Children
- ◆ Cannot be used to
  - ◆ assess sexual interest in violence/sadism
  - ◆ assess sexual other paraphilias
- ◆ Fairly easy for clients to discover “the secret”
  - ◆ Though some research indicates knowing secret does not matter

# Bottom Line

- ◆ Abel, Affinity, LOOK
- ◆ Are not diagnostic tests
- ◆ Provide you & the client with...
  - ◆ Information to be used **in combination** with other information....
- ◆ VT measures should not
  - ◆ Diagnose
  - ◆ Determine safety of individual to be with children
  - ◆ Determine risk

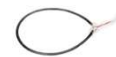


## The PPG

- ◆ Bayliss (1908) used PPG to study sexual arousal patterns in dogs.
- ◆ Hynie (1934) first to use PPG to study human sexuality.
- ◆ Subsequently, Ohlmeyer, Brilmayer, & Hullstung (1944) used PPG technology to study nocturnal erections.
- ◆ Kurt Freund (1957) used PPG as a means of discriminating gender preferences. First to consider PPG use for assessing patterns of sexually deviant behavior

## The PPG

- ◆ Circumferential Method (Fisher & et. al, 1965) (Bancroft 1966)
  - ◆ Measures changes to the circumference of the penis
  - ◆ Mercury/indium-gallium strain gauge
  - ◆ Penis becomes engorged with blood (arousal)
  - ◆ Analog signals from the stretching of the gauge converted into data
  - ◆ Easier to use/commercially available (Monarch/Limestone)
  - ◆ However...less sensitive



## The PPG

### ◆ Profiles

- ◆ Adult Profile = arousal to adults females/males
- ◆ Teen/Adult = arousal to post-pubescent adolescents/adults
- ◆ Teen Only = arousal to post pubescent adolescents
- ◆ Non-discriminating = arousal to all (Consider Hypersexuality)

## The PPG

### ◆ Profiles

- ◆ Child/Adult = arousal to children/adults
  - ◆ Arousal to adults is protective factor
- ◆ Child = arousal to prepubescent/pubescent children
  - ◆ Classic pedophilic profile
  - ◆ Absence of arousal to adults the most concerning piece (McPhail)

## The PPG

- ◆ PPG is better with specificity than sensitivity (Wilson & Miner, 2016)
  - ◆ Approximately 95% specificity range (5% false positive)
    - ◆ 100 men who are not sexually aroused to children. Only 5 are misclassified as having interest. The other 95 are accurately identified.
  - ◆ Approximately 40% - 88% sensitivity Range (False Negatives)
    - ◆ 100 men who have sexual arousal to children. Only about 60% will be classified correctly. The others will be missed.
- ◆ In English: PPG misses some people who have deviant arousal, but when it does detect deviant arousal, it is highly likely to be accurate.

## The PPG

- ◆ Factors Influencing Nonresponse
  - ◆ Age
  - ◆ Health Issues/Medications
  - ◆ Excess Belly Fat
  - ◆ Penile Gauge
    - ◆ Gauge too big
    - ◆ Incorrect placement of PPG gauge
  - ◆ Anxiety/Depression/Stress/Fatigue/Sexual Satiation
  - ◆ Stimulus Material is Not a “Hit”
    - ◆ Concerns regarding Internet pornography (videos, graphic...)

## The PPG

- ◆ Factors Influencing Nonresponse
  - ◆ Not wearing the gauge/putting the gauge on...
  - ◆ Not looking at stimulus material (stars)
  - ◆ Using “pumping” technique for “appropriate arousal”
  - ◆ Deliberate Suppression
    - ◆ Subjects can suppress as much as 50% (Laws & Rubin, 1969)
  - ◆ Treatment Influence
    - ◆ If they are successful in TX.....

## The PPG

Comparison of adult sexual arousal to child sexual arousal

This comparison is called the

Deviance Differential/Pedophilic Index

and is the “empirical heart” of the PPG Assessment

However clinical value in looking at arousal for each segment

## The PPG

### ◆ Bottom Line

- ◆ Can only truly trust that
  - ◆ if there is sexual arousal to prepubescent children on PPG it is 95% accurate
- ◆ If arousal to prepubescent children is **not present** on PPG **does not mean** pedophilic arousal is not present. It only means it was not present on the PPG during this one assessment.

## The PPG

### ◆ The Problems

- ◆ Time and resources
- ◆ Difficult to get client buy-in and client buy in is needed
- ◆ Persnickety to administer
- ◆ Results often inappropriately relied upon

## The PPG

### ◆ Limitation and Challenges

- ◆ Lack of standardization of stimulus material
  - ◆ Visual/Auditory
- ◆ Lack of standardization for
  - ◆ administering PPGs
  - ◆ interpreting PPGs
- ◆ Lack of standardization for cut off significance
- ◆ Lack of standardization for calculation of DD

## As a Referral Souce

- ◆ Understand
  - ◆ the PPG
  - ◆ the client's experience
- ◆ Can't have a conversation if you have no idea
- ◆ Your attitude is important
- ◆ Understand...
  - ◆ implication of results/non results
- ◆ how to address when deviant results are present

## Must Reads

- ◆ McPhail, I.V., et al., (2017). Validity in Phallometric Testing for Sexual Interests in Children: A Meta-Analytic Review
- ◆ Wilson, R.J. & Miner, M.H. (2016). Measurement of male sexual arousal and interest using penile plethysmography and viewing time.
- ◆ Marshall, W.L. (2014). Phallometric assessment of sexual interest: An Update

## The PPG

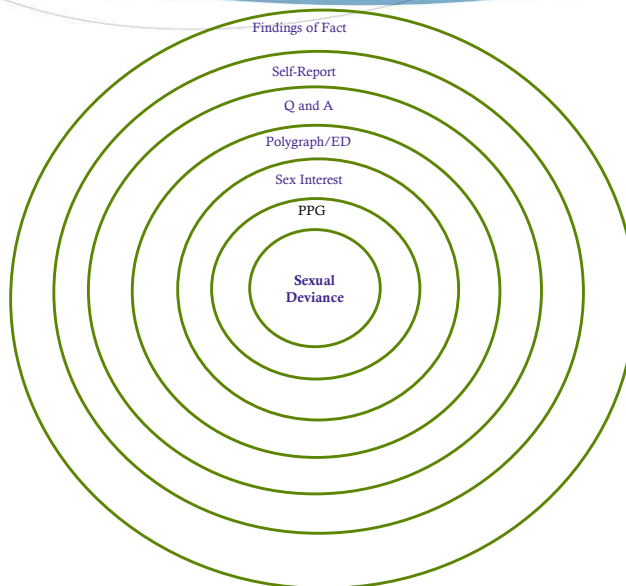
- ◆ Despite limitations...  
Research over the last 40 years has demonstrated that deviant sexual arousal (responding more to **prepubescent/hebephilic** children than to adults) via the PPG is a predictor of sexual recidivism. (Hanson & Bussiere, 1998; Hanson & Morton-Bourgon, 2005; Kingston et al., 2007; Wilson et al., 2011, McPhail, et al., 2017)
- ◆ However...it is still just one piece of data and should not be “the answer“

## The PPG

### Remember

- Research indicates all males have some sexual curiosity/interest/arousal to all ages of preferred gender and many males have some sexual arousal to non-consenting sex
- In one study 26% of non offenders had profiles on PPG that matched rapists

## ASSESSMENT OF SEXUAL DEVIANCE




# Treatment

## Interventions for Pedohebephilic Arousal in Men Convicted for Sexual Offenses Against Children: A Meta- Analytic Review

*(McPhail & Olver 2020)*

- ◆ Develop strategies to control that arousal such as via cognitive/behavioral techniques
- ◆ Attenuate pedohebephilic arousal through conditioning by pairing arousal to children with a noxious odor, highly aversive imagined consequence, or boredom
- ◆ Attenuate pedohebephilic arousal through pharmacological means
- ◆ Increase the interest in, or normalize, arousal to teleiophilic stimuli.

## Sexual Deviance Toolbox



Toolbox OPTIONS

- Mindfulness (3rd Wave of CBT)
- Behavioral Techniques
- Drug Treatments
  - Depo
  - Depo-Provera
  - Lupron
  - SSRIs
  - Naztrexone
  - Anticonvulsants

## Mindfulness

### ◆ Mindfulness Meditation (Harvard)

#### ◆ MRI Research

- ◆ Regular People
- ◆ Averaged less than an hour a day with meditation
- ◆ Increased gray matter and activity in Prefrontal Cortex
  - ◆ Executive functions like planning, decision making, and judgment
- ◆ Increased gray matter and activity in Insula
  - ◆ Integrates sensation and emotions
  - ◆ Processes emotions like empathy and love
  - ◆ Essential for the capacity of self awareness
- ◆ Increases activity in the left frontal regions which lifts mood
- ◆ Eight weeks significant changes in the structures of the brain

## Mindfulness Juliette Adams

The practice of mindfulness helps us to recognize and observe our thought patterns. Practitioners develop the ability to **recognize when thoughts arise, and observe them in a detached manner**, without the need to become involved in them (thus not triggering an emotional or "automatic" reaction).

## Mindfulness Juliette Adams

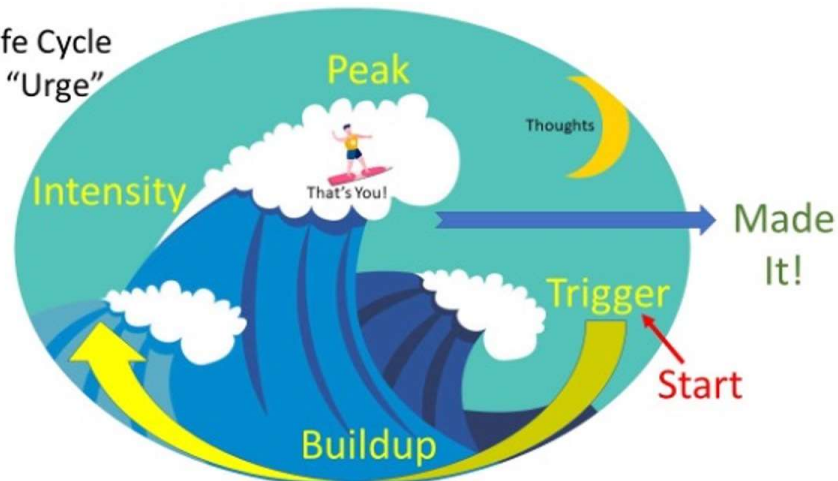
By regularly practicing mindfulness, we develop strong neural pathways connected which makes it easier for us to recognize when thoughts arise. This can help us **identify the source of a strong emotion as it is triggered and choose more effective ways to respond**. (Harvard Study) (UK Study)

## Mindfulness Juliette Adams


Once you learn to become “an impartial spectator”, you can recognize old, habitual patterns that no longer serve you well, and reshape those patterns in new directions.

Whilst practicing mindfulness may be uncomfortable at first, it has the capability to rewire our thinking patterns. This makes the new ways of thinking (that previously felt unfamiliar or uncomfortable) become habitual.

The Life Cycle  
of an “Urge”



## Sexual Deviance Toolbox



Toolbox OPTIONS

- Mindfulness (3rd Wave of CBT)
- Behavioral Techniques - AM
- Drug Treatments
  - Depo
  - Depo-Provera
  - Lupron
  - SSRIs
  - Naztrexone
  - Anticonvulsants

## Arousal Management

- ◆ Applying behavior theory and approaches to individuals for the modification and treatment of sexual interest, arousal and behavior can be traced back more than 50 years.
- ◆ Arousal management is based on principles from classical conditioning, operant conditioning, social learning theory and cognitive science in seeking to modify sexual interest, arousal and behavior.

## Arousal Management

- ◆ Is designed for clients who have a history of inappropriate, deviant and/or intrusive sexual thoughts and fantasies
- ◆ A method of behavioral reconditioning through which undesired sexual interest/arousal is weakened while simultaneously strengthening appropriate arousal when possible.

## Arousal Management Myths and Facts

- ◆ Arousal management doesn't work
- ◆ It is too difficult to implement
- ◆ Clients won't be motivated

## What is discussed with clients...

- ◆ Turning over rocks....
- ◆ Denying the existence of deviant thoughts/fantasies/urges/arousal is "pretending normal." That is, denying to yourself and others that the problem exists— Eventually, you have to look up and your deviant thoughts/fantasies/urges/arousal will be staring you in the face, stronger than ever. (Monarch)
- ◆ Acknowledging the frequency, strength, and variety of your deviant thought/fantasies/urges/arousal and behaviors will actually loosen their hold on you, render them inert, and facilitate their elimination. Denying them keeps them alive, in a state of suspended animation, just waiting for the moment when it's safe to venture out again. (Monarch)
- ◆ **Remember the 13<sup>th</sup> Witch!**



## What is discussed with clients...

- ◆ Learning to recognize offense thinking errors and talk back to them, identifying your cycle, developing a plan and enhancing social skills are all important components of treatment, BUT they do not specifically target the deviant sexual arousal that contributed to you acting out. (Monarch)
- ◆ In order for you to reduce your risk of sexual offense recidivism, it is absolutely necessary for you to work on reducing the emotional satisfaction and sexual arousal that you have associated with deviant sexual behavior. (Monarch)
- ◆ Otherwise, you will move forward with a great deal of knowledge, enhanced skills, new patterns of thinking, and the old deviant arousal pattern. (Monarch)



## Arousal Management Techniques

- ◆ Sexual Impulse Control Training
- ◆ Assisted Covert Sensitization
- ◆ Masturbatory Satiation
- ◆ Thought Stopping/Rational Disputing
- ◆ Masturbatory Fantasy Change
- ◆ Minimal Arousal Reconditioning

## Sexual Impulse Control Training

- ◆ General Instructions
  - ◆ Become aroused to appropriate fantasy either through masturbation and/or fantasy
  - ◆ Allow yourself to become 25% aroused, then stop and go do something else (avoid temptation)
  - ◆ Continue over time until you can get to 95% arousal and then walk away and do something else
  - ◆ Work to dispute irrational beliefs that you have to be sexual if you are aroused

## Assisted Covert Sensitization

### ◆ General Instructions

- ◆ Write out an inappropriate/deviant fantasy
- ◆ Put a marker at the point in your script where you start feeling psychologically and/or sexually aroused
- ◆ Write a detailed aversive scene that is anxiety producing, frightening, disgusting and/or sad.
- ◆ Write out an escape scene and praise yourself
- ◆ You can audio tape the entire segment
- ◆ Use bitter taste/ammonia with the aversive scene
- ◆ Use pleasant smell with escape scene

## Masturbatory Satiation

### ◆ General Instructions

- ◆ Write out one of more appropriate sexual fantasy
- ◆ Write out one of more inappropriate/deviant sexual fantasies
- ◆ Audio tape appropriate sexual fantasies
- ◆ Masturbate to orgasm while listening to tape of to appropriate fantasy
- ◆ During flaccid period, read out loud and masturbate to deviant fantasy for at least 30 to 60 minutes
- ◆ Chart progress
- ◆ Remember it is important not to pair deviant fantasies with any sexual arousal

## Thought Stopping/Rational Disputing

### ◆ General Instructions

- ◆ Start with an inappropriate/deviant fantasy. Include cognitive distortions in the fantasy.
- ◆ When you start thinking that you may want to sexually offend and/or see the victim in your head say STOP (You can use ammonia/bitter taste)
- ◆ Replace the cognitive distortions with phrases such as “I don’t want to do this” “I don’t need to do this”
- ◆ Next read/recite a scene you have previously written (approved by clinician) that focuses on feelings of victim/impact on victim (You can use a pleasant smell here)

## Masturbatory Fantasy Change

### ◆ General Instructions

- ◆ Begin masturbating to a inappropriate/deviant fantasy, and before orgasm switch over to an appropriate sexual fantasy.
- ◆ As weeks go on, switching over sooner and sooner in the inappropriate/deviant fantasy; for example at 75% erection, then at 50%, then 25%, etc.

# Minimal Arousal Conditioning

## ◆ General Instructions

- ◆ Write out an inappropriate/deviant script
  
- ◆ Schedule a session in the PPG lab. As you listen to your deviant script, arousal is monitored through use of Arousal Stoplight
  - ◆ Stoplight is green if not showing deviant arousal
  - ◆ Stoplight turns yellow when beginning to show deviant arousal
  - ◆ Stoplight turns red when showing significant arousal
  
- ◆ As soon as arousal is shown, therapist will yell “STOP,” you will sniff your ammonia, and say a positive statement, such as “I don’t need deviant sex. I need to be healthy and safe.”



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